MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 18, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
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	• Oral Health Care items	All
	• 2023 Elections	All
	• Minimum Primary Medical Care Standards	All
	• Allowable Medical Conditions List Edits: Breast Cancer and Neutropenia	All
IX.	New Business	
	• Allowable Medical Conditions List Inclusion: Mpox Lesions	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• ViiV Discontinuation of Select Medications and Impact	All
	• December 2022, ADAP Formulary Additions Review	All

Please turn off or mute cellular devices – Thank you

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Meeting Housekeeping

Updated January 18, 2023

Behavioral Science Research Version

BEHAVIORAL SCIENCE RESEARCH
MIAMI-DADE HIV/AIDS PARTNERSHIP
MIAMI-DADE COUNTY

Disclaimer & Code of Conduct

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

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

Resources

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

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

www.aidsnet.org

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Language Matters!

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

Here are a few suggestions for better communication.

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

Please don't say **RISKS** . . .
Instead, say **REASONS.**

Please don't say, **INFECTED with HIV** . . .
Instead, say **ACQUIRED HIV, DIAGNOSED with HIV,** or **CONTRACTED HIV.**

Please **do not** use these terms . . .
Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

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.

General Reminders

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

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Floor Open to the Public

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

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

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X.	Announcements • Source of Income forms and Annual Disclosures	All
XI.	Next Meeting**: February 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

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Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134
November 18, 2022

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

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

I. Call to Order

Dr. Robert Goubeaux, the Chair, called the meeting to order at 9:39 a.m. He introduced himself and welcomed everyone.

II. Meeting Rules and Housekeeping

James Dougherty reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. He identified Behavioral Science Research (BSR) staff as resource persons for the meeting. If anyone had any questions, BSR personnel would be available to answer them after the meeting.

III. Roll Call and Introductions

Dr. Goubeaux requested members and guests introduce themselves around the room.

IV. Floor Open to the Public

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

The Subcommittee reviewed and accepted the agenda.

Motion to accept the agenda as amended.
Moved: James Dougherty **Second: Javier Romero** **Motion: Passed**

VI. Review/Approve Minutes of October 28, 2022

Members reviewed the minutes of October 28, 2022 and moved to accept the minutes as presented.

Motion to accept the minutes of October 28, 2022, as presented.
Moved: Dr. Javier Romero **Second: Ivet Baez** **Motion: Passed**

VII. Reports

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

Carla Valle-Schwenk referenced the September 2022 allocations and expenditures report detailing Ryan White Part A/MAI Program expenditures as of November 16, 2022 (copies on file). As of the date of the report, the Ryan White Program had served over 7,700 clients. Expenditures continue to be lower than usual because of billing delays caused by delays in entering into contracts with subrecipients, but expenditures should catch up by next month as only three contracts remain to be executed. The 2022 – 2026 Integrated Plan is being worked on and should be submitted by December 9. The Partnership will be voting on the document at its meeting next week.

- **Aids Drug Assistance Program (ADAP)** *Dr. Javier Romero*

Dr. Javier Romero reviewed the October 2022 ADAP report as of November 2 (copy on file), including enrollments, expenditures, prescriptions, premium payments, and program updates. The 2023 Affordable Care Act marketplace open enrollment period is open from November 1 through January 15, 2022. Extended eligibility and reciprocity program changes begin November 1, with the effects that (1) re-qualifying for ADAP is now only needed once every 366 days, instead of the former 180-day eligibility period, and (2) client documentation establishing eligibility for Ryan White Part A/MAI, Part B, ADAP or General Revenue will be accepted across funding programs, instead of the need to re-establish eligibility for each programs. Prescriptions for anti-retroviral medications (ARVs) are no longer needed to enroll in ADAP. Additional pharmacy choices are available for ADAP clients to pick-up in Miami-Dade County.

- **Vacancy Report** *Marlen Meizoso*

Marlen Meizoso referenced the membership vacancy report (copy on file) based on the revised membership configuration for the Subcommittee. There are six vacancies on the Subcommittee, including five vacancies for members of the affected community and one vacancy for an at-large member. Stephanie Llanos, pharmacist, has applied and can fill the at-large seat. She introduced herself and expressed her interest. The Subcommittee voted on her membership. Upon approval, Ms. Llanos must complete new member orientation, ethics training, and comply with disclosure requirements. Staff will forward a welcome packet with details. If anyone knows of other individuals interested in membership , they may contact staff.

Motion to recommend Stephanie Llanos as a member of the Medical Care Subcommittee.
Moved: James Dougherty **Seconded: Dr. Johann Torres** **Motion: Passed**

- **Report to Committees (reference only)** *Marlen Meizoso*

Dr. Goubeaux indicated that the Partnership's Report to Committees is posted online. 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.

VIII. Standing Business

- **OHC items (codes, service description, standards)**

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

As indicated at the last meeting, there is currently no restriction in the Ryan White Oral Health Care formulary or in Provide® Enterprise Miami to prevent code D5421 (Adjustment to Dentures) and code D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) from being billed together. Medicaid's DentaQuest and MCNA plan benefits allow billing of the adjustment code only **after six months** of the initial service. The information provided by the former Oral Health Care Subcommittee practitioner members did not provide the clarity needed for decision making. Staff reached out to Dr. Mark Schweizer, Assistant Dean of Community Programs at Nova Southeastern University, who works with AETC on oral health care issues, and requested more information. He stated that charging separately for an adjustment on any type of denture close to the time of fabrication is not the usual practice. HIV positive clients may need more adjustments due to oral health care conditions such as dry mouth. In the Broward County program, there is no charge for the denture adjustment, but six months is a reasonable time after placement to charge just one time. Well-made dentures should need 2-3 adjustments at most.

Based on the information received the Subcommittee made several motions regarding the codes.

Motion for D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth] to include adjustments up to 180 days.
Moved: James Dougherty **Seconded: Juliet Miller** **Motion: Passed**

Motion for D5226 ((Mandibular partial denture-flexible based [including any clasps, rests, and teeth] to include adjustments up to 180 days.
Moved: Juliet Miller **Seconded: James Dougherty** **Motion: Passed**

Motion to restrict D5421 (Adjustment to Dentures) billing within 180 days of D5225 and D5226.
Moved: James Dougherty **Second: Juliet Miller** **Motion: Passed**

- **Oral Health Care Service Description**

The revisions requested at the last meeting were incorporated into the draft and shared with the Subcommittee (copy on file). The Subcommittee reviewed the service description and made four changes:

- Move paragraph on pg. 76 "Clients referred for Oral Health Care…" to pg. 78
- Change not more than 6 months old to "as clinically indicated"
- Add line "Labs maybe requested of physicians as clinically indicated" before "All referrals" paragraph
- Strike "Additional" from letter E.

Motion to accept the changes to the Oral Health Care service descriptions, as discussed.
Moved: James Dougherty **Seconded: Juliet Miller** **Motion: Passed**

- **Oral Health Care Standards**

The revisions requested at the last meeting were incorporated into the draft and shared with the Subcommittee (copy on file). On page 4, the Subcommittee requested to change "required" to "indicated."

Motion to accept the changes to the Oral Health Service Standards, as discussed.
Moved: Ivet Baez **Seconded: James Dougherty** **Motion: Passed**

- **Minimum Primary Care Standards Items**

Mrs. Meizoso reviewed provided the latest version of the Minimum Primary Care Standards (copy on file). Final edits are being done but clarification is needed on two items. The Subcommittee agreed that for the sake of consistency, proper names are to be followed by acronyms, rather than the inconsistent use in the existing Standards. The second item is whether to use the American Cancer Society (annual) or IDSA (every two years) guidance for mammograms. The Subcommittee opted to follow the American Cancer Society. Members were requested to review the document and forward any additional changes before the next meeting.

- **Allowable Medical Conditions including Breast Cancer and Neutropenia**

The revisions requested at the last meeting were incorporated into the draft and shared with the Subcommittee (copy on file) to review. On pg. 5 a comma is needed after lymphoma and oral and the comma should be removed after vera. There was a question regarding the need to include the large description under mental health since some of the language belongs in the service description only and not the list to access services. A revised document will be presented at the next meeting to the Subcommittee.

- **Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services**

The Subcommittee reviewed the service descriptions for AIDS pharmaceutical assistance and outpatient ambulatory health services (copy on file). Both service descriptions include redline updates. Under AIDS pharmaceutical assistance, areas in yellow were items that needed to be reviewed, as to whether to leave as is or change. The Subcommittee suggested leaving the items as they are. Under outpatient ambulatory health service, the items in yellow will be updated later in the year by the County. The Subcommittee made a motion to approve the items.

Motion to accept the changes to the AIDS Pharmaceutical Assistance service description, as presented.
Moved: Stephanie Llanos **Seconded: Dr. Darren Thornton** **Motion: Passed**

Motion to accept the changes to the Outpatient Ambulatory Health service description, as presented.
Moved: James Dougherty **Seconded: Juliet Miller** **Motion: Passed**

IX. <u>New Business</u>

- **Formulary Request: Methadone**

A request to add methadone to the Ryan White Prescription drug formulary was received for clients experiencing opioid use disorder (copy on file). The policy and procedure for prescription drug formulary review and a literature review were also provided and reviewed by the Subcommittee (copy on file). Ivet Baez walked the Subcommittee through the existing restrictions for methadone when used as a medication for opioid use disorder. Methadone is governed by specific state and federal laws which require special certifications and accreditations and the necessity to administer the drug in the presence of a witness. There are only a few facilities in Miami-Dade County which have

access to the medication for opioid use disorder, none of which are Ryan White agencies. The Subcommittee indicated it could not fulfil the request because of these legal barriers.

- **Planning for 2023**

Mrs. Meizoso reviewed the tentative items and dates for 2023 (copy on file). The Subcommittee agreed to the items suggested and requested the Letters of Medical necessity be reviewed at the January meeting. Formulary updates will be placed on the March agenda.

- **2023 Elections**

Mrs. Meizoso shared the 2023 elections memo (copy on file). Both the chair and vice-chair are eligible and interested in a second term. The election will take place at the next meeting.

X. Announcements

- **HIV Section Medical Formulary Workgroup**

Mrs. Meizoso shared information on behalf of the State of Florida HIV Section, which is seeking members for the Medical Formulary Workgroup (copy on file). Electronic copies of the documents distributed today will be emailed after the meeting. Please share as appropriate. The application is due by December 1, 2022.

XI. Next Meeting

The next Subcommittee meeting will be held Friday, January 27, 2022, at 9:30 a.m. at BSR.

XII. Adjournment

Dr. Goubeaux adjourned the meeting at 11:25 a.m. and wished everyone happy holidays.

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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	
	Support Services	**Allocations**		
7	Emergency Financial Assistance	0.00		
	Food Bank			
5	Medical Transportation	7,628.00		
	Other Professional Services			
6	Outreach Services	39,816.00		
	Substance Abuse - Residential		47,444.00	
	DIRECT SERVICES TOTAL:		**$ 2,335,043.00**	
	Total Core Allocation	2,287,599.00		
	Target at least 80% core service allocation	1,868,034.40		
	Current Difference (Short) / Over	**$ 419,564.60**		
	Recipient Admin. (OMB-GC)	**$ 271,325.00**		3,925,921.00
	Quality Management	**$ 106,883.00**		
	(+) Unobligated Funds / (-) Over Obligated:			
	Unobligated Funds (MAI)	$ -	378,208.00	2,713,251.00
	Unobligated Funds (Carry Over)	$ 1,212,670.00		

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures	
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	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 Allocation (Not including C/O):		
Cannot be under 75%	**97.97%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.94%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**99.61%**	**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

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 18, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Oral Health Care items	All
	• 2023 Elections	All
	• Minimum Primary Medical Care Standards	All
	• Allowable Medical Conditions List Edits: Breast Cancer and Neutropenia	All
IX.	New Business	
	• Allowable Medical Conditions List Inclusion: Mpox Lesions	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• ViiV Discontinuation of Select Medications and Impact	All
	• December 2022, ADAP Formulary Additions Review	All

Please turn off or mute cellular devices – Thank you

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

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

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IX.	New Business	
	• Allowable Medical Conditions List Inclusion: Mpox Lesions	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• ViiV Discontinuation of Select Medications and Impact	All
	• December 2022, ADAP Formulary Additions Review	All

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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

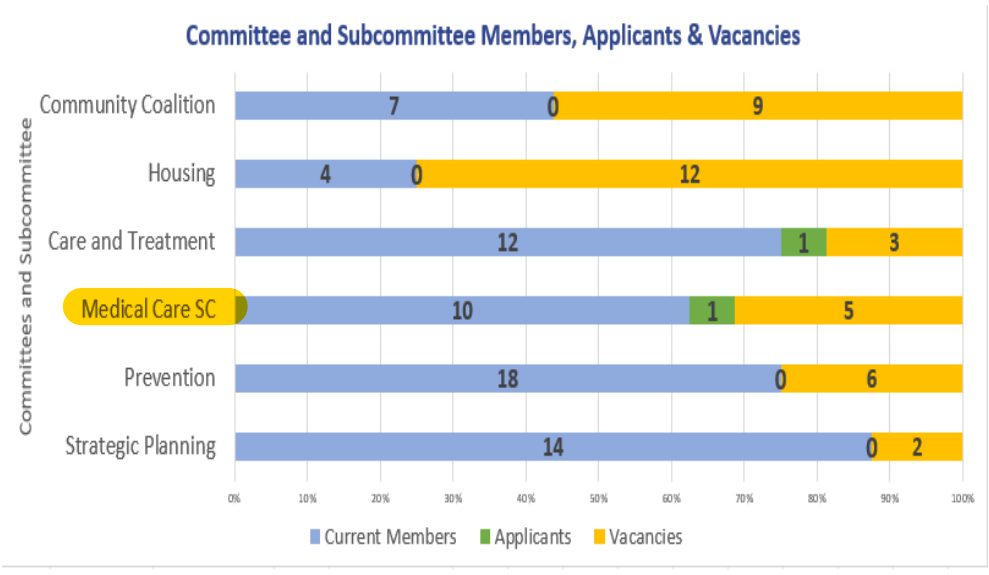
General Membership Opportunities

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!

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittee
January 17, 2023 Meeting

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

Miami-Dade HIV/AIDS Partnership members heard regular reports and approved the following motions:

Executive Committee

1. Motion to approve the revised *Miami-Dade HIV/AIDS Partnership Bylaws*, as presented.

Care and Treatment Committee

2. Motion to strike the statement from the Medical Case Management service description: "Clients limited to only 'situational needs' should not be included in the 'active' caseload count."

3. Motion to accept the updates to the Medical Case Management, Emergency Financial Assistance, Food Bank, and Health Insurance Assistance service descriptions as presented.

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

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

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

7. Motion to accept changes to the Oral Health Care, AIDS Pharmaceutical Assistance, and Outpatient/Ambulatory Health Services service descriptions, as presented in the highlighted and red-lined drafts.

Strategic Planning Committee

8. Motion to accept the *Fiscal Year 2022-2023 Assessment of the Ryan White Program Recipient: Miami-Dade HIV/AIDS Partnership Member Survey*, as presented.

9. Motion to accept the *Fiscal Year 2022-2023 Assessment of the Ryan White Program Recipient: Ryan White Program Part A/MAI Subrecipient Survey*, as presented.

Other

10. Motion to approve the slate of applicants for the Integrated Plan Evaluation Workgroup.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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Oral Health Care Items for Discussion

At the November meeting, the Subcommittee approved a draft of the Oral Health Care Standards (see attached). Under standard 4.3, "as clinically indicated" was added after full mouth radiographs. Based on the statement below from Mark Schweizer, DDS, MPH, with AETC, does the Subcommittee wish to amend the language?

Because PWH tend to have xerostomia and a lot of decay I would at a minimum recommend yearly 4 bitewing X-rays and monitor for a FMX [*full mouth x-ray*] if needed.

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.

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 ~~Internal~~ 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).

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

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.

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.

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.

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 18, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Oral Health Care items	All
	• 2023 Elections	All
	• Minimum Primary Medical Care Standards	All
	• Allowable Medical Conditions List Edits: Breast Cancer and Neutropenia	All
IX.	New Business	
	• Allowable Medical Conditions List Inclusion: Mpox Lesions	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• ViiV Discontinuation of Select Medications and Impact	All
	• December 2022, ADAP Formulary Additions Review	All

Please turn off or mute cellular devices – Thank you

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Memo

To: Medical Care Subcommittee Members

From: Marlen Meizoso

Date: November 18, 2022

Re: 2023 Elections

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

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

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

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

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

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

I. Requirements

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

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

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

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

Practitioner must:

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

f. **Department of Health and Human Services (DHHS) Clinical Guidelines**
https://clinicalinfo.hiv.gov/en/guidelines
g. **European AIDS Clinical Society (EACS) guidelines on the prevention and management of metabolic diseases in HIV**
https://www.eacsociety.org/guidelines/eacs-guidelines/
h. **Hepatitis (HEP) Drug Interactions University of Liverpool**
https://www.hep-druginteractions.org/
i. **HIV Drug Interactions University of Liverpool**
https://hiv-druginteractions.org/
j. **HIV Prevention with Adults and Adolescents with HIV in the US**
https://www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html
k. **Health Resources and Service Administration (HRSA) HIV Care for People Aging with HIV**
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-new-elements.pdf
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-best-team.pdf
l. **Infectious Disease Society of America Primary Care Guidance for Persons with HIV**
https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/
m. **Miami—Dade County Ryan White Program (including Telehealth Policy and Test and Treat/Rapid Access [TTRA] program)**
https://www.miamidade.gov/global/service.page?Mduid_service=ser1482944607068715
n. **National HIV Curriculum**
https://www.hiv.uw.edu/alternate
o. **PrEP, nPEP and PEP guidelines below (Although not paid for by the Ryan White Program):**
https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf
https://www.cdc.gov/hiv/clinicians/prevention/prep-and-pep.html
https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf
q. **United States (US) Preventive Taskforce**
https://uspreventiveservicestaskforce.org/uspstf/home

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

II. Assessments and Referrals

1. **Annual —** At each annual visit:
   a. Adherence to medications
   b. Age-appropriate cancer screening
   c. Behavioral risk reduction
   d. Gynecological exam per guidance for females
   e. Interval changes in vital signs addressed, especially trend in weight/BMI over time

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

Assess and document health education on:

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

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

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

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

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

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

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

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

III. Assessments at Incremental Visits

General Health including Labs

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

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

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

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

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

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

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

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

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

10. **Hepatitis B Serology (HBsAb, HBsAg, HBcAb total)** [i] — At entry into care; at ART initiation or modification, in patients not immune to hepatitis B (HBV), consider retesting if switching to a regimen that does not contain tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF); as clinically indicated including before starting hepatitis C direct-acting antiviral (HCV DAA). If patient has HBV infection (as determined by a positive HBsAg or HBV DNA test result), TDF or TAF plus either emtricitabine (FTC) or lamivudine (3TC) should be used as part other ARV regiment to treat both HBV and HIV infections. If HBsAg, HBsAb, and HBcAb test results are negative, hepatis B vaccine series should be administered. Most patients with isolated HBcAb have resolved HBV infection with loss of HBsAb.

Consider performing an HBV viral load test for confirmation. If the HBV viral load test is positive, the patient may be acutely infected (and will usually display other signs of acute hepatitis) or chronically infected. If the test is negative, the patient should be vaccinated. Refer to the HIVMA/IDSA's Primary Care Guidance for Person with HIV and the Adult and Adolescent Opportunistic Infection Guideline for detailed recommendations.

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

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

13. **Lung Cancer Screening** [iii] — Annually with low-dose computer tomography (LDCT) for patients aged 55-80 who have a 30 pack-year smoking history and currently smoke or have quit within the last 15 years until smoking has been discontinued for 15 years.

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

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

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

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

18. **Urinalysis** [i] — Entry into care; or if clinically indicate e.g., in patients with chronic kidney disease (CKD) or diabetes mellitus (DM). HIV Medicine Association of the Infectious

Diseases Society of America's (HIVMA/IDSA) Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV for recommendations on managing patients with renal disease. More frequent monitoring may be indicated for patients with evidence of kidney disease (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension). Urine glucose and protein should be assessed before initiating tenofovir alafenamide (TAF)-or tenofovir disoproxil fumarate (TDF)-containing regimens and monitored during treatment with these regimens.

HIV Specific

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

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

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

22. **Genotypic Resistance Testing (Integrase Genes)**[i] — Entry into care, if transmitted INSTI resistance is suspected or if there is a history of cabotegravir long acting (CAB-LA) use for PrEP ; at ART initiation or modification, if transmitted INSTI resistance is suspected or if there is a history of INSTI use; treatment failure if there is a history of INSTI use; or clinically indicated, if there is a history of INSTI use. Standard genotypic drug-resistance testing in ARV-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia while on an INSTI, providers also should test for resistant mutation in the IN gene. In ARV-naïve patient who are not immediately begin ART, repeat testing before initiation of ART is option if drug-resistance testing was performed at

entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.

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

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

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

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

Immunizations

Document in medical record carrying data forward to most current volume

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

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

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

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

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

32. **Mpox vaccination** — Vaccinate per CDC guidance. See https://www.cdc.gov/poxvirus/monkeypox/vaccines/vaccine-basics.html

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

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

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

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

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

STI Screenings

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

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

Footnotes

[i] Guidelines for the Use of Antiretroviral Agents in HIV—1 Infected Adults and Adolescents. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new-guidelines. Accessed on November 10, 2022.

[ii] Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections. Accessed on January 03, 2023

[iii] Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America. https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/. Accessed November 10, 2022

[iv] Women's Preventive Service Guidelines. https://www.hrsa.gov/womens-guidelines-2019. Accessed January 4, 2023.

[v] American Cancer Society Recommendations for Colorectal Cancer Screening. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html Accessed January 4, 2023.

[vi] Gynecologic Care for Women and Adolescents with Human Immunodeficiency Virus. The American College of Obstetricians and Gynecologist, vol. 128, no. 4, October 2016.

[vii] American Cancer Society Recommendations for the Early Detection of Breast Cancer. https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html. Accessed January 4, 2023.

[viii] American Cancer Society Recommendations for Prostate Cancer Early Detection. https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html. Accessed January 4, 2023.

[ix] Recommended Adult Immunization Schedule for Ages 19 years or older, United States, 2022. https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html. Accessed January 4, 2023.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

Behavioral Science Research
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Miami, FL 33134

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

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

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

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

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

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

CARDIOLOGY:
atherosclerosis
coronary artery disease
hyperlipidemia
peripheral artery disease
phlebitis

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

osteopenia/osteoporosis
peripheral neuropathy
rheumatic diseases

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

COLORECTAL:
abnormal anal Pap smears
anal cancers
fistulas
hernias

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

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

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

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

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

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

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

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

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

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

viral hepatitis (hepatitis B and C)

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

IMPORTANT NOTES
Under this component, a mental health professional (PhD, EdD, PsyD, MA, MS, MSW, or M. Ed) will assess, diagnose, and treat mental illness under the mental health service category.

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

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

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

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

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

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NUTRITION:
lipodystrophy
wasting
weight gain
weight loss

ONCOLOGY:

Cancers-may include but not limited to:

- anal
- breast
- gynecological

- Kaposi's sarcoma
- Lymphoma
- oral
- polycythemia vera
- prostate
- skin

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

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OPHTHALMOLOGY/OPTOMETRY:

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

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

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

Manifestations due to opportunistic infections:

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

Visual disturbances to rule out complication of HIV due to:

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

History of STI and complications of STI:

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

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

PODIATRY:
diabetic foot care
foot and ankle pain*
onychomycosis

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

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

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

PULMONARY:
mycobacterium
pneumocystis pneumonia
recurrent pneumonia
tuberculosis

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MENTAL HEALTH SERVICES

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

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

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

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

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

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

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

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

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

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

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

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

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

Mental Health Service Components:

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

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

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

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

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

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

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

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

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

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

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

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

C.

Tele-mental health services are reimbursed as follows:

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

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

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

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

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

  Available at:

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

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

  Available at:

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

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

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SUBSTANCE ABUSE OUTPATIENT CARE AND SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

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

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

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

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

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

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

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

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

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

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

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

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

I. Substance Abuse Outpatient Care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. Substance Abuse Services (Residential)

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

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

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

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

Residential treatment programs shall comply with the following requirements:

B. **Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of $25~~1~~0.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than ~~120~~ 180 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. No exceptions, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). ~~Effective September 1, 2022, the temporary policy allowing more than 120 bed days of residential substance abuse treatment services due to a COVID-19 related issue will come to an end.~~ Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval ~~prior to~~prior to extending residential care past the 12~~8~~0-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

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

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

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

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

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

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

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

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

III. Additional Standards and Guidelines

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

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

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

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

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

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

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 18, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Oral Health Care items	All
	• 2023 Elections	All
	• Minimum Primary Medical Care Standards	All
	• Allowable Medical Conditions List Edits: Breast Cancer and Neutropenia	All
IX.	New Business	
	• Allowable Medical Conditions List Inclusion: Mpox Lesions	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• ViiV Discontinuation of Select Medications and Impact	All
	• December 2022, ADAP Formulary Additions Review	All

Please turn off or mute cellular devices – Thank you

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

From: HRSA HAB DMHAP PartA <HABDMHAPPartA@hrsa.gov>
Sent: Thursday, December 15, 2022 10:48 AM
Subject: ViiV Healthcare HIV Medications to be Discontinued as of January 1, 2024

Dear Ryan White HIV/AIDS Program Part A Colleagues:

ViiV Healthcare HIV Medications to be Discontinued as of January 1, 2024

Last year, ViiV Healthcare ("ViiV") released a letter notifying health care providers that the following products will be discontinued in the United States, and will no longer be distributed by ViiV as of January 1, 2024:

- Lexiva (fosamprenavir) 700 mg Tablets and 50 mg/ml Oral Suspension
- Trizivir (abacavir/lamivudine/zidovudine) 300 mg/150 mg/300 mg Tablets
- Selzentry (maraviroc) 25 mg Tablets and 75 mg Tablets
- Tivicay (dolutegravir) 10 mg Tablets and 25 mg Tablets
- Ziagen (abacavir) 300 mg Tablets
- Combivir (lamivudine/zidovudine) 150 mg/300 mg Tablets
- Epzicom (abacavir/lamivudine) 600 mg/300 mg Tablets

In addition, in the letter ViiV stated it would no longer accept new Patient Assistance Program (PAP) applications for the products listed above after 07/01/22.

For any questions or concerns, please contact the ViiV Healthcare Customer Response Center at 1-877-844-8872.

Sincerely,

Division of Metropolitan HIV/AIDS Programs (DMHAP)
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)

MIAMI-DADE HIV/AIDS PARTNERSHIP

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Friday, January 27, 2023

9:30 a.m. – 11:30 a.m.

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2121 Ponce de Leon Blvd., Ste. 240
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For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

From: FL HIV-AIDS Patient Care Programs <FLHIV-AIDSPatientCarePrograms@flhealth.gov>
Sent: Thursday, December 15, 2022 5:03 PM
Subject: Announcement: ADAP Formulary Additions

Dear Colleagues,

We are pleased to announce additions to the AIDS Drug Assistance Program (ADAP) formulary effective today. These changes will improve the provision of quality treatment and allow ADAP clients to receive the latest medications.

Changes were implemented after review and consideration by the HIV Section Medication Formulary Workgroup, the Bureau of Public Health Pharmacy: Pharmacy and Therapeutics Committee, and the HIV/AIDS Section's administration.

The following medications are being added:
Alirocumab, amlodipine/atorvastatin, amlodipine/benazepril, amoxicillin, amoxicillin/clavulanate, amphetamine/dextroamphetamine, atenolol/chlorthalidone, atomoxetine, bempedoic acid, benazepril/hydrochlorothiazide, buprenorphine/naloxone, buprenorphine, canagliflozin/metformin, carbamide peroxide, carboxymethylcellulose, cefixime, chlorhexidine gluconate (0.12%), ciprofloxacin, clonidine, dapagliflozin/metformin, diclofenac, donepezil, dorzolamide/ timolol, doxycycline, enalapril/hydrochlorothiazide, ethinyl estradiol/desogestrel, ethinyl estradiol/etonogestrel, ethinyl estradiol/levonorgestrel, ethinyl estradiol/norethindrone, ethinyl estradiol/norethindrone/ferrous fumarate, ethinyl estradiol/norgestimate, ethinyl estradiol/norgestrel, evolocumab, ezetimibe/rosuvastatin, famciclovir, fluoxetine/olanzapine, fluticasone (nasal spray), fluticasone (oral inhaled), glipizide/metformin, hydrocortisone, irbesartan, irbesartan/hydrochlorothiazide, isosorbide dinitrate, isosorbide mononitrate, ivabradine, lanolin alcohol-mo-w.pet-ceres (Eucerin), lansoprazole, levonorgestrel, lidocaine, losartan/hydrochlorothiazide, loteprednol etabonate, lurasidone, mesalamine, metformin/sitagliptin, metoprolol tartrate/hydrochlorothiazide, midodrine, modafinil, mometasone, moxifloxacin, mupirocin, naloxone, nepafenac, nitroglycerin, norethindrone, olmesartan, olmesartan/hydrochlorothiazide, pancrelipase (amylase, lipase, protease), penicillin, permethrin, pioglitazone, polyethylene glycol and electrolyte oral solution, prazosin, prednisolone, rifapentine, sacubitril/valsartan, sildenafil, spironolactone/hydrochlorothiazide, tadalafil, tinidazole, tiotropium, tizanidine, tramadol, travoprost, tretinoin, valsartan, valsartan/hydrochlorothiazide, vardenafil, vitamin C, voriconazole.

To prevent any duplication, medications that have been added to the ADAP formulary are removed from the AIDS Pharmacy Assistance (APA) formulary. The APA formulary is available on the Clinical Resources website at: Florida DOH Clinical Resources.

Please direct any medical questions to Jeannette Iriye, RN, BSN, MSN, HIV/AIDS nurse consultant, at Jeannette.Iriye@flhealth.gov or 850-901-6708 or Dr. Andréa Sciberras, Medical Director, Division of Disease Control and Health Protection, at Andrea.Sciberras@flhealth.gov or (850) 756-2283.

If you have any questions or concerns regarding these formulary changes, contact the ADAP Central Office at 844-381-2327.

The complete ADAP formulary is available at FloridaADAP.org.

Kind regards,

Jimmy R. LLaque, Program Director
Florida AIDS Drug Assistance Program (ADAP)
and Interim Patient Care Section Manager

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

December 2022 ADAP Formulary Additions
Ryan White Prescription Drug Formulary Review

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
1	**tramadol**	Ultram	Analgesic	Opioid	$0.04 per tablet	yes	acetaminophen, apap/codeine, oxycodone, apap/oxycodone, naproxen, aspirin, ibuprofen	Indication: mod-severe pain, chronic pain
2	**carbamide peroxide**	OTC	Analgesic, anti-inflammatory	Cerumenolytic	$0.3053 (15 ml)	no	no	
3	**diclofenac**	Voltaren	Analgesic, Pain Relief	NSAID	$3.66 per 100 grams gel, $0.05-$0.06 per tablet	no	ibuprofen, naproxen, aspirin	Anti-inflammatory. Class: NSAIDS
4	**nepafenac**	Nevanac	Analgesic, Pain Relief	NSAID (Ophthalmic)	$15.90 per bottle	no	no	Indication: Pain/inflammation associated with cataract surgery . Class: NSAIDS
5	**cefixime**	Suprax	Anti-infective, antibiotic	Antibiotic-cephalosporin (3rd generation)	$8.5170 (400mg)	no	no	
6	**moxifloxacin**	Avelox (oral), Vigamox (opth)	Anti-infective, antibiotic	Antibiotic-Quinolone	$0.3670 400mg)	no (oral); yes (opth)	levofloxacin, ciprofloxacin, ofloxacin (opth)	
7	**voriconazole**	Vfend	Anti-infective, antifungal	Azole Antifungal	$0.2810 (50mg); $0.1343 (200mg)	yes	itraconazole	
8	**tinidazole**	Tindamax	Anti-infective, antiprotozoal, amebicide	Antiprotozoal, amebicide	$0.4120 (250mg); $1.1685 (500mg)	no	no	
9	**famciclovir**	Famvir	Anti-infective, antiviral	Antiviral	$0.1267 (125mg); $0.1310 (250mg); $0.2277 (500mg)	yes	acyclovir, valacyclovir	
10	**mupirocin**	Bactroban	Anti-infective-antibiotic	Topical antibiotic	$0.198 per unit gram (15gm cr)	yes	no	

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
11	**rifapentine**	Priftin	Anti-infective-antitubercular	Antitubercular	$7.3033 (150mg)	yes	rifampin, rifabutin	
12	**ethinyl estradiol/desogestrel**	Apri, Marvelon	Birth Control	Contraceptive	$0.04 per tablet (generic)	no	no	birth control / Indication: hormonal contraceptive, 28-day pack contains desogestrel/ethinyl estradiol 0.15 mg/30 mcg tab x21, then inert tab x7
13	**ethinyl estradiol/etonogestrel**	NuvaRing	Birth Control	Contraceptive	$0.01 per ring	yes	no	birth control / Indication / form / dosage: hormonal contraceptive, intravaginal, vaginal ring (0.015 mg-0.12 mg/24 hours)
14	**ethinyl estradiol/levonorgestrel**	Aviane, Lessina	Birth Control	Contraceptive	$0.03 per tablet (generic)	no	no	birth control/ Indication: hormonal contraceptive available in various dosage forms, transdermal patch system available
15	**ethinyl estradiol/norethindrone**	Junel	Birth Control	Contraceptive	$0.21 per tab (Junel)	no	no	birth control/ Indication: hormonal contraceptive available in various dosage forms, transdermal patch system available
16	**ethinyl estradiol/norethindrone/ferrous fumarate**	Junel Fe	Birth Control	Contraceptive	$0.07 per tab (Junel Fe)	no	no	birth control
17	**ethinyl estradiol/norgestimate**	Sprintec	Birth Control	Contraceptive	$0.05 per tablet	yes	no	birth control
18	**ethinyl estradiol/norgestrel**	Cryselle	Birth Control	Contraceptive	$0.17 per tablet	no	no	birth control
19	**levonorgestrel**	My Way, Plan B, Mirena	Birth Control	Contraceptive	$1.98 per packet/tablet	no	no	birth control. IUD/ Systemic
20	**norethindrone**	Micronor, Nor-Q-D	Birth Control	Contraceptive	$0.05 per tablet	no	no	Birth control/menopause/ Endometriosis

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
21	**isosorbide dinitrate**	Isordil Titradose, Sorbitrate, Wesorbide	Cardiovascular	Vasodilating Agent	0.17 per tab 340B	yes	nitroglycerin	Indication: prophylactic for angina
22	**isosorbide mononitrate**	Imdur,Monoket	Cardiovascular	Vasodilating Agent	0.03 to 0.09 per tab 340B	yes	nitroglycerin	Indication: angina
23	**sacubitril/valsartan**	Entresto	Cardiovascular	Neprilysin Inhibitor/ Angiotensin II Receptor Blocker	$4.70 per tab 340B for Brand only	yes	no	Indication: heart failure
24	**prazosin**	Minipress	Cardiovascular	Alpha-1 Adrenergic Blocker	0.03 to 0.05 per tab 340B	yes	no	Indication: hypertension
25	**benazepril/ hydrochlorothiazide**	Lotensin HCT	Cardiovascular	Angiotension Converting Enzyme Inhibitor/Thiazide Diuretic	0.16 per tab 340B	available as individual components	available as individual components	Indication: hypertension *not for initial therapy
26	**clonidine**	Catapres	Cardiovascular	Alpha-2 Adrenergic Agonist	0.01 to 0.02 per tab 340B $4-10 per patch 340B	yes	no	Indication: hypertension
27	**enalapril/hydrochlorothiazide**	Vaseretic	Cardiovascular	Angiotension Converting Enzyme Inhibitor/ Thiazide Diuretic	0.04 per tab 340B	yes	available as individual components	Indication: hypertension
28	**irbesartan**	Avapro	Cardiovascular	Angiotensin II Receptor Blocker	0.01 to 0.10 per tab 340B	no	eprosartan	Indication: hypertension, diabetic nephropathy
29	**irbesartan/hydrochlorothiazide**	Avalide	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	0.05 to 0.11 per tab 340B	no	eprosartan, HCTZ	Indication: hypertension
30	**losartan/hydrochlorothiazide**	Hyzaar	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	0.04 to 0.06 per tab 340B	yes	eprosartan, HCTZ	Indication: hypertension

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
31	**olmesartan**	Benicar	Cardiovascular	Angiotensin II Receptor Blocker	$7-11 per tab for Brand only (GPO price)	yes	eprosartan	Indication: hypertension *only available as Brand Benicar - not 340B
32	**olmesartan/ hydrochlorothiazide**	Benicar HCT	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	$8-11 per tab for Brand only (GPO price)	available as individual components	eprosartan, HCTZ	Indication: hypertension *only available as Brand Benicar HCT - not 340B
33	**evolocumab**	Repatha	Cardiovascular	PCSK9 Inhibitor	$108 per 140mg/mL syringe 340B for Brand only	no	no	Class: antihyperlipidemic Indication: hypercholesterolemia, secondary prophylaxis of cardiovascular disorders
34	**ezetimibe/rosuvastatin**	Ridutrin	Cardiovascular	Cholesterol Absorption Inhibitor/HMG-CoA Reductase Inhibitor	*currently unavailable through our wholesaler	available as individual components	available as individual components	Indication: hyperlipidemia, nonfamilial hypercholesterolemia
35	**amlodipine/atorvastatin**	Caduet	Cardiovascular	Calcium Channel Blocker/HMG-CoA Reductase Inhibitor	0.07 to 0.90 per tab 340B	yes	verapamil, diltiazem, nifedipine, atorvastatin	Indication: BOTH hypertension AND hyperlipidemia
36	**ivabradine**	Corlanor	Cardiovascular	Hyperpolarization-activated cyclic nucleotide-gated channel blocker	$5.15 per tab 340B for Brand only	no	no	Indication: heart failure
37	**amlodipine/benazepril**	Lotrel	Cardiovascular	Calcium Channel Blocker/ Angiotension Converting Enzyme Inhibitor	0.01 to 0.06 per tab 340B	yes	verapamil, diltiazem, nifedipine, benazepril	Indication: hypertension
38	**metoprolol tartrate/ hydrochlorothiazide**	Lopressor HCT	Cardiovascular	Beta-Blocker/Thiazide Diuretic	0.42 to 1.20 per tab 340B	available as individual components	available as individual components	Cardioselective (Beta-2) Indication: hypertension *not for initial therapy
39	**valsartan**	Diovan	Cardiovascular	Angiotensin II Receptor Blocker	*generic currently unavailable* 0.01 per tab 340B for Brand only	no	eprosartan	Indication: hypertension, heart failure, myocardial infarction
40	**valsartan/ hydrochlorothiazide**	Diovan HCT	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	0.04 to 0.11 per tab 340B	yes	eprosartan, HCTZ	Indication: hypertension

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
41	**bempedoic acid**	Nexletol	Cardiovascular	ACL Inhibitor	$5.73 per tab 340B for Brand only	no	no	Indication: hypercholesterolemia *used in conjunction with statin
42	**atenolol/ chlorthalidone**	Tenoretic	Cardiovascular	Beta-Blocker/Thiazide Diuretic	0.02 to 0.16 per tab 340B	available as individual components	atenolol, metoprolol, HCTZ	Indication: hypertension *not for initial therapy
43	**spironolactone/ hydrochlorothiazide**	Aldactazide	Cardiovascular	Potassium Sparing Diuretic/ Thiazide Diuretic	0.14 to 0.22 per tab 340B	yes	furosemide, HCTZ	Indication: hypertension, edema, heart failure, liver cirrhosis
44	**alirocumab**	Praluent	Cardiovascular	PCSK9 Inhibitor	$66.78 per syringe 340B for Brand only	no	no	Class: antihyperlipidemic Indication: hypercholesterolemia, prophylaxis of cardiovascular disorders
45	**midodrine**	ProAmatine, Orvaten	Cardiovascular	Vasopressor	0.04 to 0.12 per tab 340B	no	no	Indication: orthostatic hypotension
46	**modafinil**	Provigil	Central Nervous System	Stimulant	$0.0090 (100mg); $0.0090 (200mg)	no	no	sleep disorders
47	**pioglitazone**	Actos	Diabetes	Anti-diabetic. Thiazolidinediones.	$0.03-0.06 per tablet	yes	None on this class. glyburide, metformin	Anti-diabetic. Indication: T2DM
48	**canagliflozin/metformin**	Invokamet	Diabetes	Anti-diabetic	$0.01 per tablet	no	no	Anti-diabetic. Indication: T2DM
49	**dapagliflozin/metformin**	Xigduo XR	Diabetes	Anti-diabetic	$0.01 per tablet	no	no	Anti-diabetic. Indication: T2DM
50	**glipizide/metformin**	Metaglip	Diabetes	Anti-diabetic	$0.01 per tablet	yes, as separate ingredients	yes, as separate ingredients	Anti-diabetic. Indication: T2DM

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
51	**metformin/sitagliptin**	Janumet	Diabetes	Anti-diabetic	$0.01 per tablet	yes	no	Anti-diabetic. Indication: T2DM
52	**sildenafil**	Viagra	Erectile Dysfunction	Phosphodiesterase-5 enzyme inhibitors	$0.01 per tablet	no	no	Erectile Dysfunction. Avoid Nitrates
53	**tadalafil**	Cialis	Erectile Dysfunction	Phosphodiesterase-5 enzyme inhibitors	$0.01 per tablet	no	no	Erectile Dysfunction
54	**vardenafil**	Levitra	Erectile Dysfunction	Phosphodiesterase-5 enzyme inhibitors	$0.8 per tablet	no	no	Erectile Dysfunction
55	**lansoprazole**	Prevacid	Gastrointestinal agent	Poton Pump Inhibitor	$0.0193 (15 mg) ; $0.0400 (30 mg)	no	omeprazole	
56	**pancrelipase (amylase, lipase, protease)**	Pancreaze	Gastrointestinal agent	Enzyme	$0.6782 (2600U); $1.0963 (4200U); $2.7411 (10500U); $4.4015 (16800U); $5.4823 (21000U); $12.4962 (37000U)	no	no	
57	**tizanidine**	Zanaflex	Muscle Relaxant	Antispastic	$0.01 per tablet	no	no	Indication: Muscle spasms and/ or musculoskeletal pain(off-label)/ spasticity(label use). Class: alpha-2 adrenergic agonist
58	**amphetamine/dextroamphetamine**	Adderall	Neurobehavioral/Neurologic Disorders	CNS Stimulant	$0.01 per tablet for extended release formulation. Immediate release expensive and not available in generic.	no	atomoxetine	ADHD/narcolepsy
59	**dorzolamide/ timolol**	Cosopt	Opthalmic agent, antiglaucoma	Non-selective betablocker, carbonic anhydrase inhibitor	$0.451 (10 ml)	yes	no	Agents for glaucoma available in RW but no combination product available
60	**travoprost**	Travatan	Opthalmic agent, antiglaucoma	Prostaglandin	$3.600 (5 ml)	no	latanoprost	

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
61	**loteprednol etabonate**	Lotemax/Lotemex	Opthalmic agent, coticosteroid	Corticosteroid	$0.0500 (5 ml)	no	prednisolone	
62	**carboxymethylcellulose**	OTC	Opthalmic agent, miscellaneous	Miscellaneous	$0.182 (15ml)	no	no	lubricating eye drops
63	**lurasidone**	Latuda	Psychiatric Conditions	Atypical antipsychotic	$5.24-$7.83 per tablet.	no	risperidone, quetiapine	Indication: Bipolar major depression, Schizophrenia. Class:2nd generation antipsychotics
64	**fluoxetine/olanzapine**	Symbyax	Psychiatric Conditions	SSRI/Atypical antipsychotic	$1.53 per tablet (generic)	yes, as separate ingredients	sertraline, fluoxetine, venlafaxine, citalopram, olanzapine, paroxetine	Indication: Acute depressive episodes associated with bipolar I disorder/ Depression resistance
65	**donepezil**	Aricpet	Psychiatric Conditions	Acetylcholinesterase inhibitor	$0.02- $0.2 per tablet	no	no	Dementia/Alzheimer's Disease
66	**tiotropium**	Spiriva	Pulmonary, anticholinergic	Long acting anticholinergic	$0.0090 (18mcg)	yes	no	
67	**fluticasone (nasal spray)**	Flonase	Pulmonary, corticosteroids	Corticosteroids	$0.11562 (16gm)	yes	nasarel, qnasl	
68	**fluticasone (oral inhaled)**	Flovent HFA	Pulmonary, corticosteroids	Corticosteroids	$0.1000 (44mcg); $0.1100 (110mcg); $0.1100 (220mcg);	o	beclomethasone (oral)	asthma
69	**lidocaine**	Xylocaine	Skin and Mucous Membrane Preparation, Anesthetic	Anesthetic	$0.0090(Lidoderm 5%brand) ; $0.5950 (Lidocaine 5% generic)	yes (patch, viscous)	viscous only	
70	**naloxone**	Narcan	Substance Abuse	Opiate Antagonist	$26.12 for Brand Narcan, 340B $42.46 for generic naloxone, 340B,	yes	buprenorphine/naloxone (Suboxone);buprenorphine (Subutex)	

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue?	Ryan White Options	Notes/Comments
71	**lanolin alcohol-mo-w.pet-ceres (Eucerin)**	Eucerin	Topical	Keratolytic	$0.0566 (78 gm)	no	no	OTC
72	**tretinoin**	Retin-A	Topical skin	Retinoic acid derivative	$0.009 (0.025%-20 gm cr.) ; $0.009 (0.05%-20 gm cr.) ; $0.035 (0.1%-20 gm cr.)	yes	benzoyl peroxide and clindamycin for acne	
73	**hydrocortisone**	Dermacort	Topical, corticosteroid	Corticosteroids	$0.0735 (1%)	yes	In RW formulary, also triamcinolone, clobetasol	
74	**mometasone (topical, nasal, oral inhalation)**	Elocon	Topical, Pulmonary, corticosteroid	Corticosteroid	$0.09 per unit gram (15gm cr) ; $0.0100(110mcg oral inh) ; $0.0100 (220mcg oral inh) ; $0.7658 (17 gm nasal)	no	beclomethasone, flunisolide	
75	**vitamin C**	OTC	Vitamin	Vitamin	$0.0124 (250mg); $0.0121 (500mg)	no	no	Multiple vitamins in formulary

	• Revisions to Four Letters of Medical Necessity	All
X.	Announcements • Source of Income Forms and Annual Disclosures	All
XI.	Next Meeting**: February 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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

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

Date:_____

As the medical practitioner for_____and in accordance with **F.A.C. 64B8-9.013** [1] it is my considered opinion that (check **<u>one</u>** of the following):

☐ Roxicodone (Oxycodone)

☐ Percocet (Oxycodone/APAP) 5/325 *generic only*

The patient's diagnosis for this medication is_____. This diagnosis is related to the patient's HIV/AIDS status, complication of HIV, or HIV-related co-morbidity because: _____. The above medication will be prescribed for_____(length of time) at a strength of_____with a frequency of _____ (e.g., bid).

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

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

Sincerely,

_____, M.D./D.O./P.A./A.P.R.N.

_____ _____
Print M.D./D.O./P.A./A.P.R.N. name Florida Medical License # (ME#)

_____ _____
Patient's 10-Digit Medicaid # (if applicable) Patient's CIS # (ID number assigned by the Ryan White Program Provide Enterprise Miami data system)

<u>Please note</u>: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Rev. 4/12/2021

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

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

Client's Full Name

Prescriber Full Name

Preferred Name

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

Date of Birth

Prescriber Telephone #

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

□ Roxicodone (Oxycodone)

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

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

Length of time to use and strength:_____

Frequency of dosing: _____

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

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

Prescriber Signature and Date

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

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Approved 5/16/2022

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

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

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

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

Prescriber License #: _____

Prescriber Telephone #:_____ Prescriber Fax #:_____

Drug Strength: _____

Please check below the diagnosis or indication for this product:

☐ Severe neutropenia in AIDS patients on antiretroviral therapy

☐ Severe Chronic Neutropenia: ☐ congenital ☐ cyclic ☐ idiopathic

☐ Cancer patients with HIV/AIDS receiving myelosuppressive chemotherapy

Select one of the following:

New Therapy ☐ **OR** Continuation of Therapy ☐

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

What is the date range of therapy? Begin Date:_____ End Date: _____

Indicate dosage and frequency of dosing: _____

Prescriber's Signature: _____

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

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

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

Client's Full Name

Prescriber Full Name

Preferred Name

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

Date of Birth

Prescriber Telephone #

Please check below the diagnosis or indication for this product:

☐ Severe neutropenia in AIDS patients on antiretroviral therapy

☐ Severe Chronic Neutropenia: ☐ congenital ☐ cyclic ☐ idiopathic

☐ Cancer patients with HIV/AIDS receiving myelosuppressive chemotherapy

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

Drug Strength: _____

Indicate dosage and frequency of dosing: _____

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

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

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

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Approved 5/16/2022

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

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

Patient's CIS# (assigned by the Ryan White Program Provide System) _____

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

Prescriber Telephone #:_____ Prescriber Fax #:_____

Drug Strength: _____

Please check below the diagnosis or indication for this product:

☐ Anemia associated with HIV

☐ Anemia associated with renal failure if patient is not on dialysis

☐Anemia associated with chemotherapy

☐Other _____

Select one of the following:

New Therapy ☐ **OR** Continuation of Therapy ☐

Does the patient have active gastrointestinal bleeding? ☐ YES **OR** ☐ NO

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

Indicate dosage and frequency ofdosing: _____

Prescriber's Signature: _____

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

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

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

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

Please check below the diagnosis or indication for this product:

- □ Anemia associated with HIV
- □ Anemia associated with renal failure if patient is not on dialysis
- □ Anemia associated with chemotherapy
- □ Other:_____

Medication is: □ New Therapy OR □ Continuation of Therapy

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

Drug Strength: _____

Indicate dosage and frequency of dosing: _____

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

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

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Approved 5/16/2022

LAB TEST

RYAN WHITE PROGRAM
Letter of Medical Necessity for the Highly Sensitive Tropism Assay required to prescribe Maraviroc (Selzentry ®)

(Required only when the cost of the assay is not covered by any other funding source)

Date: _____

As the medical practitioner for_____, I intend to add Maraviroc (Selzentry) to this patient's antiretroviral regimen which will contain the following two other agents: _____ and_____.

I certify the client (patient) is not eligible for any other payment source;

I understand the Highly Sensitive Tropism Assay may only be ordered under the following conditions:

1. The above criterion has been met and is fully documented in the patient's medical record;

2. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment, and it has been determined that the patient is satisfactorily adherent with his/her current ART regimen;

   and

3. Patient does not have a history of dual/mixed tropism.

Sincerely,

_____ , M.D./D.O./P.A./A.P.R.N.

_____ Print M.D./D.O./P.A./A.P.R.N. name

_____ Florida medical license # (ME#)

_____ Patient's 10 digit Medicaid # (if applicable)

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

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Rev. 4/12/2021

RYAN WHITE PROGRAM

Letter of Medical Necessity for Highly Sensitive Tropism Assay

LAB TEST* required to prescribe Maraviroc (Selzentry®)

**Required only when the cost of the assay is not covered by any other funding source.*

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

I intend to add Maraviroc (Selzentry) to this patient's antiretroviral regimen which will contain the following two other agents:_____ and _____.

I certify the client (patient) is not eligible for any other payment source;

I understand the Highly Sensitive Tropism Assay may only be ordered under the following conditions:

1. The above criterion has been met and is fully documented in the patient's medical record;
2. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment, and it has been determined that the patient is satisfactorily adherent with his/her current ART regimen;

   and
3. Patient does not have a history of dual/mixed tropism.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Approved 5/16/2022

	• Revisions to Four Letters of Medical Necessity	All
X.	Announcements • Source of Income Forms and Annual Disclosures	All
XI.	Next Meeting**: February 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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

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 [redacted]	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
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: _____

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Complete this section with your name and home address

Miami-Dade HIV/AIDS address and phone number will be populated in the document and term info will be entered

List all sources of income, not their dollar amount

Must be signed

Sample of Source of Income with Place of Employment info:

Name of Source of Income	Address	Description of the Principal Business Activity
Joe's Deli	1235 Collins Ave. Miami Beach, FL 33140	Salary

Sample of Source of Income with Social Security info:

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
Social Security	1801 Alton Road, Ste. 200 Miami Beach, FL 33140	Social Security Income

MIAMI-DADE HIV/AIDS PARTNERSHIP

MEDICAL CARE SUBCOMMITTEE
ANNUAL DISCLOSURE FORM
Attachment 1

Please list all drug-company related activities for you and your immediate relatives in the categories below. Include information covering the past 24 months. If necessary, attach additional pages. If you have had no activity in an area, please write "none".

Name: _____

Drug Company Funded Research

Drug Company Consultancies

Drug Company Advisory Panels

Drug Company Funded Honoraria

Drug Company Employment

MIAMI-DADE HIV/AIDS PARTNERSHIP

Drug Company Stock Ownership
[Include direct and indirect (e.g., through a spouse or a trust) stock or other equity interest (e.g., stock options). Exclude diversified mutual funds that are not pharmaceutical industry sector funds]

Expert Testimony

Drug Company Gifts
[value greater than $10)

Other

Signature: _____ Date: _____

	• Revisions to Four Letters of Medical Necessity	All
X.	Announcements • Source of Income Forms and Annual Disclosures	All
XI.	Next Meeting**: February 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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

	• Revisions to Four Letters of Medical Necessity	All
X.	Announcements • Source of Income Forms and Annual Disclosures	All
XI.	Next Meeting**: February 24, 2023** at **BSR**	James Dougherty
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