



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, September 22, 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.	Introductions	All
III.	Meeting Housekeeping	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of August 25, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• July 2023, ADAP Formulary Additions Review	All
	• Dear Colleague Letter on Aging	All
	• Review: RWP Primary Medical Care Standards pgs. 1-8	All
IX.	New Business	
	• YR 22 RWP Utilization: O/AHS, HIPCSA and APA	Marlen Meizoso
X.	Announcements and Open Discussion	All
XI.	Next Meeting: October 27, 2023 at BSR	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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Meeting Housekeeping

Updated September 20, 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/.



Welcome to AIDSNET.org!

Welcome to the online home of the Miami-Dade County Ryan White Program planning council – the [Miami-Dade HIV/AIDS Partnership](#), its [Clinical Quality Management \(CQM\)](#) program, and the bulletin board for HIV news and information in Miami-Dade County – [Community Newsletter](#). You are invited to join the Miami-Dade HIV/AIDS Partnership and Clinical Quality Management teams and to share resources for people with HIV. [Contact us](#) for more information.

The Miami-Dade HIV/AIDS Partnership
Participation Matters

El Miami-Dade HIV/AIDS Partnership
Donde Tu Participación Vale



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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
August 25, 2023**

#	Members	Present	Absent	Guests
1	Baez, Ivet	X		Ana Palli Martinez
2	Cortes, Wanda	X		Ana M. Nieto
3	Dougherty, James	X		Sanique Olkuch
4	Friedman, Lawrence	X		Ashley Rivera Román
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
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 9:30 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: Ivet Baez

Motion: Passed

VI. **Review/Approve Minutes of April 28, 2023**

All

Members reviewed the minutes of April 28, 2023 and made a motion to approve the minutes as presented.

Motion to accept the minutes of April 28, 2023 as presented.

Moved: Dr. Lawrence Friedman

Second: Cristian Ysea

Motion: Passed

VII. **Reports**

▪ **Ryan White Program**

Carla Valle-Schwenk

Carla Valle-Schwenk referenced June 2023 reports; a total of 7,228 unduplicated clients have been served to date, which is an increase from the same time last year. Expenditures are low because contracts are still being executed. A revised MAI carryover request was approved. HRSA is planning a site visit in January 2023. TTRA data indicates that 324 clients have entered through the program this year, of which 54% (176) are virally suppressed. The EHE RFP results are still pending since County is still under the cone of silence. There was an EHE site visit on August 8-10. The Integrated Plan is being worked on. There is Fast Track Cities workshop being held on August 29 at the Miami-Dade Padron Campus to discuss EHE goals; in-person registration is closed but staff has information for online access. Immigration law flyers have been developed and are posted in Spanish, English, and Creole on www.aidsnet.org.

▪ **ADAP Program**

Dr. Javier Romero

Dr. Javier Romero reviewed the July 2023 AIDS Drug Assistance Program (ADAP) report as of August 2, 2023, including enrollments, expenditures, prescriptions, premium payments, and program updates. As of July 1st, Navarro Specialty Pharmacy has started serving clients. Reminder, clients may not be switched without permission, it is a client's choice to stay or leave. Those wanted to enroll for premium assistance must be processed through the Broward Health Council. There are 66 approved plans for premium assistance.

▪ **Vacancy Report**

Marlen Meizoso

Mrs. Meizoso referenced the membership vacancy report, indicating several vacancies on the Subcommittee and on the Partnership. If anyone knows of individuals interested in membership, they may contact staff, invite them to attend a meeting, or any training.

VIII. Standing Business

▪ **Oral Health Care Items**

All

Oral health care items are placed on the agenda quarterly, but there were no items at this time.

IX. New Business

▪ **July 2023, ADAP Formulary Additions Review**

All

In July, the ADAP program added several items to their formulary. Per procedure, staff with the assistance of pharmacist members drafted a review tool. The 46 medications were listed, information was provided on generic and brand names, therapeutic and pharmacological classifications, estimated 340B pricing, if the item was on the General Revenue formulary, other Ryan White formulary options, and additional notes/comments. Items 32-46 were missing some data but will be available by the next meeting. The Subcommittee requested the items be sorted by therapeutic classification and then drug indication.

▪ **Dear Colleague Letter on Aging**

All

At a recent Care and Treatment meeting it was suggested that the Medical Care Subcommittee may want to draft a “Dear Colleague Letter” to highlight the importance of addressing health issues for those clients 50 years old and older. The Subcommittee reviewed the draft document and made the following comments/suggestions:

- Include a statement and ask providers to share widely e.g., primary medical care physicians, FQHC medical directors, Homeless Trust
- Reword biologically statement to read “from a biological perspective a person with HIV.”
- Include some data on co-morbidities (e.g., heart disease, hypertension, and diabetes)

At their next meeting, the recommendations will be brought back to the Subcommittee.

▪ **Review: RWP Primary Medical Care Standards**

All

Per the annual workplan, the Subcommittee is due to start work on the Ryan White Program Minimum Primary Medical Care Standards. Staff made and reviewed updates so the Subcommittee can begin reviewing the document. The following suggestions were made:

- Pg. 1, add space to divide item b and c;
- Pg. 7, add space to items in item 13;
- Pg. 11, add space to footnote number 6.

The Subcommittee divided the document and will review pages 1-8 at the next meeting.

▪ **Clarification of Allowable Medical Conditions List - Ophthalmology and Podiatry** *All*

The County has requested clarification of two conditions on the Allowable Medical Conditions List related to ophthalmology and podiatry. The notations under each of the conditions are confusing. The Subcommittee reviewed the language and recommended:

- adding “These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.” to the important note section under ophthalmology.
- reword note to “...evaluation, diagnostics, and treatment for HIV-related eye problems/complications listed above but not the filling of prescriptions for corrective lenses (e.g., astigmatism, myopia, hyperopia).
- add plantar fasciitis to list with clause “related to lipoatrophy and other associated know causes.”
- reword note to “pay for evaluation, diagnosis, and treatment of foot and ankle pain for HIV related conditions or comorbidities.”

Motion to accept the changes to the Allowable Medical Conditions List as discussed.

Moved: Dr. Lawrence Friedman

Second: Juliet Miller

Motion: Passed

X. Announcements and Open Discussion *All*

Mrs. Meizoso presented the calendar of activities to-date, reminded members of a Community Coalition presentation on HIV Criminalization, and announced a member participation survey that should be completed and returned to facilitate planning.

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.

XI. Next Meeting *James Dougherty*

The next Subcommittee meeting is scheduled for Friday, September 22, 2022, at 9:30 a.m. at BSR.

XII. Adjournment *James Dougherty*

Mr. Dougherty requested a motion to adjourn, and the meeting concluded at 11:01 a.m.

Motion to adjourn.

Moved: Wanda Cortes

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:

July 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

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

Support Services

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

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	0	14	0	6
	5	1,419	4	787
	8,144	41,874	4,090	6,595
	59	253	32	58
	826	4,159	648	1,818
	1,751	10,839	1,147	3,334
	1	8	1	5
	0	4,209	0	827
	110	1,480	100	444
	107	549	23	49
	61	315	30	103
	77	996	5	20
TOTALS:	11,141	66,115		

Total unduplicated clients (month):

4,775

Total unduplicated clients (YTD):

7,523

See page 4 for
Service Unit
Definitions

Page 1 of 4

**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

July 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	0	14	0	6
	5	1,419	4	787
	7,291	37,653	3,782	6,285
	55	245	29	53
	826	4,159	648	1,818
	1,608	9,705	1,050	3,173
	1	8	1	5
	0	4,209	0	827
	99	1,410	89	425
	107	549	23	49
	59	308	28	96
	77	996	5	20
TOTALS:	10,128	60,675		

Total unduplicated clients (month):

4,503

Total unduplicated clients (YTD):

7,360

**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

July 2023

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

- Medical Case Management
- Mental Health Services
- Outpatient Ambulatory Health Services

Support Services

- Medical Transportation
- Outreach Services

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	853	4,221	430	742
	4	8	3	5
	143	1,134	103	429
	11	70	11	29
	2	7	2	7
TOTALS:	1,013	5,440		
Total unduplicated clients (month):	<u>479</u>			
Total unduplicated clients (YTD):	<u>990</u>			

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.

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YEAR
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 July 2023, as of 9/13/2023. This report reflects reimbursement requests that were due by 8/20/2023, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$5,582,557.95.

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	<u>\$24,937,267</u>
Carryover Award FY'22 Formula		CARRYOVER	
Total Award	\$ 24,937,267.00		

Priority Order

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER			
DIRECT SERVICES:			
	Allocations	Carryover Allocations	
Core Medical Services			
3	AIDS Pharmaceutical Assistance	14,555.00	
8	Health Insurance Services	345,700.00	
2	Medical Case Management	6,174,853.00	
9	Mental Health Therapy/Counseling	107,844.00	
6	Oral Health Care	3,388,975.00	
5	Outpatient/Ambulatory Health Svcs	8,503,003.00	
12	Substance Abuse - Outpatient	38,128.00	
	CORE Services Totals:	18,573,058.00	
Support Services			
4	Emergency Financial Assistance	0.00	
7	Food Bank	1,179,244.00	0.00
13	Medical Transportation	186,688.00	
15	Other Professional Services	122,449.00	
14	Outreach Services	230,896.00	
10	Substance Abuse - Residential	1,701,206.00	
	SUPPORT Services Totals:	3,420,483.00	
DIRECT SERVICES TOTAL:		\$ 21,993,541.00	

Total Core Allocation	18,573,058.00	
Target at least 80% core service allocation	17,594,832.80	
Current Difference (Short) / Over	\$ 978,225.20	
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,343,726.00	
Quality Management	\$ 600,000.00	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	2,943,726.00
		24,937,267.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	84.45%	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%	9.40%	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	497,462.80	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care	557,061.00	
5606610000	Outpatient/Ambulatory Health Svcs	692,276.61	
5606910000	Substance Abuse - Outpatient	630.00	
	CORE Services Totals:	1,747,430.41	
Support Services			
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	529,492.20	0.00
5606460000	Medical Transportation	7,596.55	
5606890000	Other Professional Services	49,365.00	
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential	222,000.00	
	SUPPORT Services Total:	808,453.75	
TOTAL EXPENDITURES DIRECT SVCS & % :		\$ 2,555,884.16	11.62%

Formula Expenditure %	18.97%		
5606710000	Recipient Administration	565,471.17	
5606880000	Quality Management	0.00	
		565,471.17	
Grant Unexpended Balance		FY 2023 Award	Carryover
		21,815,911.67	-
			21,815,911.67
Total Grant Expenditures & %		\$ 3,121,355.33	12.52%
Core medical % against Total Direct Service Expenditures (Not including C/O):			
Cannot be under 75%	68.37%	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	

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YEAR
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 July 2023, as of 9/13/2023. This report reflects reimbursement requests that were due by 8/20/2023, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$484,424.41.

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	

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services		Allocations	
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	943,920.00	
4	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
5	Outpatient/Ambulatory Health Svcs	1,241,041.00	
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
Unobligated Funds (Carry Over)	\$	-	2,621,581.00

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

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	57,966.75	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	65,738.02	
5606910000	Substance Abuse - Outpatient	0.00	123,704.77

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	2,643.75	
5606890000	Other Professional Services		
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential		2,643.75

TOTAL EXPENDITURES DIRECT SVCS & %: **\$ 126,348.52** **5.59%**

5606710000	Recipient Administration	50,072.02	
5606880000	Quality Management	0.00	50,072.02
	Grant Unexpended Balance	FY 2023 Award	Carryover
		2,445,160.46	-
			2,445,160.46
	Total Grant Expenditures & % (Including C/O):	\$ 176,420.54	6.73%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	97.91%	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



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, September 22, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

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| I. | Call to Order | Dr. Robert Goubeaux |
| II. | Introductions | All |
| III. | Meeting Housekeeping | James Dougherty |
| IV. | Floor Open to the Public | James Dougherty |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of August 25, 2023 | All |
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| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
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| | • Review: RWP Primary Medical Care Standards pgs. 1-8 | All |
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Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis

Governor

Joseph A. Ladapo, M.D., Ph.D.

State Surgeon General

September 5, 2023

ADAP Miami-Dade / Summary Report – AUGUST 2023

Month	1 st 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	120	74	7,123	\$1,778,109.44	3,160	1,026	3.1	\$3,669,906.98	2,630	\$1,395.40
Sep-23										
Oct-23										
Nov-23										
Dec-23										
Jan-24										
Feb-24										
Mar-24										
FY23/24 >	512	1,434	7,119	\$7,689,447.60	11,664	3,866	3.0	\$14,616,089.40	10,372	\$1,409.19

SOURCE: Provide - DATE: 09/05/23 - Subject to Review & Editing

* NOTE: West Perrine: 540 clients (09/05/23, whose expenditures are not included in this report.

PROGRAM UPDATE

* 09/05/23: Cabenuva @ utilization @ ADAP Miami: 242 patients. Direct Dispense 159 (66 %); Premium Plus 83 (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 clients to ADAP Miami Program Office to complete the pharmacy selection process.

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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Membership Report

September 18, 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

13 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:

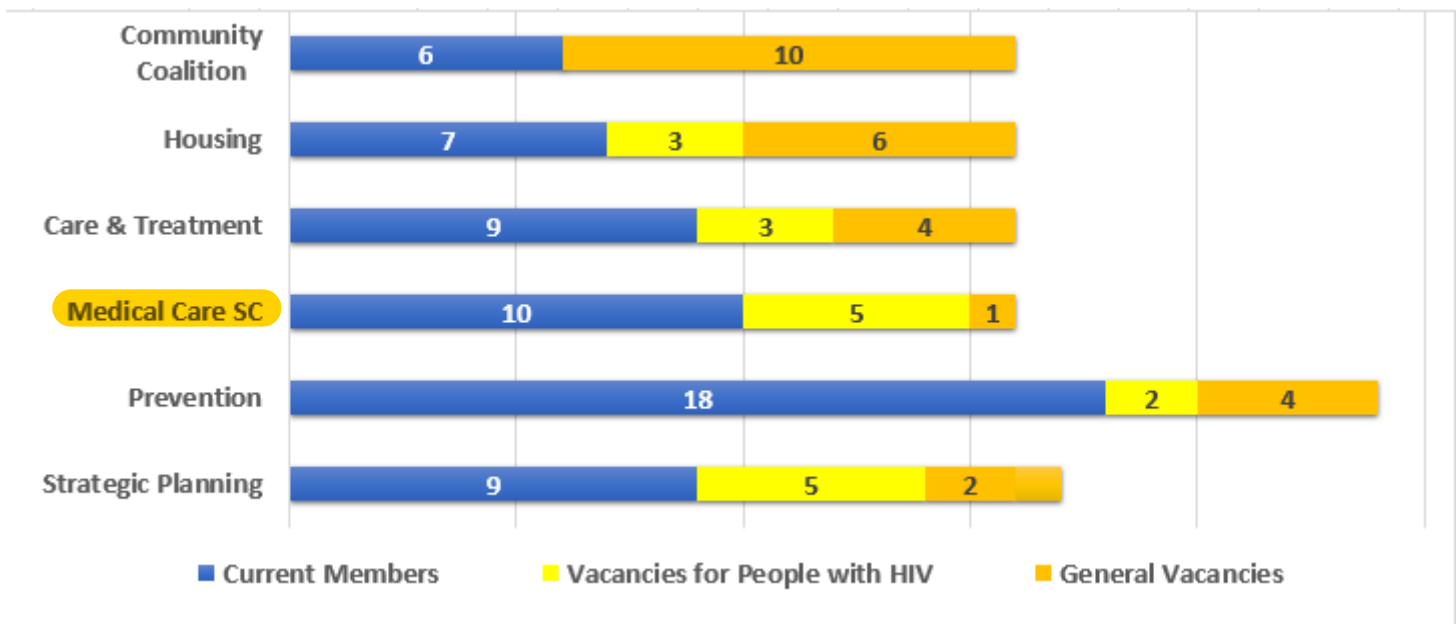
- Representative with HIV and Hepatitis B or C
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

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.





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July 2023 ADAP Formulary Additions
 Ryan White Program Prescription Drugs
 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	celecoxib	Celebrex	analgesic	COX-II Inhibitor Non-steroidal anti-inflammatory drug	100mg (0.00286)	yes	ibuprofen, naproxen	
2	acetaminophen/hydrocodone	Lortab, Norco	analgesic	non-salicylate/opioid	5/325mg (0.0319)	yes	acetaminophen/oxycodone	
3	meloxicam	Mobic	analgesic	non-steroidal anti-inflammatory drug	15mg (0.0091)	yes	ibuprofen, naproxen	
4	insulin degludec	Tresiba; Tresiba FlexTouch	anti-diabetic	insulin	5.26 to 5.246	no	Yes	Type 1 and 2 Diabetes Mellitus
5	empagliflozin/metformin	Synjardy; Synjardy XR	anti-diabetic	SGLT2 inhibitor/biguanide	0.0090 to 0.0092	no	NO	Type 2 Diabetes Mellitus
6	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
7	nitrofurantoin	Macrobid, Macrochantin	anti-infective	antibiotic, miscellaneous	0.0473 to 0.1619	yes	NO	Bacteriuria, cystitis
8	cefdinir	Omnicef	anti-infective	cephalosporin antibiotic	0.1648 to 0.2277	yes	NO	COPD, cystitis, odontogenic soft tissue infections, OM (others)
9	ceftriaxone	Rocephin	anti-infective	cephalosporin antibiotic	0.4400 to 0.5700	no	NO	Bite wound infection, endocarditis, STI (others)
10	vancomycin	Firvanq, Vancocin	anti-infective	glycopeptide antibiotic	2.7550 to 0.3774	no	NO	Osteomyelitis, Clostridioides difficile treatment (others)
11	fidaxomicin	Difcid	anti-infective	macrolide antibiotic	44.227	no	NO	Clostridioides difficile treatment
12	amlodipine/olmesartan	Azor	cardiovascular hypertensive	calcium channel blocker/angiotensin II receptor blocker	0.009 to 0.1540	no	Yes	HTN
13	amlodipine/valsartan	Exforge	cardiovascular hypertensive	calcium channel blocker/angiotensin II receptor blocker	0.009 to 0.2816	no	Yes	HTN
14	triamterene/hydrochlorothiazide	Dyazide, Maxzide	cardiovascular hypertensive	potassium sparing/thiazide diuretic	0.0263 to 0.0356	yes	Yes	Edema, HF, HTN
15	brexpiprazole	Rexulti	central nervous system	antipsychotic, atypical	22.6927 to 22.7677	no	Yes	Schizophrenia, major depressive disorder, agitation
16	diazepam	Valium	central nervous system	benzodiazepine	0.0091 to 0.0099	no	Yes	Anxiety, seizures, substance withdrawal, others
17	zolpidem	Ambien	central nervous system	sedative-hypnotic	0.0091 to 0.0116	no	Yes	Insomnia
18	methylprednisolone	Medrol	endocrine	glucocorticoid	4mg (0.0213)	yes		
19	liothyronine	Cytomel	endocrine	thyroid	5 mcg (0.0091)	yes		
20	rifaximin	Xifaxan	gastrointestinal	anti-infective	550mg (10.4602)	yes		
21	doxylamine/pyridoxine	Diclegis	gastrointestinal	anti-nausea agent	10/10mg (0.5340)	no		
22	hyoscyamine	Anaspaz, Levsin	gastrointestinal	anti-spasmodic	0.125mg (0.0332)	no		
23	bismuth subcitrate potassium/metronidazole/tetracycline	Helidac	gastrointestinal	Helicobacter pylori agents	125/140/125mg (0.0092)	no		
24	linaclotide	Linzess	gastrointestinal	irritable bowel syndrome agent	145mcg (0.0090)	no		

July 2023 ADAP Formulary Additions
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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
25	lanthanum carbonate	Fosrenol	gastrointestinal	phosphate binder	500mg (0.0091)	yes		
26	esomeprazole	Nexium	gastrointestinal	proton pump inhibitor	40mg (0.0407)	yes	omeprazole	pantoprazole in GR
27	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
28	umeclidinium	Incruse Ellipta	respiratory	anti-cholinergic	1.30/dose	no	NO	Indication: COPD. Class: bronchodilator
29	glycopyrrolate	Lonhala Magnair	respiratory	anti-cholinergic	21.00/dose (not on 340B)	no	NO	Indication: COPD. Class: bronchodilator
30	umeclidinium/vilanterol	Anoro Ellipta	respiratory	anti-cholinergic/long-acting Beta-2 agonist	0.169/dose	no	NO	Indication: COPD. Class: bronchodilator
31	azelastine	AstePro	respiratory	antihistamine	0.23/dose (not on 340B)	yes	NO	Indication: Allergic and nonallergic rhinitis. Class: H1 antagonist
32	olopatadine	Patanase	respiratory	antihistamine	0.187/dose	yes	NO	Indication: Allergic and nonallergic rhinitis. Class: second generation
33	azelastine/fluticasone	Dymista	respiratory	antihistamine/corticosteroid, intranasal	0.79/dose	no	NO, only intranasal corticosteroids	Indication: Allergic rhinitis. Class: H1 antagonist
34	mometasone/olopatadine	Ryaltris	respiratory	antihistamine/corticosteroid, intranasal	1.96/dose (not on 340B)	no	NO, only intranasal corticosteroids	Indication: Allergic rhinitis. Class: second generation
35	budesonide/glycopyrrolate/formoterol	Breztri Aerosphere	respiratory	corticosteroid/anti-cholinergic/long-acting Beta-2 agonist	2.27/dose	no	NO	Indication: COPD. Class: bronchodilator
36	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
37	mometasone/formoterol	Dulera	respiratory	corticosteroid/long-acting Beta-2 agonist	0.01/dose	yes	NO	Indication: Asthma. COPD. Class: bronchodilator
38	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
39	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
40	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
41	naltrexone injection	Vivitrol	substance abuse	opiate antagonist	589.97	yes	NO	Alcohol use disorder, opioid use disorder
42	benzoyl peroxide/clindamycin	BenzaClin	topical	anti-acne retinoid	1.2/5% (0.10933)	yes	clindamycin topical; no combination product	
43	podofilox	Condylox	topical	antiviral	0.5% (4.071)	yes	imiquimod	
44	hydrocortisone/pramoxine	Analpram, Proctofoam, multiple	topical	corticosteroid/anesthetic	1/2.5% (0.8486)	yes		
45	triamcinolone/nystatin	No brand name	topical	corticosteroid/antifungal	0.1% (0.1153)	no	hydrocortisone cream	
46	polysaccharide-iron complex	Nu-Iron (multiple brands)	vitamin	vitamin	0.093	no	Yes	IDA



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September 22, 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 22, 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, from a biological perspective, a person with HIV ages more rapidly than a person without HIV, which may lead to early onset of co-occurring conditions¹.

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 Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards at <https://www.miamidade.gov/grants/library/ryanwhite/section-III-miami-primary-medical-care-standards.pdf>. 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. Please share this letter widely within your network and with interested parties. 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>



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, September 22, 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. | Introductions | All |
| III. | Meeting Housekeeping | James Dougherty |
| IV. | Floor Open to the Public | James Dougherty |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of August 25, 2023 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • July 2023, ADAP Formulary Additions Review | All |
| | • Dear Colleague Letter on Aging | All |
| | • Review: RWP Primary Medical Care Standards pgs. 1-8 | All |
| IX. | New Business | |
| | • YR 22 RWP Utilization: O/AHS, HIPCSA and APA | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: October 27, 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 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>
 - 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/pdf/programpresources/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 Bilirubinⁱ** – 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 panelⁱ** – 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, HCO₃, 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 Densitometryⁱⁱⁱ** – Baseline bone DEXA should be performed in all greater than or equal to 50 years old postmenopausal women and men.
- 5. CBC w/ differentialⁱ** – 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 regimen to treat both HBV and HIV infections. If HBsAg, HBsAb, and HBcAb test results are negative, hepatitis 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/mm³). 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**^x – Annually with low-dose computer tomography (LDCT) for patients aged 50-80 and in fairly good health, and currently smoking or have quit in the past 15 years, and have at least a 20 pack-year smoking history (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.

DRAFT



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, September 22, 2023

9:30 a.m. – 11:30 a.m.

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

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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
SERVICE UTILIZATION DATA
FY 2022 (3/1/2022-2/28/23)**

September 22, 2023 version

Ryan White Program Services Expenditures and Clients Served

	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>	<u>FY 2022</u>
Total Expenditures	\$21,934,627	\$22,984,845	\$17,660,128	\$19,018,258	\$22,372,383
Total Unduplicated Clients	9,578	9,031	8,127	8,420	8,590
Average Cost/Client	\$2,290	\$2,545	\$2,173	\$2,258	\$2,604

TABLES

**RYAN WHITE PROGRAM
(RWP) CLIENTS AND
EXPENDITURES SORTS**

RWP Clients Served

Sorted Alphabetically

SERVICE CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
RWP TOTAL	9,578	9,031	8,127	8,411	8,590
AIDS Pharmaceutical Assistance (Local)	697	605	185	183	157
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A
Food Bank	701	715	735	712	1,130
Health Insurance Premium & Cost Sharing Assist	1,307	1,335	1,125	1,255	1,440
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,496	8,116	7,378	7,842	8,085
Medical Transportation Services	638	720	94	645	743
Mental Health Services	327	274	95	121	107
Oral Health Care	3,381	3,170	1,711	2,237	2,577
Other Professional Services - Legal Services	76	66	48	44	103
Outpatient/Ambulatory Health Services	5,447	5,317	4,281	4,422	4,540
Outreach Services	624	472	130	116	158
Substance Abuse Services Outpatient	115	55	0	17	22
Substance Abuse Services (Residential)	169	95	70	66	72

RWP Clients Served

Sorted by Highest Usage

SERVICE CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,496	8,116	7,378	7,842	8,085
Outpatient/Ambulatory Health Services	5,447	5,317	4,281	4,422	4,540
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Substance Abuse Services Outpatient	115	55	0	17	22
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

RWP Expenditure

Sorted Alphabetically

SERVICE CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
CORE SERVICES					
AIDS Pharmaceutical Assistance (Local)	\$86,210	\$57,843	\$5,993	\$4,379	\$3,954
Health Insurance Premium & Cost Sharing Assistance	\$502,536	\$372,895	\$289,193	\$298,950	\$297,152
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	\$5,308,840	\$5,776,806	\$5,283,942	\$5,744,512	\$6,030,823
Mental Health Services	\$133,790	\$135,505	\$90,019	\$60,239	\$64,577
Oral Health Care	\$2,841,838	\$3,547,495	\$1,645,879	\$2,533,062	\$3,273,644
Outpatient/Ambulatory Health Services	\$9,112,521	\$9,391,615	\$7,397,592	\$7,729,584	\$8,724,251
Substance Abuse Services Outpatient	\$55,390	\$23,970	\$23,556	\$1,356	\$4,971
SUPPORT SERVICES					
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A
Food Bank	\$1,451,528	\$1,851,369	\$1,303,702	\$1,338,778	\$2,540,864
Medical Transportation	\$139,855	\$140,937	\$5,642	\$100,956	\$159,552
Other Professional Services - Legal Services	\$140,599	\$115,976	\$146,336	\$97,371	\$67,581
Outreach Services	\$307,380	\$332,602	\$148,155	\$140,761	\$151,423
Substance Abuse Services (Residential)	\$1,854,140	\$1,237,830	\$1,320,120	\$968,310	\$1,053,590

RWP Expenditures

Sorted by Highest Cost

SERVICES CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
CORE SERVICES					
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Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

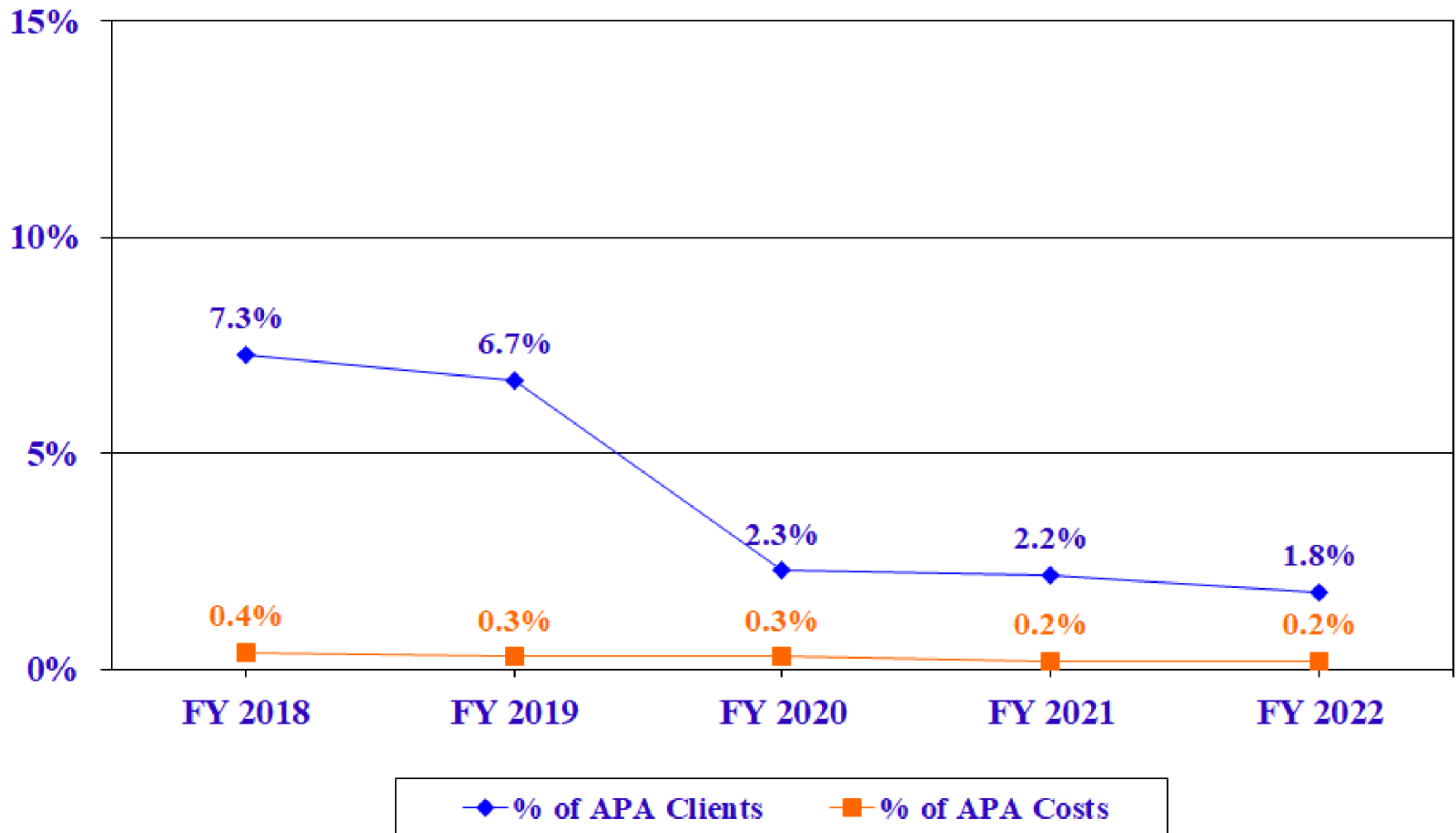
**AIDS
PHARMACEUTICAL
ASSISTANCE**

Rx

AIDS Pharmaceutical Assistance (APA)-the local pharmaceutical assistance program

- Since the expansion of the AIDS Drug Assistance Program (ADAP) formulary to include non-antiretroviral medications in 2017 and the continued expansion of the ADAP formulary, the utilization of the Ryan White Program AIDS Pharmaceutical Assistance program continues to be reduced.
- 156 clients received pharmaceuticals from Part A in FY 2022, the lowest usage in the last five years.
- Expenditures decreased to \$3,954 (~10% less than FY 2021).
- Top medications dispensed:
 - Antibiotics, 45%
 - Psychiatric, 30%
 - Topicals, 15%
 - Colonoscopy Prep, 4%

Percent of Clients Served and Percent Spent on AIDS Pharmaceutical Assistance (APA)



AIDS Pharmaceutical Assistance (APA) by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving APA	Percent of All RWP Clients in Each Group
Hispanic Male	2.4%	58.6%
Hispanic Female	1.8%	5.9%
Black Male	1.4%	12.6%
Black Female	0.6%	6.2%
Haitian Male	0.3%	4.5%
Haitian Female	0.5%	4.5%
White Male	0.8%	6.0%
White Female	0.0%	0.5%
Transgender	1.9%	1.2%
Total RWP	1.9%	100%

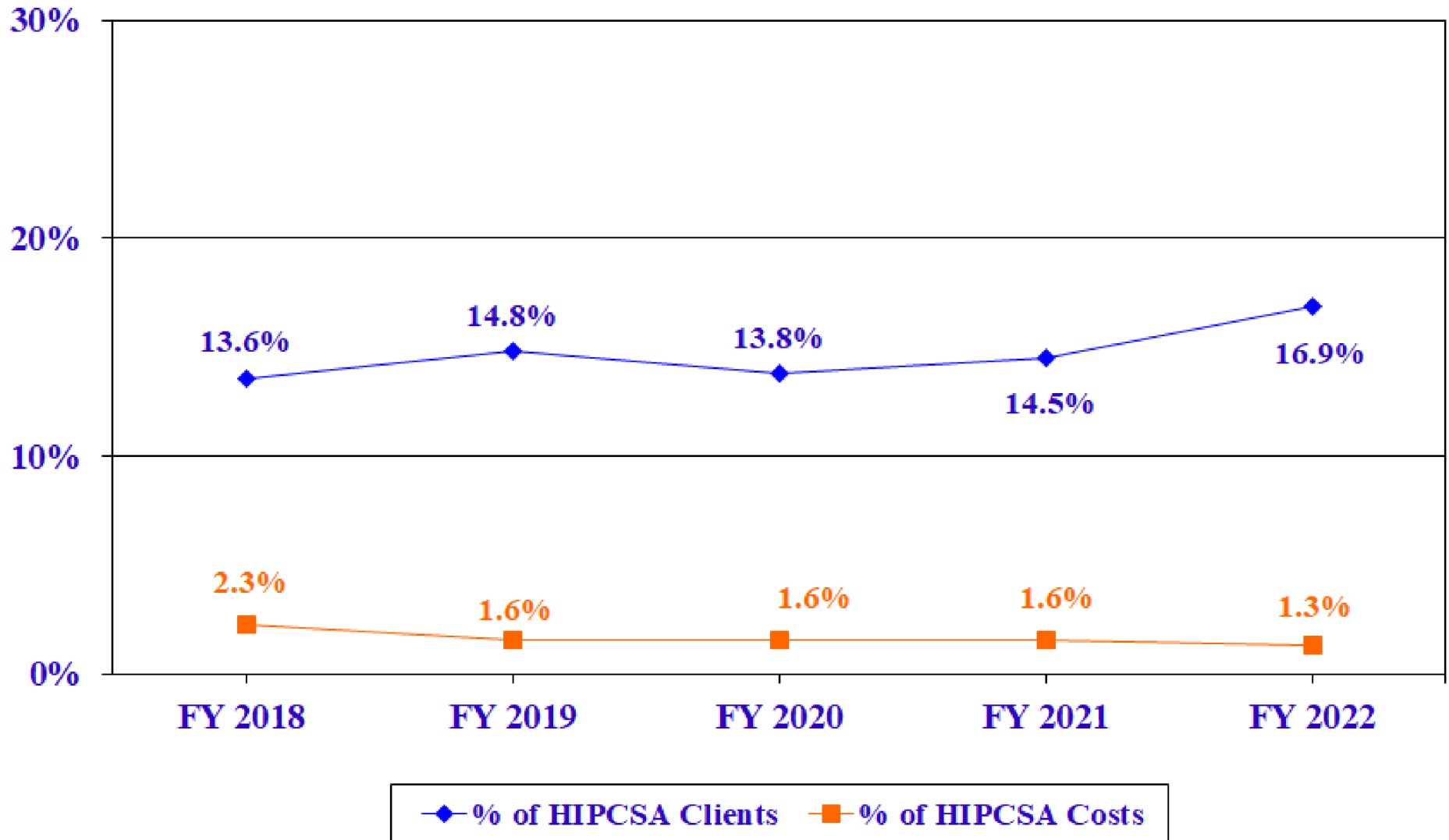
HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS



Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HIPCSA)

- In 2018-19, AIDS Drug Assistance Program (ADAP) began assuming responsibility for Ryan White Program client's Affordable Care Act (ACA) marketplace insurance premium payments. This resulted in a drastic drop in the dollars spent in this service category. The Ryan White Program now covers wrap around services for ACA clients. This downward trend continued in FY 2022, with spending declining to \$297,152.
- The number of Ryan White Program clients served remained relatively stable at over 1,000 (1,454) over the last five years. This was because the program continued to cover co-payments and deductibles for medication, office visits and lab/diagnostic tests.
- The most used service were ACA related co-payments, 78% of all services.

Percent of Clients Served and Percent Spent on Health Insurance (HIPCSA)



Health Insurance (HIPCSA) by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving HIPCSA	Percent of All RWP Clients in Each Group
Hispanic Male	20.6%	58.6%
Hispanic Female	13.4%	5.9%
Black Male	7.4%	12.6%
Black Female	9.4%	6.2%
Haitian Male	7.0%	4.5%
Haitian Female	12.9%	4.5%
White Male	23.5%	6.0%
White Female	4.7%	0.5%
Transgender	8.7%	1.2%
Total RWP	16.8%	100%

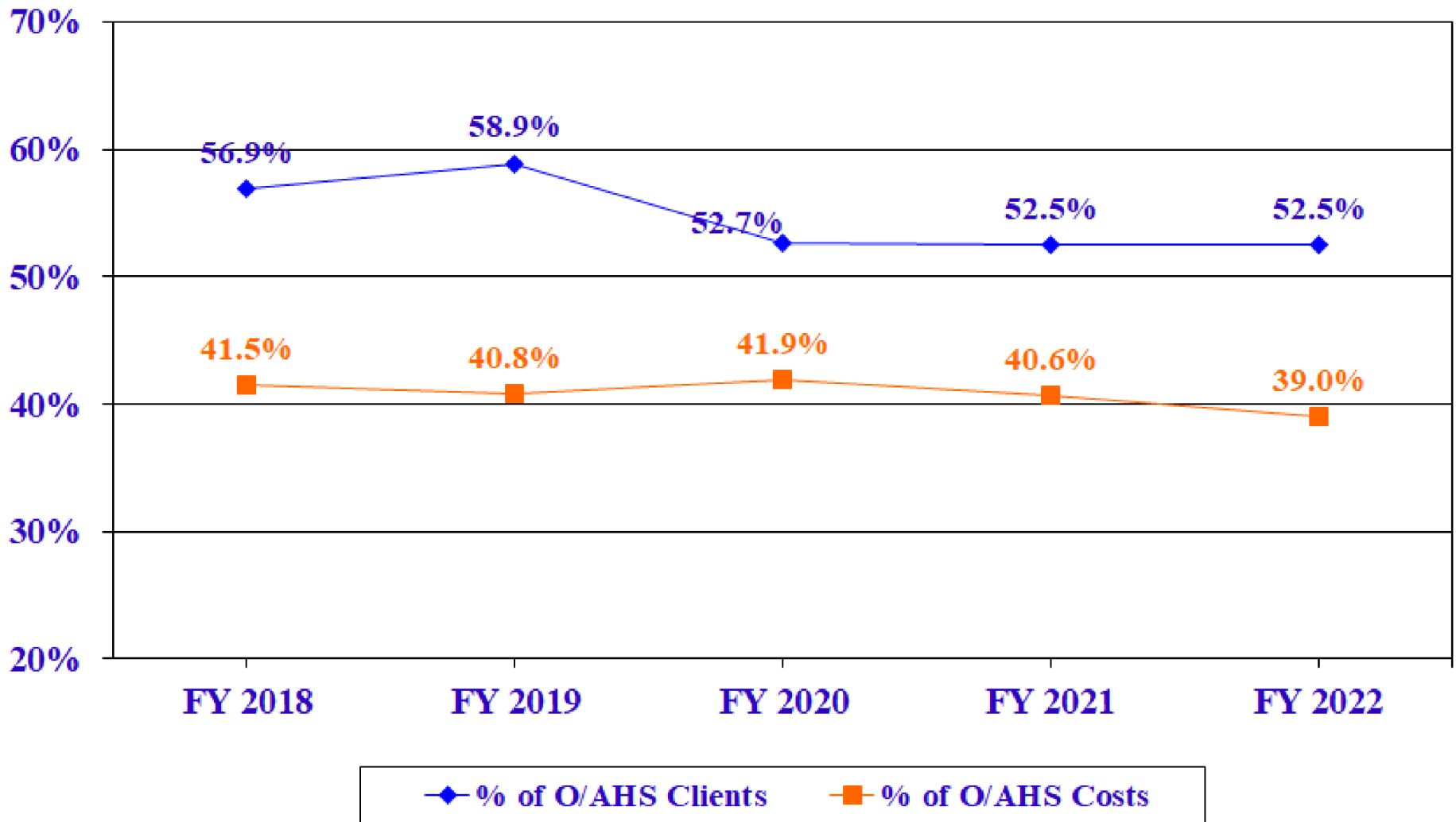
OUTPATIENT AMBULATORY HEALTH CARE



Outpatient Ambulatory Health Services (O/AHS)

- Thirty-nine percent of direct service expenditures were spent on O/AHS – over \$8.7 million – 12.8 % more than FY 2021 but still less than FY YR 2018 and FY 2019.
- Nearly 53% of all clients (4,506 clients) used O/AHS which is similar to last fiscal year.
- Top six most used services are:
 - Office Outpatient Visit 25 Minutes, 6%
 - Chlamydia Trachomatis Amplified Probe TQ, 6%
 - Neisseria Gonorrhoeae Amplified Probe TQ, 5%
 - HIV-1 Quant & Reverse Transcription, 5%
 - Comprehensive Metabolic Panel, 5%
 - Syphilis Test Non-Treponemal Antibody Qual, 4%

Percent of Clients Served and Percent Spent on Outpatient Ambulatory Health Care (O/AHS)



Outpatient Ambulatory Health Service (O/AHS) by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Ethnic/Gender Group Receiving O/AHS	Percent of All RWP Clients in Each Group
Hispanic Male	51.9%	58.6%
Hispanic Female	62.0%	5.9%
Black Male	59.2%	12.6%
Black Female	43.3%	6.2%
Haitian Male	53.5%	4.5%
Haitian Female	50.4%	4.5%
White Male	45.9%	6.0%
White Female	46.5%	0.5%
Transgender	75.7%	1.2%
Total RWP	52.8%	100%



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, September 22, 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. | Introductions | All |
| III. | Meeting Housekeeping | James Dougherty |
| IV. | Floor Open to the Public | James Dougherty |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of August 25, 2023 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • July 2023, ADAP Formulary Additions Review | All |
| | • Dear Colleague Letter on Aging | All |
| | • Review: RWP Primary Medical Care Standards pgs. 1-8 | All |
| IX. | New Business | |
| | • YR 22 RWP Utilization: O/AHS, HIPCSA and APA | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: October 27, 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

**Medical Care Subcommittee
Calendar of Activities 2023**

All items subject to change

Month	Activities							Notes
	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)	
January 27, 2023								minimum primary 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								ADAP formulary additions, aging letter, standards pgs 1-8
October 27, 2023								standards pages remaining
November 17, 2023								
December 2023	N	N	N	N	N	N	N	

Comments:

N=no meeting



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