MIAMI-DADE HIV/AIDS PARTNERSHIP

WELCOME

Thank you for joining today's meeting of the

Medical Care Subcommittee

Please sign in to have your attendance recorded.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, August 25, 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	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping and Rules	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of April 28, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Oral Health Care Items, as applicable	All
IX.	New Business	
	• July 2023, ADAP Formulary Additions Review	All
	• Dear Colleague Letter on Aging	All
	• Review: RWP Primary Medical Care Standards	All
	• Clarification of Allowable Medical Conditions List – Ophthalmology and Podiatry	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting**: September 22, 2023** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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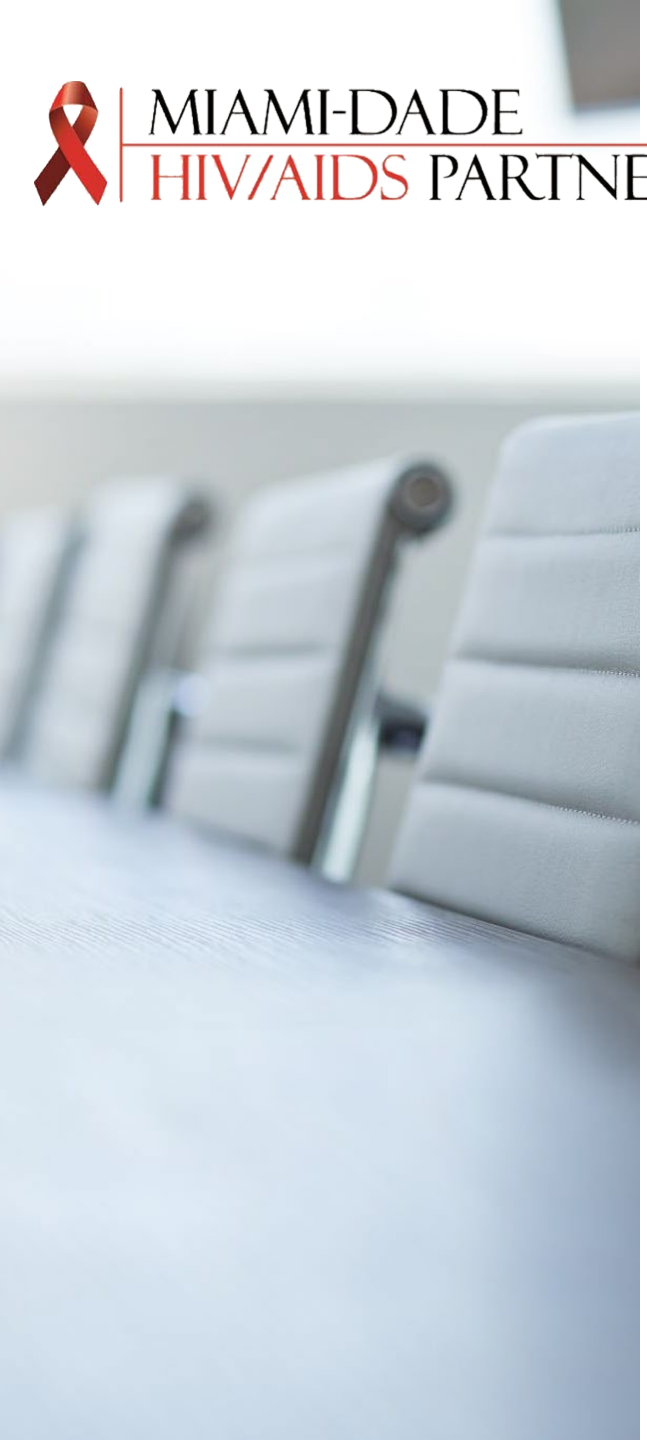
MIAMI-DADE
HIV/AIDS PARTNERSHIP



Meeting Housekeeping

Updated April 13, 2023
Behavioral Science Research

Disclaimer & Code of Conduct

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

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.

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 . . .

General Housekeeping

- You must sign in to be counted as present.
- Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- Eligible committee members should see staff for a voucher at the end of the meeting

Meeting Participation

- Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- Raise your hand to be recognized by the Chair or added to 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.

Resources

- Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- 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/.

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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 line for statements to be read into the record. No statements were received.”

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Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134
April 28, 2023

#	Members	Present	Absent	Guests	
1	Baez, Ivet	X		Mariela Casanova	
2	Cortes, Wanda	X		Dasmilia Concepcion	
3	Dougherty, James	X		Ana M. Nieto	
4	Friedman, Lawrence	X		Ray Sawaged	
5	Goubeaux, Robert		X	Carla Valle-Schwenk	
6	Llambes, Stephanie	X			
7	Miller, Juliet	X			
8	Thornton, Darren	X			
9	Romero, Javier		X	**Staff**	
10	Ysea, Cristhian A.	X		Robert Ladner	Sima Morgan
Quorum: 4				Marlen Meizoso	

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

I. Call to Order

James Dougherty

James Dougherty, the Vice-Chair, called the meeting to order at 9:37 a.m. He introduced himself and welcomed everyone.

II. Introductions

James Dougherty

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

III. Meeting Housekeeping and Rules

James Dougherty

Mr. Dougherty reviewed the meeting rules and housekeeping presentation, which provided the ground rules and reminders for the meeting. He identified Behavioral Science Research (BSR) staff as resource persons for the meeting.

IV. Floor Open to the Public

James Dougherty

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 *All*

The Subcommittee reviewed and accepted the agenda.

Motion to accept the agenda as presented.
Moved: Dr. Lawrence Friedman **Second: Cristhian Ysea** **Motion: Passed**

VI. Review/Approve Minutes of February 24, 2023 *All*

Members reviewed the minutes of February 24, 2023 and made a motion to approve the minutes as presented.

Motion to accept the minutes of February 24, 2023 as presented.
Moved: Ivet Baez **Second: Dr. Lawrence Friedman** **Motion: Passed**

VII. Reports

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

Carla Valle-Schwenk referenced the February 2023 Ryan White Program Part A/MAI report as of April 7, 2023, . A total of 8,590 unduplicated clients have been served. Final expenditures reconciliation is still in process but at least 80% of direct service dollars have been spent. All program expenditures are within required limits. Several reports are due by the end of the month.

Medicaid unwinding is underway over the next 14 months which may cause hundreds of clients to be moved back to the Ryan White Program after losing Medicaid eligibility. While the Florida Department of Health (FDOH) will try to enroll these clients into Affordable Care Act (ACA) plans, additional clients will be reentering the Ryan White Program. Enhancement of services through reimbursement increases is unlikely because of the possible impact of returning Medicaid clients. Some clients may still qualify for Medicaid services but must reapply to the program.

- **ADAP Program** *Marlen Meizoso for Dr. Javier Romero*

Dr. Javier Romero was unavailable, so Marlen Meizoso reviewed the March 2023 AIDS Drug Assistance Program (ADAP) report as of April 7, 2023, including enrollments, expenditures, prescriptions, premium payments, and program updates. For FY 22-23, over $26 million was expended at the pharmacy and over $35 million on premium payments. ADAP recently added five new medications and will be adding a new Antiretroviral (ARV) medication to the formulary.

- **Vacancy Report** *Marlen Meizoso*

Mrs. Meizoso referenced the membership vacancy report (copy on file). There are several vacancies on the Subcommittee and on the Partnership. The only remaining vacancies on the Subcommittee are for a mental health professional and five members of the affected community. If anyone knows of individuals interested in membership , they may contact staff, invite them to attend a meeting, or they can attend the May 2023 New Member Orientation training.

VIII. Standing Business

- **Allowable Medical Conditions Edits** *All*

Based on the request at the last meeting, additional revisions were made to the document and a 'clean version' of the document was included in the meeting packets. The Subcommittee only made one additional comment to correct a typo on the spelling of ophthalmology. The Subcommittee approved the document, including the typo correction.

Motion to approve the revised Allowable Conditions list as presented.
Moved: Dr. Lawrence Friedman **Seconded: Juliet Miller** **Motion: Passed**

- **Service Descriptions: Mental Health** *All*

Drafts of the Mental Health service definitions with extensive revisions from Dr. Robert Ladner and Mr. Dougherty were shared with the Subcommittee for further input. The Subcommittee requested two updates to the language:

- Change verbiage in fourth paragraph to, "This service is not available to family members without HIV."
- Add langue in third paragraph acknowledging mental health services are accessible under Outpatient/Ambulatory Health Services, "Additional mental health services may be provided under Outpatient/Ambulatory Health Services when delivered by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, or physician assistant."

Motion to accept the Mental Health service description as discussed.
Moved: Juliet Miller **Seconded: Dr. Lawrence Friedman** **Motion: Passed**

Along with the edits to the Mental Health service description, the Subcommittee requested language updates in the Outpatient/Ambulatory Health Services be amended to include the language included in the mental health service description regarding mental health services provided by select licensed mental health professionals.

Motion to amend the Outpatient/Ambulatory Health service description to include the following language, "Additional mental health services may be provided under Outpatient/Ambulatory Health Services when delivered by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant."
Moved: Stephanie Llambes **Seconded: Ivet Baez** **Motion: Passed**

- **December 2022, ADAP Formulary Additions Review Items #45-75** **All**

The Subcommittee continued review of December 2022 ADAP program analysis items #45-75 . Items that were over-the-counter were shaded out gray, any items over $1 were highlighted, and the document includes versions sorted in pharmacological and therapeutic order. The Subcommittee reviewed the document and made the following suggestions:

- Add to comments, "wakefulness promoting agent to modafinil," item 45;

- Correct typo to proton pump inhibitor, item 55;
- Correct typo on brand name Aricept, item 61;
- Restrict lidocaine to topical; and
- Restrict naloxone to nasal spray.

The Subcommittee approved all the items except for the over-the-counter products.

Motion to add medications #45-71 included in the "December 2022 ADAP formulary additions to the Ryan White Prescription Drug Formulary Items" sheet to the Ryan White Formulary with comments and restrictions, as indicated.
Moved: Stephanie Llambes **Seconded: Ivet Baez** **Motion: Passed**

ADAP also recently added five new medications to the ADAP Formulary. The Subcommittee discussed these additions and decided to also add them to the Ryan White Prescription Drug Formulary.

Motion to add betamethasone/clotrimazole, ciprofloxacin/dexamethasone, dextromethorphan/ promethazine, fluticasone/salmeterol, and budesonide to the Ryan White Prescription Drug Formulary.
Moved: Ivet Baez **Seconded: Cristhian Ysea** **Motion: Passed**

IX. New Business

None.

X. Open Discussion and Announcements *All*

Open discussion is a new item on the agenda to encourage members of the community to speak up or out about issues they wish to share. Members indicated they had no issues to raise.

Mrs. Meizoso presented the calendar of activities to-date. With all the updates to documents and the formulary, any further review of the formulary will be done after July.

XI. Next Meeting *James Dougherty*

The next Subcommittee meeting is scheduled for Friday, May 26, 2022, at 9:30 a.m. at BSR. Staff will inquire with members if they can attend prior to sending out the next meeting notice.

XII. Adjournment *James Dougherty*

Mr. Dougherty requested a motion to adjourn, and the meeting concluded at 10:59 a.m.

Motion to adjourn.
Moved: Dr. Lawrence Friedman **Seconded: Juliet Miller** **Motion: Passed**

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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **June 2023**

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)	3	14	3	6
Health Insurance Premium and Cost Sharing Assistance	0	896	0	525
Medical Case Management	8,475	33,626	4,155	6,348
Mental Health Services	50	192	25	46
Oral Health Care	846	3,316	637	1,619
Outpatient Ambulatory Health Services	1,583	8,189	1,021	2,928
Substance Abuse Outpatient Care	0	7	0	5
Support Services				
Food Bank/Home Delivered Meals	0	4,209	0	827
Medical Transportation	107	1,345	99	418
Other Professional Services	104	442	20	43
Outreach Services	57	251	35	90
Substance Abuse Services (residential)	55	632	2	16
TOTALS:	11,280	53,119		

Total unduplicated clients (month): 4,740

Total unduplicated clients (YTD): 7,228

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 08/10/2023

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **June 2023**

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)	3	14	3	6
Health Insurance Premium and Cost Sharing Assistance	0	896	0	525
Medical Case Management	7,588	30,258	3,812	6,035
Mental Health Services	49	188	24	43
Oral Health Care	846	3,316	637	1,619
Outpatient Ambulatory Health Services	1,407	7,313	911	2,787
Substance Abuse Outpatient Care	0	7	0	5
Support Services				
Food Bank/Home Delivered Meals	0	4,209	0	827
Medical Transportation	100	1,296	92	405
Other Professional Services	104	442	20	43
Outreach Services	55	246	33	85
Substance Abuse Services (residential)	55	632	2	16
TOTALS:	10,207	48,817		

Total unduplicated clients (month): 4,442

Total unduplicated clients (YTD): 7,060

REPORT COMPILED ON: 08/10/2023

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **June 2023**

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	887	3,368	435	690
Mental Health Services	1	4	1	3
Outpatient Ambulatory Health Services	176	876	124	360
Support Services				
Medical Transportation	7	49	7	22
Outreach Services	2	5	2	5
TOTALS:	1,073	4,302		

Total unduplicated clients (month): 516

Total unduplicated clients (YTD): 894

REPORT COMPILED ON: 08/10/2023

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.

Part A

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33

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 2023 Part A service months up to June 2023, as of 8/10/2023. This report reflects reimbursement requests that were due by 7/20/2023, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total $4,875,176.21.

Project #: BURW3302	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,452,284.00	FORMULA	FY 2023 Award
Grant Award Amount Supplemental	8,484,983.00	SUPPLEMENTAL	$24,937,267
Carryover Award FY'22 Formula		CARRYOVER	
Total Award	**$ 24,937,267.00**		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover Allocations
3	AIDS Pharmaceutical Assistance	88,255.00	
8	Health Insurance Services	595,700.00	
2	Medical Case Management	5,869,052.00	
9	Mental Health Therapy/Counseling	132,385.00	
6	Oral Health Care	3,088,975.00	
5	Outpatient/Ambulatory Health Svcs	8,847,707.00	
12	Substance Abuse - Outpatient	44,128.00	
	CORE Services Totals:		18,666,202.00

Priority Order	Support Services	Allocations	Carryover Allocations	
4	Emergency Financial Assistance	0.00		
7	Food Bank	529,539.00	0.00	529,539
13	Medical Transportation	154,449.00		
15	Other Professional Services	154,449.00		
14	Outreach Services	264,696.00		
10	Substance Abuse - Residential	2,074,206.00		
	SUPPORT Services Totals:		3,177,339.00	
DIRECT SERVICES TOTAL:		**$**	**21,843,541.00**	

Total Core Allocation	18,666,202.00	
Target at least 80% core service allocation	17,474,832.80	
Current Difference (Short) / Over	**$ 1,191,369.20**	
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,493,726.00**	
Quality Management	**$ 600,000.00**	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ -	3,093,726.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**85.45%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.41%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	85,405.90	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care	402,110.00	
5606610000	Outpatient/Ambulatory Health Svcs	538,164.31	
5606910000	Substance Abuse - Outpatient	570.00	
	CORE Services Totals:	1,026,250.21	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	529,492.20	0.00	529,492.20
5606460000	Medical Transportation	6,468.75		
5606890000	Other Professional Services	0.00		
5606950000	Outreach Services	0.00		
5606930000	Substance Abuse - Residential	0.00		
	SUPPORT Services Totals	535,960.95		
	TOTAL EXPENDITURES DIRECT SVCS & % :	**$**	**1,562,211.16**	**7.15%**

	Formula Expenditure %	**12.93%**	
5606710000	**Recipient Administration**	**565,471.17**	
5606880000	**Quality Management**	**0.00**	565,471.17

	FY 2023 Award	Carryover	
Grant Unexpended Balance	**22,809,584.67**	-	22,809,584.67
Total Grant Expenditures & %		**$**	**2,127,682.33** **8.53%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**65.69%**	**Danger!!!!!**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**0.00%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**2.27%**	**Within Limit**

Printed on: 8/10/2023

MAI

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33

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 2023 MAI service months up to June 2023, as of 8/10/2023. This report reflects reimbursement requests that were due by 7/20/2023, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total $421,248.34.

PROJECT #: BURW3302	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,621,581.00	MAI
Carryover Award FY'22 MAI		MAI_CARRYOVER
Total Award	**$ 2,621,581.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations		
	AIDS Pharmaceutical Assistance			
	Health Insurance Services			
1	Medical Case Management	903,920.00		
4	Mental Health Therapy/Counseling	18,960.00		
	Oral Health Care			
5	Outpatient/Ambulatory Health Svcs	1,281,041.00		
8	Substance Abuse - Outpatient	8,058.00	2,211,979.00	
	Support Services	**Allocations**		
6	Emergency Financial Assistance	0.00		
	Food Bank			
9	Medical Transportation	7,628.00		
	Other Professional Services			
10	Outreach Services	39,816.00		
	Substance Abuse - Residential		47,444.00	
	DIRECT SERVICES TOTAL:		**$ 2,259,423.00**	
	Total Core Allocation	2,211,979.00		
	Target at least 80% core service allocation	1,807,538.40		
	Current Difference (Short) / Over	**$ 404,440.60**		
	Recipient Admin. (OMB-GC)	**$ 262,158.00**		
	Quality Management	**$ 100,000.00**		
	(+) Unobligated Funds / (-) Over Obligated:			
	Unobligated Funds (MAI)	$ -	362,158.00	2,621,581.00
	Unobligated Funds (Carry Over)	$ -		

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures	
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	10,979.15		
5606860000	Mental Health Therapy/Counseling	0.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	55,251.99		
5606910000	Substance Abuse - Outpatient	0.00		66,231.14
Account	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	2,193.75		
5606890000	Other Professional Services			
5606950000	Outreach Services	0.00		
5606930000	Substance Abuse - Residential			2,193.75
	TOTAL EXPENDITURES DIRECT SVCS & %:		**$ 68,424.89**	**3.03%**
5606710000	**Recipient Administration**	**50,072.02**		50,072.02
5606880000	**Quality Management**	**0.00**		
	Grant Unexpended Balance	**FY 2023 Award (118,496.91)**	**Carryover -**	-118,496.91
	Total Grant Expenditures & % (Including C/O):		**$ 118,496.91**	**4.52%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.90%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.81%**	**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%	**96.79%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**0.00%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**1.91%**	**Within Limit**

Printed on: 8/10/2023

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, August 25, 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	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping and Rules	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of April 28, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Oral Health Care Items, as applicable	All
IX.	New Business	
	• July 2023, ADAP Formulary Additions Review	All
	• Dear Colleague Letter on Aging	All
	• Review: RWP Primary Medical Care Standards	All
	• Clarification of Allowable Medical Conditions List – Ophthalmology and Podiatry	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting**: September 22, 2023** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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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

August 2, 2023

ADAP Miami-Dade / Summary Report* – JULY 2023

Month	1st Enrollments	Re-Enrollments	OPEN	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	Premiums	~ Premium
Apr-23	113	737	6,364	$1,564,028.71	2,750	931	3.0	$3,638,506.77	2,562	$1,420.18
May-23	94	393	6,441	$2,677,106.06	2,897	952	3.0	$3,640,335.31	2,574	$1,414.27
Jun-23	101	125	6,809	$1,802,814.62	3,138	1,018	3.1	$3,673,007.70	2,616	$1,404.05
Jul-23	84	105	6,995	$1,645,498.21	2,879	965	3.0	$3,664,239.62	2,620	$1,398.56
Aug-23										
Sep-23										
Oct-23										
Nov-23										
Dec-23										
Jan-24										
Feb-24										
Mar-24										
FY23/24 >	392	1,360	6,995	$7,689,447.60	11,664	3,866	3.0	$14,616,089.40	10,372	$1,409.19

SOURCE: Provide - DATE: 08/05/23 - Subject to Review & Editing

** NOTE: West Perrine: 529 clients (08/04/23) - Expenditures not included in this report.*

PROGRAM UPDATE

* 08/04/23: Cabenuva ® utilization @ ADAP Miami: 216 patients. Direct Dispense 142 *(66 %)*; Premium Plus 74 *(34 %)*
* 04/01/23: Medicaid Unwinding (4/1/23-3/31/24): Eligible for ADAP approved plans. Medicaid letter (<400%); not letter (75%-400%).
* 07/01/23: **NEW** Updated Uninsured Pharmacy PBM pharmacies: Navarro Specialty Pharmacy

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

PHARMACY SELECTION:
Pharmacy selection is the client's choice only. Providers, case managers, pharmacies, and agencies, must refer client to ADAP Miami Program Office to process pharmacy selection and document choice.

ADDITIONAL Pharmacies - Magellan RX PBM Miami-Dade – As of 7/1/23		
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	CVS Specialty Mail Order	Mail Order / Monroeville, PA
6	Community Health of South Florida - CHI	Two (2) sites
7	**NEW** Navarro Specialty Pharmacy	Mail Order

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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

July 21, 2023

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners. Complete a brief New Member Interest Form to find out more: www.surveymonkey.com/r/DRJP5N5 or scan the QR code.

Opportunities for Ryan White Program Clients

12 *seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.*

Opportunities for General Membership

5 *seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:*

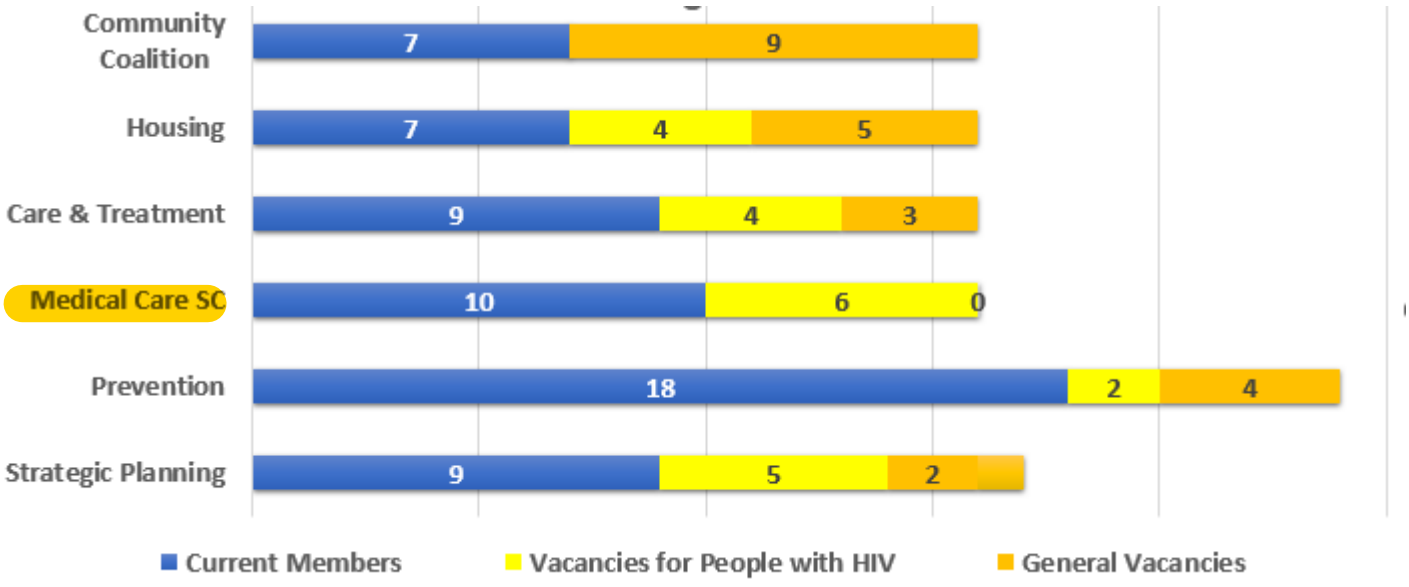
Representative with HIV and Hepatitis B or C
Other Federal HIV Program Grantee Representative (SAMHSA)
Federally Recognized Indian Tribe Representative
Mental Health Provider Representative
Miami-Dade County Public Schools Representative

Applicants Pending Appointment

Ryan White Program Part D Representative
Hospital or Health Care Planning Agency Representative

Partnership Committees

Committees are now accepting applications for new members.
People with HIV are encouraged to apply.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
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	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	**fluticasone furoate/umeclidinium/vilanterol**	Trelegy Ellipta	respiratory	corticosteroid/long-acting muscarinic antagonist/long-acting	3.28/dose	no	No, Beclomethasone(oral inhaler, nasal spray)	Indication: Asthma. COPD. Class: bronchodilator
2	**fluticasone/vilanterol**	Breo Ellipta	respiratory	corticosteroid/long-acting Beta-2 agonist	0.76/dose	no	NO, only albuterol (short-acting Beta2 agonist). QVAR® (oral inhaler), corticosteroid, asthma.	Indication: Asthma. COPD. Class: bronchodilator
3	**formoterol**	Perforomist	respiratory	long-acting Beta-2 agonist	2.53/ampul	no	NO, only albuterol (short-acting Beta2 agonist).	Indication: Asthma. COPD. Exercise-induced bronchospasm. Class: bronchodilator
4	**tiotropium/olodaterol**	Stiolto Respimat	respiratory	long-acting muscarinic antagonist/long-acting Beta-2	2.52/dose	no	NO, only Albuterol/ipratropium (Combivent).	Indication: COPD. Class: bronchodilator
5	**umeclidinium**	Incruse Ellipta	respiratory	anticholinergic	1.30/dose	no	NO	Indication: COPD. Class: bronchodilator
6	**umeclidinium/vilanterol**	Anoro Ellipta	respiratory	anticholinergic/long-acting Beta-2 agonist	0.169/dose	no	NO	Indication: COPD. Class: bronchodilator
7	**glycopyrrolate**	Lonhala Magnair	respiratory	anticholinergic	21.00/dose (not on 340B)	no	NO	Indication: COPD. Class: bronchodilator
8	**azelastine**	AstePro	respiratory	antihistamine	0.23/dose (not on 340B)	yes	NO	Indication: Allergic and nonallergic rhinitis. Class: H1 antagonist
9	**azelastine/fluticasone**	Dymista	respiratory	antihistamine/corticosteroid, intranasal	0.79/dose	no	NO, only intranasal corticosteroids	Indication: Allergic rhinitis. Class: H1 antagonist
10	**olopatadine**	Patanase	respiratory	antihistamine	0.187/dose	yes	NO	Indication: Allergic and nonallergic rhinitis. Class: second generation
11	**mometasone/olopatadine**	Ryaltris	respiratory	antihistamine/corticosteroid, intranasal	1.96/dose (not on 340B)	no	NO, only intranasal corticosteroids	Indication: Allergic rhinitis. Class: second generation
12	**mometasone/formoterol**	Dulera	respiratory	corticosteroid/long-acting Beta-2 agonist	0.01/dose	yes	NO	Indication: Asthma. COPD. Class: bronchodilator
13	**budesonide/glycopyrrolate/formoterol**	Breztri Aerosphere	respiratory	corticosteroid/anticholinergic/long-acting Beta-2 agonist	2.27/dose	no	NO	Indication: COPD. Class: bronchodilator
14	**brimonidine/timolol**	Combigan	ophthalmic, anti-glaucoma	alpha agonist/beta blocker	0.01/dose	yes	Only as separate ingredients: Brimonidine ophthalmic, timolol ophthalmic	Indication: Elevated intraocular pressure. Class: selective alpha 2-agonist; B1, B2 blocker
15	**acetazolamide**	none	anti-glaucoma	carbonic anhydrase inhibitor	0.01 to 0.26/tab-caps	no	NO, only Dorzolamide ophthalmic	Indication: Acute angle-closure glaucoma. Class: reversible inhibitor
16	**celecoxib**	Celebrex	analgesic	COX-II Inhibitor Non-steroidal anti-inflammatory drug	100mg (0.00286)	yes	ibuprofen, naproxen	
17	**meloxicam**	Mobic	analgesic	non-steroidal anti-inflammatory drug	15mg (0.0091)	yes	ibuprofen, naproxen	
18	**acetaminophen/hydrocodone**	Lortab, Norco	analgesic	nonsalicylate/opioid	5/325mg (0.0319)	yes	acetaminophen/oxycodone	
19	**methylprednisolone**	Medrol	endocrine	glucocorticoid	4mg (0.0213)	yes		
20	**liothyronine**	Cytomel	endocrine	thyroid	5 mcg (0.0091)	yes		
21	**lanthanum carbonate**	fosrenol	gastrointestinal	phosphate binder	500mg (0.0091)	yes		
22	**doxylamine/pyridoxine**	Diclegis	gastrointestinal	anti-nausea agent	10/10mg (0.5340)	no		
23	**bismuth subcitrate potassium/metronidazole/tetracycline**	Helidac	gastrointestinal	Helicobacter pylori agents	125/140/125mg (0.0092)	no		
24	**esomeprazole**	Nexium	gastrointestinal	proton pump inhibitor	40mg (0.0407)	yes	omeprazole	pantoprazole in GR
25	**hyoscyamine**	Anaspaz, Levsin	gastrointestinal	antispasmodic	0.125mg (0.0332)	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
26	**linaclotide**	Linzess	gastrointestinal	irritable bowel syndrome agent	145mcg (0.0090)	no		
27	**rifaximin**	Xifaxan	gastrointestinal	antiinfective	550mg (10.4602)	yes		
28	**benzoyl peroxide/clindamycin**	BenzaClin	topical	anti-acne retinoid	1.2/5% (0.10933)	yes	clindamycin topical; no combination product	
29	**podofilox**	Condylox	topical	antiviral	0.5% (4.071)	yes	imiquimod	
30	**hydrocortisone/pramoxine**	Analpram, Proctofoam, multiple	topical	corticosteroid/anesthetic	1/2.5% (0.8486)	yes		
31	**triamcinolone/nystatin**	No brand name	topical	corticosteroid/antifungal	0.1% (0.1153)	no	hydrocortisone cream	
32	**empagliflozin/metformin**		antidiabetic	SGLT2 inhibitor/biguanide		no		
33	**insulin degludec**		antidiabetic	insulin		no		
34	**cefdinir**		anti-infective	cephalosporin antibiotic		yes		
35	**ceftriaxone**		anti-infective	cephalosporin antibiotic		no		
36	**fidaxomicin**		anti-infective	macrolide antibiotic				
37	**nitrofurantoin**		anti-infective	nitrofuran derivative				
38	**vancomycin**		anti-infective	glycopeptide antibiotic		no		
39	**amlodipine/olmesartan**		cardiovascular hypertensive	calcium channel blocker/angiotensin II receptor blocker		no		
40	**amlodipine/valsartan**		cardiovascular hypertensive	calcium channel blocker/angiotensin II receptor blocker		no		
41	**triamterene/hydrochlorothiazide**		cardiovascular	potassium sparing/thiazide diuretic		yes		
42	**zolpidem**		central nervous system	sedative-hypnotic		no		
43	**brexpiprazole**		central nervous system	antipsychotic, atypical		no		
44	**diazepam**		central nervous system	benzodiazepine		no		
45	**naltrexone injection**		substance abuse	opiate antagonist		yes		
46	**polysaccharide-iron complex**		vitamin	vitamin		no		

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MIAMI-DADE HIV/AIDS PARTNERSHIP

July 28, 2023

Dear Colleagues:

This correspondence is sent on behalf of the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee who is charged with reviewing medical care, oral health care, and the provision of prescription drugs for the local Ryan White Program. The Subcommittee asks for your consideration of issues faced by clients who are 50 years old and older. Comprehensive care for individuals living with HIV extends beyond managing their viral load and immune function. HIV positive individuals face unique health challenges and are at an increased risk of developing certain conditions. Engaging in preventive health measures, such as cancer screening and vaccinations, are of paramount importance for overall well-being.

We recommend that practitioners advise clients to engage in preventive services to maintain their overall well-being, to attend appointments, and to work with their team of medical providers to ensure the best quality of health as they age.

The Florida Department of Health Epidemiological Profile data for 2021 indicates 57% of people with HIV are over 50 years old. Locally, in Fiscal Year 2022, Ryan White Program clients over 50 years old comprised 41.4% of the total client population. As many of you may be aware, due to advances in treatment protocols, people with HIV are living longer. However, a person with HIV biologically ages more rapidly than a person without HIV which may lead to early onset of co-occurring conditions[1].

We recommend that practitioners address possible age-related physical and cognitive health problems sooner in the course of treatment for people with HIV compared to the standard population.

References and recommendations for practitioners can be found on the attached Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards. Additional information can also be found on the American Academy of HIV Medicine website https://aahivm.org/hiv-and-aging/.

By working together and addressing preventive health services, particularly for our clients over 50 years old, we can enhance the lives of people with HIV and contribute to healthier communities. Thank you for your unwavering dedication to providing exceptional care.

Sincerely,

Robert Goubeaux, MD, Medical Care Subcommittee Chair

1. https://newsroom.ucla.edu/releases/ucla-research-links-hiv-to-age-accelerating-cellular-changes

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VI.	Review/Approve Minutes of April 28, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Oral Health Care Items, as applicable	All
IX.	New Business	
	• July 2023, ADAP Formulary Additions Review	All
	• Dear Colleague Letter on Aging	All
	• Review: RWP Primary Medical Care Standards	All
	• Clarification of Allowable Medical Conditions List – Ophthalmology and Podiatry	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting**: September 22, 2023** at **BSR**	James Dougherty
XII.	Adjournment	James Dougherty

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

Changes to Minimum Primary Medical Care Standards

for Discussion

CONTENT

- References throughout the document have been updated.
- Item (**g**) on pg. 2 has been highlighted because the Committee may want to remove the reference since these guidelines are for Europe.
  "EACS produces Guidelines for the management of people living with HIV in Europe. The English version is regularly updated by the guidelines panels with major revision every other year and minor revisions in the years in between. Guidelines are published in the autumn and translated into additional languages.*"
- Footnotes have been updated and edited in order of appearance in the document.

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/schedules/hcp/imz/adult.html~~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/materials/prevention.html~~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, obesity prevention (midlife women), sexually transmitted infections, urinary incontinence, and contraception. For those who are pregnant, lactation support and screenings for diabetes mellitus (including post-pregnancy), as applicable.

3. **Basic metabolic panel** [ii] – 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~~-~~-based estimated 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 screening 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** [xiii] – Annually with low-dose computer tomography (LDCT) for patients aged 5~~05~~-80 and in fairly good health, and currently smoking or have quit in the past 15 years, and have at least a 20~~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~~(e.g. 1 pack a day x 20 years or 2 packs a day x 10 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). 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 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~~do not immediately begin ART, repeat testing before initiating of ART is optional 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~~[s]~~ who ~~[do]~~ 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 <50~~200~~ copies/mL. Thereafter, repeat testing every 3-6 months. For patients on ART, viral load typically is measured every 3-6 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 6-month 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 IIV4 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.~~ Repeat PPV23 once 5 years after first vaccination. Give a third and final dose of PPV23 after age 65. All patients with HIV should receive 1 dose of PCV13. If not vaccinated previously, this should be the first does. If previously vaccinated, give 1 dose of PCV13. See vaccination guidelines**.**

34. **COVID-19~~SARS-CoV-2~~ vaccination** [ix] – Vaccinate per CDC guidance. *(would be moved to top of section with name change).*

35. **Tetanus, diphtheria, pertussis (Td/Tdap)** [ix] – One dose Tdap, then Td or Tdap booster 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] — Use 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2-6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon). ~~Recommended for persons aged 19 or older per guidelines, use RZV.~~ See vaccination guidelines for detailed information and considerations**.**

STI Screenings

38. **Anal Dysplasia Screening** [iii] – For all patients with HIV ≥35 years old, see information at https://www.hivguidelines.org/guideline/hiv-anal-cancer/?mycollection=hpv-care~~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 August 3, 2023 ~~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.~~ https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new Accessed on August ~~January~~ ~~03~~4, 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 August 4 ~~November 10~~, 202~~3~~2.

[iv] Women's Preventive Service Guidelines. ~~https://www.hrsa.gov/womens-guidelines-2019~~https://www.hrsa.gov/womens-guidelines. Accessed August 3~~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 August~~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. https://pubmed.ncbi.nlm.nih.gov/27661659/ .Accessed August ~~January~~ 4, 2023.

[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 August ~~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 August~~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 August 3~~January 4~~, 2023.

[x] American Cancer Society Recommendations for Lung Cancer. https://www.cancer.org/cancer/types/lung-cancer.html. Accessed August 4, 2023.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, August 25, 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	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping and Rules	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of April 28, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
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Please turn off or mute cellular devices – Thank you

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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, or complications of HIV treatment.

Conditions listed may be accessible under multiple specialties though not specifically referenced.

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 is not exhaustive and is a sample guideline 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.

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):
osteoarthritis

BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and CHIROPRACTIC/PHYSICAL MEDICINE:
avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)
fibromyalgia
myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)
osteopenia/osteoporosis
rheumatic diseases

CARDIOLOGY:
atherosclerosis
coronary artery disease
heart disease
hyperlipidemia
peripheral artery disease
phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:
HIV-related chronic arthralgia
peripheral neuropathy

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
fistulas
hernias

COLORECTAL and ONCOLOGY:
anal cancers

DENTAL (ORAL HEALTH CARE):
giant aphthous ulcers

DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:
human papillomavirus associated oral lesions

DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:
dental cancers
oral cancers

DERMATOLOGY:
dermatitis
eczema/seborrheic dermatitis
eosinophilic folliculitis
impetigo
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin conditions and symptoms, including skin appendages and oral mucosa
warts

DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):
tinea infections

DERMATOLOGY and INFECTIOUS DISEASES:
herpes simplex virus

DERMATOLOGY and ONCOLOGY:
Kaposi's sarcoma
skin cancers (squamous cell carcinoma, etc.)

DERMATOLOGY and PODIATRY:
onychomycosis

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:
chronic sinusitis
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*
hematuria (related to neoplasms)
pregnancy
scrotal candidiasis
vaginitis

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:
gynecological cancers
prostate cancer

**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 <u>not</u> covered by the local Ryan White Part A/MAI Program.*

HEMATOLOGY:
anemia
neutropenia
thrombocytopenia

HEMATOLOGY and ONCOLOGY:
polycythemia vera

INFECTIOUS DISEASE:
histoplasmosis
leishmaniasis
non-tuberculous mycobacterial infections
syphilis
varicella zoster infections
viral hepatitis (hepatitis B and C)

INFECTIOUS DISEASE and DERMATOLOGY:
Mpox

INFECTIOUS DISEASE and OPHTHAMOLOGY:
toxoplasmosis

INFECTIOUS DISEASE and PULMONOLOGY:
tuberculosis

MENTAL HEALTH SERVICES and 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 NOTES
Under Mental Health Services, 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.
Under Psychiatry, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.

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

[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

NUTRITION:
lipodystrophy
wasting
weight gain
weight loss

ONCOLOGY:
Cancers-may include but not limited to: breast, eye (e.g., squamous cell carcinoma of the eye~~,~~ etc.), lymphoma, polycythemia vera, prostate

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

OPHTHALMOLOGY/OPTOMETRY:

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

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

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

Manifestations due to opportunistic infections:

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

Visual disturbances to rule out complication of HIV due to:

- 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*

**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.*

PULMONARY:
mycobacterium
pneumocystis pneumonia
recurrent pneumonia

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, August 25, 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	James Dougherty
II.	Introductions	All
III.	Meeting Housekeeping and Rules	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of April 28, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Oral Health Care Items, as applicable	All
IX.	New Business	
	• July 2023, ADAP Formulary Additions Review	All
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Medical Care Subcommittee
Calendar of Activities 2023

All items subject to change

Month	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions (reviewed as needed)	Ryan White Prescription Drug Formulary (reviewed as needed)	Oral Health Care Items (reviewed quarterly)	Committee Items (added as needed)	Notes
	Activities							
January 27, 2023								minimum primarary care standards, allowable medical conditions edits, MH and SA service descriptions, LOMN revision. ADAP formulary additions
February 24, 2023								allowable medical conditions edits, MH and SA service descriptions, LOMN utilization and revision, ADAP formulary additions, OHC items
March 24, 2023	N	N	N	N	N	N	N	
April 28, 2023								allowable medical conditions edits. SA service description, ADAP formulary additions
May 26, 2023	N	N	N	N	N	N	N	
June 23, 2023	N	N	N	N	N	N	N	
July 28, 2023	N	N	N	N	N	N	N	
August 25, 2023								OHC, ADAP formulary additions, aging letter, standards,allowables clarification
September 22, 2023								
October 27, 2023								
November 17, 2023								
December 2023	N	N	N	N	N	N	N	

Comments:
N=no meeting

Meeting Preference Exercise for Planning Council Members
- Medical Care Subcommittee -

The Miami-Dade HIV/AIDS Partnership's Executive Committee has been working on strategies for improving meeting experience and increasing participation of current and prospective members.

Remember, meetings are usually scheduled for 2 hours not including an estimated 1-hour travel time.

Replies will be reported to this committee and the Executive Committee and will assist staff in drafting 2024 calendars.

1. Please indicate which days of the week you are able to commit to attending the **Medical Care Subcommittee** meeting.

    ____ Monday ____ Tuesday

    ____ Wednesday ____ Thursday ____ Friday

2. Please indicate what times of day you are able to commit to attending the **Medical Care Subcommittee** meeting.

    ____ 9:30 a.m. to 11:30 a.m.

    ____ 10:00 a.m. to 12:00 p.m.

    ____ 12:00 p.m. to 2:00 p.m.

    ____ 2:00 p.m. to 4:00 p.m.

    ____ 3:30 p.m. to 5:30 p.m.

    ____ 4:00 p.m. to 6:00 p.m.

    ____ 5:00 p.m. to 7:00 p.m.

3. Please indicate the locations where you are able to commit to attending the **Medical Care Subcommittee** meeting.

    ____ Behavioral Science Research Corp., 2121 Ponce de Leon #240, Coral Gables, FL 33134

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

    ____ Care Resource, 3510 Biscayne Blvd, Miami, FL 33137

    ____ Other location: Please include location address:_____

Thank you!

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