



Scan QR code to access meeting materials.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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	Marlen Meizoso
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 17, 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
	• Review: RWP Primary Medical Care Standards	All
	• Service Descriptions Review: AIDS Pharmaceutical, Mental Health, Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Letter of Medical Necessity: Food Bank	All
	• 2024 Officer Elections	All
	• Passing the Gavel	Dr. Robert Goubeaux
X.	Announcements and Open Discussion	All
XI.	Next Meeting: <b>February 23, 2024</b> at BSR	TBA

*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](mailto:marlen@behavioralscience.com)



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# Meeting Housekeeping- Medical Care Subcommittee

Updated January 8, 2024  
*Behavioral Science Research*

# Disclaimer & Code of Conduct

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- ❑ 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!

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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

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- ❑ 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

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- ❑ 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.

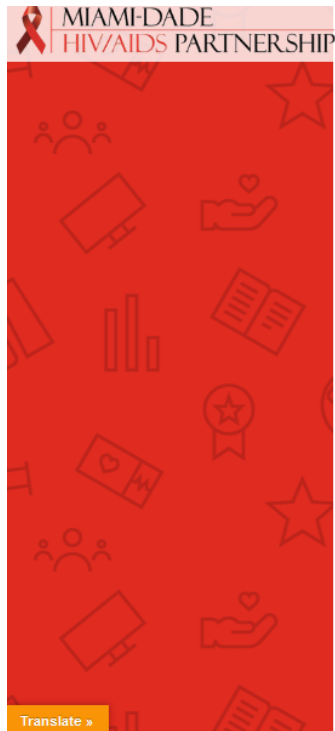


# Resources

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- ❑ 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 <https://aidsnet.org/the-partnership/> and select your meeting.

# Meeting Materials Access-Main Page



The Partnership ▾ For People with HIV ▾ Quality Management ▾ Provider's Hub ▾ News and Resources ▾ Calendars ▾

## The Miami-Dade HIV/AIDS Partnership



Miami-Dade County's Official Ryan White Program Planning Council for HIV Prevention and Care.

**Our vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.**

SERVING  
**8,590**  
people with HIV

# Main Page-Selection



**The  
Partnership**



**Executive  
Committee**



**Care and  
Treatment  
Committee**



**Needs  
Assessment**



**Medical Care  
Subcommittee**



**Community  
Coalition  
Roundtable**



**Housing  
Committee**



**Strategic  
Planning  
Committee**



**Prevention  
Committee**



**Integrated Plan  
and Ending the  
HIV Epidemic**



**Integrated Plan  
Evaluation  
Workgroup**



**Joint Integrated  
Plan Review  
Team**



**Partnership,  
Recipient, and  
Grantee Reports**



**Get On Board!  
Planning Council  
Enrichment  
Training**



**New Member  
Orientation**



**Join the  
Partnership!**



**Join a  
Partnership  
Committee!**



**RSVP or  
Contact Us**

# Medical Care Subcommittee-Main

## Medical Care Subcommittee

Next Meeting: January 26, 2024 at 9:30 a.m.

Behavioral Science Research Corporation, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134



### AGENDA

January 26, 2024



### MINUTES

November 17, 2023



### PARTNERSHIP REPORT

[Report of approved motions](#)

December 18, 2023



### RETURN TO MENU



### MEETING DOCUMENTS



### JOIN THE SUBCOMMITTEE!

[Click here.](#)

People with HIV may be eligible for vouchers!



### RSVP OR CONTACT US

Marlen Meizoso

[marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)

(305) 445-1076



### BYLAWS

[Click here.](#)

# Medical Care Subcommittee- Additional Reports

## Partnership, Recipient, and Grantee Reports

Members are asked to review reports in advance of meetings.

For questions or to request a paper copy of any report(s), please contact [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com).



### PARTNERSHIP REPORTS

- [Top Line Summaries Report](#) (December 18, 2023)
- [Partnership Report to Committees](#) (December 18, 2023)
- [Vacancy Report](#) (November 9, 2023)

### RECIPIENT AND GRANTEE REPORTS

- [Top Line Summaries Report](#) (December 18, 2023)
- [Ryan White Program Part A / MAI - Expenditures](#) (November 29, 2023)
- [Ryan White Program Part A / MAI - Utilization & Service Definitions](#) (September 2023)
- [Ryan White Part B](#) (October 2023)
- [General Revenue](#) (October 2023)
- [AIDS Drug Assistance Program \(ADAP\)](#) (November 2023)

### YEAR END REPORTS

- [Ryan White Program Part A / MAI Monthly and Year-To-Date Service Utilization Summary with service unit definitions](#) (End of FY2022)
- [Ryan White Program Part A / Minority AIDS Initiative \(MAI\) FY2022 Expenditures Report](#) (End of FY 2022)
- [Year 2022-2023 Ryan White Program Part B Report](#) (Final)

### SPECIAL REPORTS AND PROGRAM UPDATES

# Medical Care Subcommittee- Functions and Historical Docs



**Dr. Robert Goubeaux**

Chair



**James Dougherty**

Vice Chair

## What We Do

- Makes recommendations for Ryan White Program (Part A/MAI) medical care services in Miami-Dade County, including quality assurance and improvement efforts.
- In coordination with State ADAP and General Revenue, review activities, expenditures and utilization data patterns to make recommendations regarding the Ryan White Part A Prescription Drugs Formulary.
- Develops treatment guidelines and standards of care for Ryan White outpatient medical care programs in Miami-Dade County.
- Reviews activities to encompass outpatient medical care and prescription drugs.
- Evaluates Ryan White Program outpatient medical care utilization data and make recommendations.
- Evaluates pharmaceutical utilization data for Ryan White, General Revenue and ADAP funding streams and make recommendations.

## Past Meetings



**RETURN TO MENU**

Agendas



Minutes



Meeting Documents



# Medical Care Subcommittee- RSVPs

## RSVP!

### Your RSVP Matters!



**JOIN THE  
PARTNERSHIP!**



We use RSVPs to determine if there will be a quorum of members and to make sure we have enough materials for all attendees. Please click a link below to let us know which meetings you can or cannot attend. All replies are helpful!

Meeting dates and locations are subject to change. For details, please see the latest meeting calendars at [aidsnet.org/calendar](https://aidsnet.org/calendar).

Thank you for your time.

- [January 2024](#)
- [February 2024](#)
- [March 2024](#)
- [April 2024](#)
- [May 2024](#)
- [June 2024](#)
- [July 2024](#)
- [August 2024](#)
- [September 2024](#)
- [October 2024](#)
- [November 2024](#)
- [December 2024](#)



**RETURN TO MENU**



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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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XII. Adjournment

TBA

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Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership/](https://instagram.com/hiv_partnership/)



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

**November 17, 2023 Minutes**

#	Members	Present	Absent	Guests
1	Baez, Ivet		X	Ana M. Nieto
2	Cortes, Wanda		X	Sanique Olkuch
3	Dougherty, James	X		Carla Valle-Schwenk
4	Friedman, Lawrence	X		Yendi Serrano-Irizarry
5	Goubeaux, Robert		X	
6	Llambes, Stephanie		X	
7	Miller, Juliet	X		
8	Romero, Javier	X		
9	Ysea, Cristhian A.	X		
<b>Quorum: 4</b>				<b>Staff</b>
				Robert Ladner
				Marlen Meizoso

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](http://www.aidsnet.org/meeting-documents).

**I. Call to Order** *James Dougherty*

James Dougherty, Subcommittee Vice Chair, called the meeting to order at 9:38 a.m. He introduced himself and welcomed everyone.

**II. Introductions** *James Dougherty*

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

**III. Meeting Housekeeping** *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 Corp. (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 the agenda. Since Mr. Dougherty will be chairing the meeting, all references on the agenda will be updated.

**Motion to accept the agenda with the discussed change.**

**Moved: Dr. Lawrence Friedman**

**Seconded: Christian Ysea**

**Motion: Passed**

**VI. Review/Approve Minutes of September 22, 2023**

*All*

Members reviewed the minutes of September 22, 2023, and made a motion to approve the minutes as presented.

**Motion to accept the minutes of September 22, 2023, as presented.**

**Moved: Dr. Javier Romero**

**Seconded: Juliet Miller**

**Motion: Passed**

**VII. Reports**

▪ **Ryan White Program**

*Carla Valle-Schwenk*

Carla Valle-Schwenk referenced September 2023 Ryan White Program expenditure reports as of November 6, 2023:

- A total of 8,062 unduplicated clients have been served.
- Expenditures are increasing but there are still some contracts pending execution.
- Minority AIDS Initiative expenditures are down but the program is working with providers to identify additional minority populations for interventions.
- Test and Treat/Rapid Access data (March 1, 2023-November 5, 2023) indicates 503 clients have entered the program, of which 181 are new to care clients, 201 new to Ryan White Care, and 121 returned to care. Sixty-three percent of clients were virally suppressed.
- The Ending the HIV Epidemic Requests for Proposal (EHE RFP) recommendations have been forwarded to the Board of County Commissioner with three components- housing stability, Health Tec, and mobile go teams.
- The Ryan White Program participated in two speed networking events sponsored by Gilead with the Department of Health and public/private providers attending.
- ACA open enrollment has started.
- The Florida Comprehensive Planning Network (FCPN) Medical Access Committee is compiling data on pharmaceutical expenditures in Part A programs to possibly expand the ADAP formulary.
- There are at least 15 months left of Ending the HIV Epidemic funding.

▪ **ADAP Program**

*Dr. Javier Romero*

Dr. Javier Romero reviewed the November 2023 AIDS Drug Assistance Program (ADAP) report as of November 1, 2023, including enrollments, expenditures, prescriptions, premium payments, and program updates. Increases in clients are due to eligibility due dates moving from every six months to annually. Projected expenditures for the year are estimated at \$65 million. New pharmacies will be part of the Magellan Network as of January 1, 2024.

▪ **Vacancy Report**

*Marlen Meizoso*

Marlen Meizoso referenced the membership vacancy report indicating several vacancies on the Subcommittee and on the Partnership. Dr. Darren Thornton has resigned from the Subcommittee since he has switched jobs, so there is a vacancy for a physician. After today's meeting there will be an additional vacancy for a non-assigned seat. Wanda Cortes has termed off, but has recommended Yendi Serrano-Irizarry for membership. Ms. Serrano-Irizarry introduced herself, expressed her interest, and indicated she has several years' experience working with Ryan White clients at the pharmacy. The Subcommittee voted to recommend Ms. Serrano-Irizarry for membership.

**Motion to recommend Yendi Serrano-Irizarry for membership to the Medical Care Subcommittee.**

**Moved: Dr. Javier Romero**

**Seconded: Juliet Miller**

**Motion: Passed**

If anyone knows of individuals interested in membership, they may contact staff, invite them to attend a meeting, or invite them to attend any Partnership training.

**VIII. Standing Business**

▪ **Oral Health Care Items: Request D0367 and D7953 and denture adjustment codes**

*All*

The Subcommittee reviewed a request to add D0367-cone beam CT capture and interpretation with field of view of both jaws, with or without cranium, to the Ryan White Oral Health Care Formulary. The code would allow for better diagnostic and treatment outcomes with better views received from a 3D image. Two prior Oral Health Care Workgroup members were queried for their opinion, and both indicated that adding the code would be beneficial to clients.

**Motion to add code D0367-cone beam CT capture and interpretation with field of view of both jaws, with or without cranium, to the Ryan White Oral Health Care Formulary.**

**Moved: Dr. Lawrence Friedman**

**Seconded: Cristian Ysea**

**Motion: Passed**

The Subcommittee reviewed restrictions on dental codes. Last year, the Ryan White Program placed restrictions on the billing of denture adjustments within 180 days of placement of certain dentures but not on others; upon review this was an oversight which the Subcommittee addressed. Other dental insurance plans have similar restrictions. Two prior Oral Health Care Workgroup members were queried for their opinion, and one member opined that it is understandable to place the same restrictions on the other codes.

**Motion to restrict billing of D5421 - adjust partial denture-maxillary within 180 days of billing codes D5211-maxillary partial denture-resin base (including, retentive/clasping materials, rests, and teeth); D5213-maxillary partial denture-cast metal framework with resin denture bases (including,**

retentive/clasping materials, rests, and teeth); or D5282 - removable unilateral partial denture-one piece cast metal (including, retentive/clasping materials, rests, and teeth), maxillary.

Moved: Dr. Lawrence Friedman                      Seconded: Juliet Miller                      Motion: Passed

Motion to restrict billing of D5422 - adjust partial denture-mandibular within 180 days of billing of codes D5212 - mandibular partial denture-resin base (including, retentive/clasping materials, rests, and teeth); D5214 - mandibular partial denture-cast metal framework with resin denture bases (including, retentive/clasping materials, rests, and teeth); or D5283 - removable unilateral partial denture-one piece cast metal (including, retentive/clasping materials, rests, and teeth), mandibular.

Moved: Dr. Lawrence Friedman                      Seconded: Cristian Ysea                      Motion: Passed

Motion to restrict billing of D5410 - adjust complete denture-maxillary within 180 days of code D5110 - complete denture-maxillary.

Moved: Cristian Ysea                      Seconded: Dr. Lawrence Friedman                      Motion: Passed

Motion to restrict billing of D5411 - adjust complete denture-mandibular within 180 days of code D5120 - complete denture-mandibular.

Moved: Cristian Ysea                      Seconded: Dr. Lawrence Friedman                      Motion: Passed

The Subcommittee next reviewed a request to add D7953 - bone replacement graft for ridge preservation-per site to the Ryan White Oral Health Care Formulary. The code would benefit patients in restoration and preservation of bone volume. Bone grafting repairs the jawbone in order to support dental restorations. Prior Oral Health Care Workgroup members were queried for their opinion; only one replied, but indicated adding the code would be beneficial to clients.

Motion to add code D7953-bone replacement graft for ridge preservation-per site to the Ryan White Oral Health Care Formulary.

Moved: Juliet Miller                      Seconded: Cristian Ysea                      Motion: Passed

- **Review: Ryan White Program Primary Medical Care Standards pgs. 9-12** *All*

The Subcommittee was reminded that the document was shared in advance of the meeting, but no comments were offered. At the meeting, the Subcommittee recommended verifying the edits to the vaccines sections since the CDC published the 2024 recommendations yesterday. Once the Subcommittee completes review all edits will be presented at the next meeting for approval.

## **IX. New Business**

- **Service Descriptions Review: AIDS Pharmaceutical, Mental Health, Outpatient Ambulatory** *All*

The Subcommittee reviewed a redline version with 2024 updates (priorities and dates) of the AIDS Pharmaceutical, Mental Health, and Outpatient Ambulatory service descriptions. The Subcommittee made the following comments:

- Under AIDS Pharmaceutical, changing the language on pg. 30 regarding the maximum refills since recertification is now done annually.
- No additional changes to the mental health service descriptions.



- Under Outpatient Ambulatory, change language on pg. 90 regarding allowable conditions to “most current as amended”, and delete section on letter of medical necessities on pg. 94.
- Recommended adopting more uniform language of provider but this is dependent on context.

Revisions will be made and brought back to the next meeting.

▪ **2024 Meeting Dates and Results of Membership Survey** *All*

Mrs. Meizoso reviewed the membership survey results which indicated that the Subcommittee was content with the meeting day, time, and location. Meeting dates were also distributed.

▪ **Planning for 2024** *All*

Mrs. Meizoso reviewed the 2024 meeting dates on the calendar of activities for 2024. Oral health care items are scheduled quarterly. The review of outpatient/ambulatory standards of care is scheduled to begin in August and service description scheduled to begin in September. All items are subject to change depending on scheduling. The Subcommittee indicated they were fine with the calendar of activities. Staff will email the calendar to members.

▪ **2024 Officer Elections** *All*

Mrs. Meizoso indicated that a memo announcing the 2024 elections was distributed. Both officers were thanked for their service. Dr. Goubeaux has served two years as chair, but James Dougherty is eligible to serve as chair. Mr. Dougherty indicated he would accept the nomination and place his name on the ballot for January. Members were encouraged to put their names on the ballot in advance of the meeting.

X. **Announcements and Open Discussion** *All*

There were no announcements or open discussion items since members indicated they had no issues to raise.

XI. **Next Meeting** *James Dougherty*

The next Subcommittee meeting is scheduled for Friday, January 26, 2024, at 9:30 a.m. at BSR. Members were encouraged to RSVP for the meeting to ensure quorum.

XII. **Adjournment** *James Dougherty*

Mr. Dougherty thanked everyone for participating in today’s meeting and wished everyone happy holidays. He adjourned the meeting at 11:19 a.m.



Scan QR code to access meeting materials.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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   | Marlen Meizoso      |
| IV.   | Floor Open to the Public   | James Dougherty     |
| V.    | Review/Approve Agenda  | All                 |
| VI.   | Review/Approve Minutes of November 17, 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                 |
|       | • Review: RWP Primary Medical Care Standards   | All                 |
|       | • Service Descriptions Review: AIDS Pharmaceutical, Mental Health, Outpatient Ambulatory Health Services | All                 |
| IX.   | New Business   |                     |
|       | • Letter of Medical Necessity: Food Bank   | All                 |
|       | • 2024 Officer Elections   | All                 |
|       | • Passing the Gavel  | Dr. Robert Goubeaux |
| X.    | Announcements and Open Discussion  | All                 |
| XI.   | Next Meeting: <b>February 23, 2024</b> at BSR  | TBA                 |

*Please turn off or mute cellular devices – Thank you*

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

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**November 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>
	4	32	3	16
	0	3,361	0	1,383
	8,706	78,764	4,201	7,600
	33	492	18	97
	886	7,878	658	2,441
	2,199	22,240	1,206	4,150
	1	22	1	10
	0	15,121	0	1,172
	120	4,784	108	771
	41	697	21	71
	64	627	25	170
	501	4,154	24	65
<b>TOTALS:</b>	12,555	138,172		

Total unduplicated clients (month):

4,958

**Total unduplicated clients (YTD):**

**8,453**

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:

**November 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**

Monthly

Year-to-date

Monthly

Year-to-date

4

32

3

16

0

3,361

0

1,383

7,779

70,322

3,865

7,329

23

449

13

81

886

7,878

658

2,441

2,095

20,013

1,151

3,972

1

21

1

9

0

15,121

0

1,172

109

4,654

97

756

41

697

21

71

61

601

22

146

501

4,154

24

65

**TOTALS:**

11,500

127,303

**Total unduplicated clients (month):**

4,659

**Total unduplicated clients (YTD):**

8,348

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**November 2023**

**FUNDING SOURCE(S) INCLUDED:**

**Ryan White MAI**

**SERVICE CATEGORIES**

**Core Medical Services**

- Medical Case Management
- Mental Health Services
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care

**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>
	927	8,442	442	945
	10	43	5	16
	104	2,227	79	643
	0	1	0	1
	11	130	11	38
	3	26	3	24
<b>TOTALS:</b>	1,055	10,869		
<b>Total unduplicated clients (month):</b>	<u>507</u>			
<b>Total unduplicated clients (YTD):</b>	<u>1,339</u>			

Miami-Dade County Ryan White Part A/MAI Program

**Service Unit Definitions**

Service Categories	Service Unit Definition
<b>Core Medical Services</b>	
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
<b>Support Services</b>	
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 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 November 2023, as of 1/9/2024. This report reflects reimbursement requests that were due by 12/20/2023, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$6,466,417.41.

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	723,098.00	CARRYOVER	
<b>Total Award</b>	<b>\$ 25,660,365.00</b>		

**Note:**  
 The recipient has reached its budgeted direct services Formula minimum expenditures. Until the end of the current period of performance, only budgeted Administrative and Quality Management expenditures and a carryover allowance will be applied to this funding source in order to surpass the 95% minimum expenditure threshold.

Priority Order

**CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER**

**DIRECT SERVICES:**

Core Medical Services	Allocations	Carryover (C/O) Allocations
3 AIDS Pharmaceutical Assistance	3,455.00	
8 Health Insurance Services	358,700.00	
2 Medical Case Management	5,979,259.00	
9 Mental Health Therapy/Counseling	61,770.00	
6 Oral Health Care	3,701,975.00	
5 Outpatient/Ambulatory Health Svcs	7,940,909.00	
12 Substance Abuse - Outpatient	6,628.00	
<b>CORE Services Totals:</b>	<b>18,052,696.00</b>	

**Support Services**

Support Services	Allocations	Carryover Allocations
4 Emergency Financial Assistance	0.00	
7 Food Bank	1,979,244.00	723,098.00
13 Medical Transportation	196,319.00	
15 Other Professional Services	97,449.00	
14 Outreach Services	149,281.00	
10 Substance Abuse - Residential	1,568,552.00	
<b>SUPPORT Services Totals:</b>	<b>3,990,845.00</b>	<b>723,098.00</b>
FY 2023 Award (not including C/O)	22,043,541.00	

**DIRECT SERVICES TOTAL:** \$ **22,766,639.00**

Total Core Allocation	18,052,696.00
Target at least 80% core service allocation	17,634,832.80
<b>Current Difference (Short) / Over</b>	<b>\$ 417,863.20</b>
<b>Recipient Admin. (GC, GTL, BSR Staff)</b>	<b>\$ 2,293,726.00</b>
<b>Quality Management</b>	<b>\$ 600,000.00</b> 2,893,726.00
<b>(+) Unobligated Funds / (-) Over Obligated:</b>	
Unobligated Funds (Formula & Supp)	\$ -
Unobligated Funds (Carry Over)	\$ -      \$ -      25,660,365.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75%      **81.90%**      **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%      **9.20%**      **Within Limit**

**CURRENT CONTRACT EXPENDITURES**

**DIRECT SERVICES:**

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	478.37	
5606920000	Health Insurance Services	179,016.04	
5606870000	Medical Case Management	1,997,951.65	
5606860000	Mental Health Therapy/Counseling	34,872.50	
5606900000	Oral Health Care	2,034,726.00	
5606610000	Outpatient/Ambulatory Health Svcs	4,126,242.30	
5606910000	Substance Abuse - Outpatient	1,380.00	
<b>CORE Services Totals:</b>		<b>8,374,666.86</b>	

**Support Services**

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	1,179,123.80	723,098.00
5606460000	Medical Transportation	48,836.61	
5606890000	Other Professional Services	62,730.00	
5606950000	Outreach Services	30,309.82	
5606930000	Substance Abuse - Residential	978,250.00	
<b>SUPPORT Services Totals:</b>		<b>2,299,250.23</b>	<b>723,098.00</b>
FY 2023 Award (not including C/O)		10,673,917.09	

**TOTAL EXPENDITURES DIRECT SVCS & % :** \$ **11,397,015.09**      **50.06%**

**Formula Expenditure %**      **72.92%**

5606710000 **Recipient Administration**      **1,330,722.02**

5606880000 **Quality Management**      **450,000.00**      1,780,722.02

**Grant Unexpended Balance**      **FY 2023 Award**      **Carryover**  
 12,482,627.89      12,482,627.89      -      12,482,627.89

**Total Grant Expenditures & %**      \$ **13,177,737.11**      **51.35%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75%      **78.46%**      **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5%      **1.80%**      **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10%      **5.34%**      **Within Limit**

**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 November 2023, as of 1/8/2024. This report reflects reimbursement requests that were due by 12/20/2023, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$154,884.36.

PROJECT #: BURW3302	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,621,581.00	MAI
Carryover Award FY'22 MAI	980,218.00	MAI_CARRYOVER
<b>Total Award</b>	<b>\$ 3,601,799.00</b>	

Priority Order	CONTRACT ALLOCATIONS		
	DIRECT SERVICES:	Allocations	Carryover (C/O) Allocations
	<b>Core Medical Services</b>		
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	578,218.00	490,109.00
4	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
5	Outpatient/Ambulatory Health Svcs	1,031,538.00	490,109.00
8	Substance Abuse - Outpatient	8,058.00	
	<b>CORE Services Totals:</b>	<b>1,636,774.00</b>	<b>980,218.00</b>
	<b>Support Services</b>		<b>Carryover Allocations</b>
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		
	<b>SUPPORT Services Totals:</b>	<b>47,444.00</b>	
	<b>FY 2023 Award (not including C/O)</b>	<b>1,684,218.00</b>	

**DIRECT SERVICES TOTAL:** \$ **2,664,436.00**

Total Core Allocation 1,636,774.00  
 Target at least 80% core service allocation 1,347,374.40  
**Current Difference (Short) / Over \$ 289,399.60**

<b>Recipient Admin. (OMB-GC)</b>	\$ <b>262,158.00</b>		
<b>Quality Management</b>	\$ <b>100,000.00</b>	362,158.00	\$ 3,026,594.00
<b>(+) Unobligated Funds / (-) Over Obligated:</b>			
Unobligated Funds (MAI)	\$ <b>575,205.00</b>		
Unobligated Funds (Carry Over)	\$ <b>-</b>	575,205.00	3,601,799.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75% **97.18%** **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 (C/O) Expenditures
	5606970000	AIDS Pharmaceutical Assistance	
	5606920000	Health Insurance Services	
	5606870000	Medical Case Management	271,004.75
	5606860000	Mental Health Therapy/Counseling	2,470.00
	5606900000	Oral Health Care	
	5606610000	Outpatient/Ambulatory Health Svcs	501,602.91
	5606910000	Substance Abuse - Outpatient	30.00
	<b>CORE Services Totals:</b>	<b>775,107.66</b>	<b>213,480.54</b>
	<b>Support Services</b>		<b>Carryover Expenditures</b>
	5606940000	Emergency Financial Assistance	0.00
	5606980000	Food Bank	
	5606460000	Medical Transportation	5,625.00
	5606890000	Other Professional Services	
	5606950000	Outreach Services	16,590.00
	5606930000	Substance Abuse - Residential	
	<b>SUPPORT Services Totals:</b>	<b>22,215.00</b>	
	<b>FY 2023 Award (not including C/O)</b>	<b>797,322.66</b>	

**TOTAL EXPENDITURES DIRECT SVCS & %:** \$ **1,010,803.20** **37.94%**

5606710000	<b>Recipient Administration</b>	<b>63,955.51</b>	
5606880000	<b>Quality Management</b>	<b>74,999.97</b>	138,955.48
	<b>Grant Unexpended Balance</b>	<b>FY 2023 Award 1,685,302.86</b>	<b>Carryover 766,737.46</b>
			2,452,040.32

**Total Grant Expenditures & % (Including C/O):** \$ **1,149,758.68** **31.92%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% **97.21%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **2.86%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **2.44%** **Within Limit**





Scan QR code to access meeting materials.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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   | Marlen Meizoso           |
| IV.   | Floor Open to the Public   | James Dougherty          |
| V.    | Review/Approve Agenda  | All                      |
| VI.   | Review/Approve Minutes of November 17, 2023  | All                      |
| VII.  | <b>Reports</b>   |                          |
|       | • Ryan White Program   | Carla Valle-Schwenk      |
|       | • <b>ADAP Program</b>  | <b>Dr. Javier Romero</b> |
|       | • Vacancy Report   | Marlen Meizoso           |
| VIII. | Standing Business  |                          |
|       | • Oral Health Care items: As Applicable  | All                      |
|       | • Review: RWP Primary Medical Care Standards   | All                      |
|       | • Service Descriptions Review: AIDS Pharmaceutical, Mental Health, Outpatient Ambulatory Health Services | All                      |
| IX.   | New Business   |                          |
|       | • Letter of Medical Necessity: Food Bank   | All                      |
|       | • 2024 Officer Elections   | All                      |
|       | • Passing the Gavel  | Dr. Robert Goubeaux      |
| X.    | Announcements and Open Discussion  | All                      |
| XI.   | Next Meeting: <b>February 23, 2024</b> at BSR  | TBA                      |

*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](mailto:marlen@behavioralscience.com)

**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

January 8, 2024

ADAP Miami-Dade / Summary Report – DECEMBER 2023

Month	1 <sup>st</sup> 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	123	52	7,260	\$1,626,326.44	2,934	959	3.0	\$3,645,930.52	2,616	\$1,393.70
Oct-23	97	270	7,381	\$1,672,825.40	3,248	1,026	3.2	\$3,672,217.02	2,624	\$1,399.47
Nov-23	87	591	7,282	\$1,557,014.14	2,749	884	3.1	\$3,651,681.71	2,615	\$1,396.44
Dec-23	92	738	7,196	\$1,524,933.74	2,779	860	3.2	\$3,538,982.67	2,529	\$1,399.36
Jan-24										
Feb-24										
Mar-24										
FY23/24	819	2,347	7,196	\$15,848,656.76	26,534	8,621	3.2	\$32,794,808.30	23,386	\$1,402.33

SOURCE: Provide - DATE: 01/08/24 - Subject to Review & Editing

NOTE: West Perrine: Expenditures from 295 uninsured clients not included in this report.

**PROGRAM UPDATE**

- \* 12/31/23: Cabenuva ® @ ADAP Miami: 212(-30). Direct Dispense 130(-34) (61.0 %); Premium Plus 82 (39.0 %).
- \* 12/31/23: Clients OPEN: Direct Dispense: 61 % Premium Plus: 39 %
- \* 12/31/23: Expenditures: Direct Dispense: 33 % Premium Plus: 67 %

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

ADDITIONAL Pharmacies - Magellan RX PBM Miami-Dade – As of 1/1/24	
AIDS Healthcare Foundation	Four (4) sites
Borinquen Healthcare Center	One (1) site
Miami Beach Community Health Center	Three (3) sites
Community Health of South Florida - CHI	Two (2) sites
Fresco Y Más	Two (2) sites
Pharmco RX 1003 LLC	One (1) site
CVS Specialty Mail Order	Mail Order / Monroeville, PA
Navarro Specialty Pharmacy	Mail Order
<b>NEW</b> Walgreens	Local & Specialty

PHARMACY SELECTION IS THE CLIENT'S CHOICE ONLY.

PROVIDERS, CASE MANAGERS, PHARMACIES, AND AGENCIES, SHOULD REFER CLIENTS TO THE ADAP MIAMI PROGRAM OFFICE TO DOCUMENT THE PHARMACY SELECTION PROCESS, PREVENTING AND AVOIDING DUAL ENROLLMENTS, DISPENSING, PICKUPS, AND LIABILITY.

For additional information: [www.ADAPMiami.com](http://www.ADAPMiami.com) or [ADAP.FLDOHMDC@flhealth.gov](mailto:ADAP.FLDOHMDC@flhealth.gov)





Scan QR code to access meeting materials.

# MIAMI-DADE HIV/AIDS PARTNERSHIP

**Medical Care Subcommittee**  
**Friday, January 26, 2024**  
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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| II.   | Introductions  | All                 |
| III.  | Meeting Housekeeping   | Marlen Meizoso      |
| IV.   | Floor Open to the Public   | James Dougherty     |
| V.    | Review/Approve Agenda  | All                 |
| VI.   | Review/Approve Minutes of November 17, 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                 |
|       | • Review: RWP Primary Medical Care Standards   | All                 |
|       | • Service Descriptions Review: AIDS Pharmaceutical, Mental Health, Outpatient Ambulatory Health Services | All                 |
| IX.   | New Business   |                     |
|       | • Letter of Medical Necessity: Food Bank   | All                 |
|       | • 2024 Officer Elections   | All                 |
|       | • Passing the Gavel  | Dr. Robert Goubeaux |
| X.    | Announcements and Open Discussion  | All                 |
| XI.   | Next Meeting: <b>February 23, 2024</b> at BSR  | TBA                 |

*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

# Membership Report

January 2, 2024

## 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](http://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.

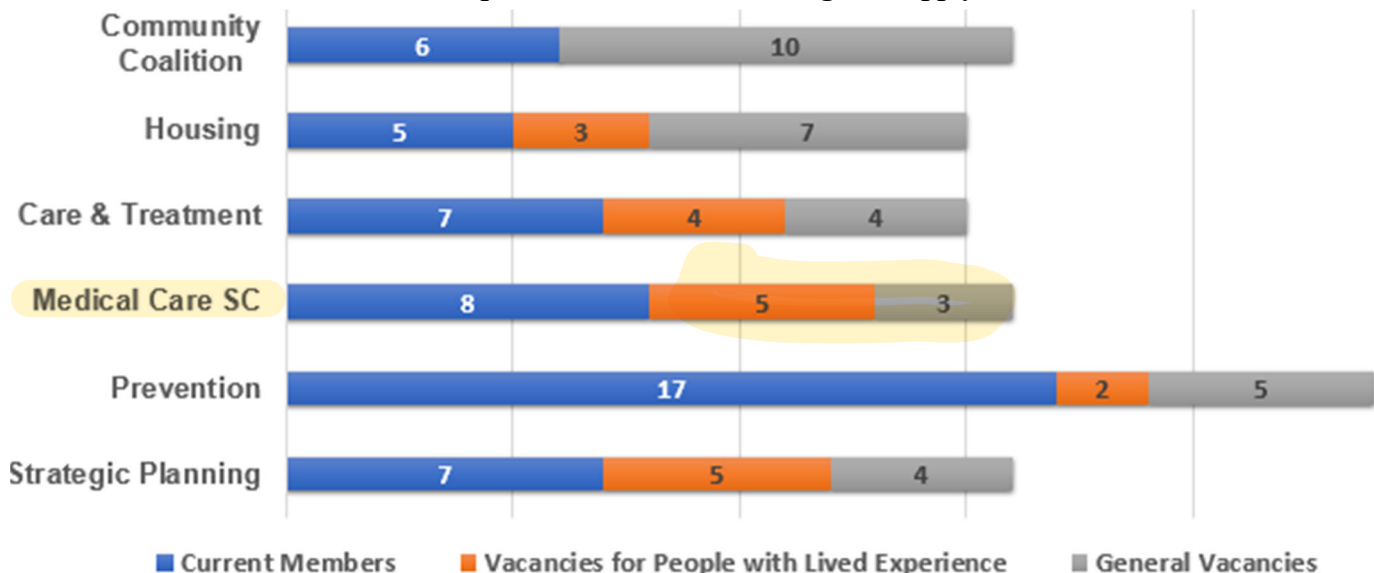
### Opportunities for General Membership

**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

### Partnership Committees

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





Scan QR code to access meeting materials.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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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# 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. **Hepatitis (HEP) Drug Interactions University of Liverpool**  
<https://www.hep-druginteractions.org/>
  - h. **HIV Drug Interactions University of Liverpool**  
<https://hiv-druginteractions.org/>
  - i. **HIV Prevention with Adults and Adolescents with HIV in the US**  
<https://www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html>
  - j. **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>
  - k. **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/>
  - l. **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](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 a 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 ART 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 ART 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**<sup>i</sup> – 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)<sup>iv</sup> – 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**<sup>i</sup> – 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<sub>3</sub>, 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**<sup>iii</sup> – Baseline bone DEXA should be performed in all greater than or equal to 50 years old postmenopausal women and men.
- 5. CBC w/ differential**<sup>i</sup> – 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**<sup>v</sup> – 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)**<sup>i</sup> – 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**<sup>vi</sup> (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**<sup>ii</sup> – 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)**<sup>i</sup> – 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 ART 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)**<sup>i</sup> – 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<sup>3</sup>). 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**<sup>i</sup> – Entry into care; 4-8 weeks after ART initiation or modification; consider 1-3 months after ART 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**<sup>x</sup> – 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)**<sup>vii</sup> – 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**<sup>i</sup> (For people of childbearing potential) – At entry into care; ART initiation or modification or when clinically indicated.
16. **Prostate-specific antigen (PSA) Screening**<sup>viii</sup> (males) – PSA testing is an individualized decision to be made by clinician and patient based on current guidelines.
17. **TB Testing**<sup>ii</sup> – 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— $\gamma$  release assay.

18. **Urinalysis**<sup>i</sup> – 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

## HIV Specific

19. **ARV therapy is recommended and discussed**<sup>i</sup> – 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**<sup>i</sup> – 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<sup>3</sup>; every 12 months after 2 years on ART with consistently suppressed viral load, CD4 count 300-500 cells/mm<sup>3</sup>, if CD4 count >500 cells/mm<sup>3</sup>: 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)**<sup>i</sup> – Entry into care; at ART initiation or modification; if ART initiation is delayed; treatment failure or clinically indicated. Standard genotypic drug-resistance testing in ART-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 ART-naïve patient who 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)**<sup>i</sup> – 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 ART-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 ART-naïve patients 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**<sup>i</sup> – 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 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<sup>i</sup>** – 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<sup>ii</sup>** – Specifically, but not limited to, Mycobacterium avium complex (MAC), Pneumocystis jirovecii pneumonia (PCP), and Toxoplasmosis (Toxo) prophylaxis per DHHS Guidelines.
26. **Tropism testing<sup>i</sup>** – 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. **COVID-19 vaccination<sup>ix</sup>** – Vaccinate per CDC guidance.
28. **Hepatitis A vaccination<sup>ix</sup>** – 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.
29. **Hepatitis B vaccination<sup>ix</sup>** – Offer vaccination if not immune per guidance. Assess for response 30-60 days after vaccination by performing Hepatitis B surface antibody quantitative (anti-HBs).
30. **Human Papillomavirus (HPV) Vaccine<sup>ix</sup>** – HPV vaccination as indicate by current guidelines.
31. **Influenza vaccination<sup>ix</sup>** – Offer IIV4 or RIV4 annually.
32. **Meningococcal vaccination<sup>ix</sup>** – Use 2-dose series MenACWY (Menveo or MenQuadfi) at least 8 weeks apart and revaccinate every 5 years if risk remains. See vaccination guidelines.
33. **Mpox vaccination** – Vaccinate per CDC guidance. See <https://www.cdc.gov/poxvirus/monkeypox/vaccines/vaccine-basics.html>



34. **Pneumococcal vaccination** –Vaccinate per guidelines. For guidance on which pneumococcal vaccine should be used to: [www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html](http://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html).
35. **Tetanus, diphtheria, pertussis (Td/Tdap)** <sup>ix</sup>– One dose Tdap, then Td or Tdap booster every 10 years.
36. **Varicella** <sup>ix</sup>– Vaccination may be considered (2 doses 3 months apart); VAR contraindicated for HIV infection with CD4 percentage <15% or CD 4 count <200 cells/mm<sup>3</sup>.
37. **Zoster vaccination** <sup>ix</sup> — Use 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2-6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon). See vaccination guidelines for detailed information and considerations.

### STI Screenings

38. **Anal Dysplasia Screening** <sup>iii</sup>– For all patients with HIV ≥35 years old, see information at <https://www.hivguidelines.org/guideline/hiv-anal-cancer/?mycollection=hpv-care>
39. **Bacterial STIs (Syphilis, *N. gonorrhoeae* (GC), *C. trachomatis* (Chlamydia) and parasitic STIs (Trichomoniasis)** <sup>ii</sup>– 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

- <sup>i</sup> 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.
- <sup>ii</sup> 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/whats-new>. Accessed on August 4, 2023.
- <sup>iii</sup> 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, 2023.
- <sup>iv</sup> Women's Preventive Service Guidelines. <https://www.hrsa.gov/womens-guidelines>. Accessed August 3 2023.
- <sup>v</sup> American Cancer Society Recommendations for Colorectal Cancer Screening. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>. Accessed August 4, 2023.
- <sup>vi</sup> 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 4, 2023.
- <sup>vii</sup> 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 4, 2023.
- <sup>viii</sup> American Cancer Society Recommendations for Prostate Cancer Early Detection. <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html>. Accessed August 4, 2023.
- <sup>ix</sup> Recommended Adult Immunization Schedule for Ages 19 years or older, United States, 2024. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>. Accessed November 17, 2023.
- <sup>x</sup> American Cancer Society Recommendations for Lung Cancer. <https://www.cancer.org/cancer/types/lung-cancer.html>. Accessed August 4, 2023.



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# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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   | Marlen Meizoso      |
| IV.   | Floor Open to the Public   | James Dougherty     |
| V.    | Review/Approve Agenda  | All                 |
| VI.   | Review/Approve Minutes of November 17, 2023  | All                 |
| VII.  | Reports  |                     |
|       | • Ryan White Program   | Carla Valle-Schwenk |
|       | • ADAP Program   | Dr. Javier Romero   |
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|       | • 2024 Officer Elections   | All                 |
|       | • Passing the Gavel  | Dr. Robert Goubeaux |
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| XI.   | Next Meeting: <b>February 23, 2024</b> at BSR  | TBA                 |

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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](mailto:marlen@behavioralscience.com)

**AIDS PHARMACEUTICAL ASSISTANCE  
(LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP)**

*(Year 34 Service Priority: #8 for Part A)*

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

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

**IMPORTANT NOTES: Services are restricted to outpatient services only. Inpatient, emergency room, and urgent care center prescription drug services are not covered. Vaccines provided during a medical office visit are no longer found in the local Ryan White Part A Program Prescription Drug Formulary but may be available under Outpatient/Ambulatory Health Services. Prescription drug copayment assistance is not provided for clients with prescription drug discount cards. LPAP services may not be provided on an emergency basis (defined as a single occurrence of short duration). See the General Revenue Short-term Medication Assistance protocol in Section XII of this FY 2024 Ryan White Program Service Delivery Manual for information on how to access to medications on a short-term, emergency basis.**

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

## **2. Client Education and Adherence:**

- Providers are expected to educate clients on the importance of adhering to their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client.
- Providers are expected to offer basic education to clients on various treatment options, including information about state-of-the-art combination drug therapies.
- Clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by Physicians, Nutritionists, and Pharmacists regarding medication management.

## **3. Coordination of Care:**

- Providers must maintain appropriate contact with other caregivers (i.e., the client's Medical Case Manager, Physician, Nutritionist, Counselor, etc.) and with the client in order to monitor that the client adheres to their medication regimen; and ensures that the client receives coordinated, interdisciplinary support for adherence, and assistance in overcoming barriers to meeting treatment objectives.
- Providers will be expected to immediately inform Medical Case Managers when clients are not adhering to their medication regimen (i.e., the client misses prescription refills, misses physician visits, or is having other difficulties with treatment adherence).
- Providers are expected to ensure immediate follow-up with clients who miss their prescription refills, physician visits, and/or who experience difficulties with treatment adherence.

## **B. Program Operation Requirements:**

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

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

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

- Providers must specify provisions for home delivery of medications and related supplies and equipment for eligible Ryan White Program clients who require this service.
- Providers of this service are expected to be Covered Entities authorized to dispense PHS 340B-priced medications either directly, through an allowable subcontract arrangement, or via another federally acceptable affiliation.
  - Clients needing this service may only go to, or be referred to, the pharmacy in which their HIV/Primary Care Physician or prescribing practitioner is located or affiliated with (e.g., by subcontract, etc.). This is due to PHS 340B Pharmacy drug pricing limitations, and HRSA's requirements that the Ryan White Part A/MAI Program use PHS 340B drug pricing wherever possible.
  - If the provider is a PHS 340B covered entity and the client is enrolled in the Florida ADAP Program, that client is eligible for PHS 340B pricing for prescriptions not covered by the ADAP formulary regardless of whether or not the client is the agency's own client.
- Pharmacy providers are directed to use the most cost-effective product, either brand name or generic name, whichever is less expensive at the time of dispensing. An annual, signed assurance is required from the service provider regarding this directive.
- The LPAP-funded service provider must be linked to an existing Medical Case Management system through agreements with multiple Medical Case Management providers. Providers are contractually required to enter into formal referral agreements that detail responsibilities of both parties and penalties for not complying with the referral agreement.

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

Ryan White Program-funded LPAP services have a maximum of one year from the date on the prescription.

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

- Where applicable, providers will be reimbursed for program-allowable prescription drugs based on the PHS 340B price of the prescription provided to the Ryan White client, plus a flat rate dispensing fee. Total costs should include the cost of home delivery, as allowable, and other direct costs associated with the provision of this service. Providers must stipulate the flat rate dispensing fee that will be added to the PHS price. (For example, if the PHS price of a prescription is \$185.00, and the provider's proposed flat rate dispensing fee is \$11.00, then the total reimbursement amount is equal to \$196.00.) An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.
- Reimbursement for consumable medical supplies is limited and must be related to administering medications (e.g., for insulin injection in diabetics, etc.). Approved consumable medical supplies are found in Attachment B of the most current, local Ryan White Program Prescription Drug Formulary.
- No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies.

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

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

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

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

- Prescribed medications that are included in the most recent release of the Ryan White Part A Program Prescription Drug Formulary. This formulary is subject to periodic revision; and
- Medications, appetite stimulants, or vitamins that have been prescribed by the client's Physician. **IMPORTANT NOTE:** Prescriptions for vitamins may be written for a 90-day (calendar days) supply.

**F. Letters of Medical Necessity:** The following items require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY 2024 Service Delivery Manual for copies of the Letters of Medical Necessity, as may be amended):

*Medical Devices*

- **Continuous Glucose Monitoring (CGM) Devices**

**ADDITIONAL IMPORTANT NOTES:**

- **Medical Case Managers must work with clients to explore in a diligent and timely manner all health insurance options and evaluate the client's best option to ensure that health insurance premiums, deductibles and prescription drug copayments are reasonable and covered by the appropriate payer source. For Medicare Part D recipients, any client whose gross household income falls below 150% of the 2024 Federal Poverty Level (FPL) must be enrolled in the Low Income Subsidy (LIS) Program. In addition, for Medicare Part D recipients, any client whose gross household income falls between 135% and 150% of the FPL must be enrolled in ADAP for assistance with prescription drug expenses. For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who falls into the "donut hole," must be referred to the ADAP Program.**
- **AS OMB RECEIVES ADDITIONAL INFORMATION FROM FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY**



**SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.**

DRAFT



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# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee  
Friday, January 26, 2024  
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## MENTAL HEALTH SERVICES

*(Year 34 Service Priorities: #3 for Part A and #3 for MAI)*

**Mental Health Services** are a set of core medical services that consist of counseling and treatment for diagnosed behavioral health disorders. These services are designed to reduce harmful behaviors and episodes of instability and improve mental status and client health outcomes. These Mental Health Services include the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to people with HIV. Services are based on an individualized treatment plan and are conducted in group and individual sessions. All services are provided by mental health professionals licensed or otherwise authorized within the State of Florida to render such services. All clients receiving this service must have at least one mental or behavioral health diagnosis specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM; Codes F01-F99, excluding “Mental and behavioral disorders due to psychoactive substance use” – codes F10-F19).

Mental Health Services require an individualized treatment plan, as noted above. Treatment plans incorporate the findings of assessment and diagnostic tools and specify the goals and objectives to be achieved during the treatment episode. The treatment plan also specifies the recommended clinical interventions and frequency with which these interventions shall be delivered. Mental health providers may use this service category to conduct the assessment and diagnostic steps for the development of a treatment plan. If ongoing mental health services are being provided to a client, it is expected that the client receives a mental health treatment plan at least every six months.

Psychiatric treatment with medication management and evaluation should be billed and recorded under Outpatient/Ambulatory Health Services. Additional mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant.

Mental Health Services are allowable only for program-eligible clients. This service is not available to family members without HIV. Ryan White Program funds may **not** be used for bereavement support for uninfected family members or friends.

Mental Health Services reimbursed under Part A or MAI of the Ryan White Program are limited to conditions impacting the treatment of the client’s underlying HIV disease (e.g., assessing, diagnosing, and treating a mental health condition that hinders HIV treatment adherence) and treated within the context of the client’s HIV or AIDS diagnosis. This service is intended to address issues that impact a person’s ability to remain engaged in HIV care, strengthen coping skills and self-care, and promote engagement in ongoing medical care and treatment. It is important for the Level I or Level II mental health

professional to regularly gauge and document the client's progress and determine if the client is still in need of the service.

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

### **Mental Health Service Components:**

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

**Level II counseling services provided to Ryan White Program clients** include crisis counseling, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed

clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

**Group Counseling (Levels I and II)** refers to a group of individuals [minimum of three (3) Ryan White Program clients, maximum of fifteen (15) total clients] with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning, and benefits derived from a group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many clients experience, provides an opportunity for clients to share methods of problem-solving, and allows the therapist an opportunity to observe how an individual interacts with others.

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

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

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

- B. Additional Service Delivery Standards:** Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-related illnesses. (Please refer to Section III of this FY 2024 Service Delivery Manual for details, as may be amended.)
- C. Rules for Reimbursement:** Reimbursement for individual and group Mental Health Services will be based on a half-hour counseling session “unit” not to exceed \$32.50 per unit for Level I individual counseling; \$35.00 per unit for Level I group counseling; \$32.50 per unit for Level II individual counseling; and \$35.00 per unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor).

Tele-mental health services are reimbursed as follows:

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

- D. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.
- E. Additional Rules for Documentation:** Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a specific mental or behavioral health diagnosis and detailed treatment plan for each eligible client that includes all required components and the mental health professional’s signature and/or the signature of the person supervising the professional.
- F. Additional Treatment Guidelines and Standards:** Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:

- American Psychiatric Association (APA). HIV Psychiatry - Training and Education, as well as HIV Psychiatry Resources and Publications [e.g., Fact Sheets (Last Updated: 2012): HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV; and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - DSM-5); and additional web-based materials. Available at:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry> and

<https://www.psychiatry.org/psychiatrists/search-directories-databases>

Accessed 11/13/2023.

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

<https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>

and <https://psychiatryonline.org/guidelines>

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## OUTPATIENT/AMBULATORY HEALTH SERVICES

*(Year 34 Service Priorities: #2 for Part A and MAI)*

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

**IMPORTANT NOTE: Services are restricted to outpatient services only.**

For the outpatient medical services to be considered Ryan White Program allowable, such services must be provided in relation to a client's HIV+ diagnosis, co-morbidity, or complication related to HIV treatment. This program allowable relationship must be clearly documented in the client's medical chart, in the Primary Care Physician's referral to specialty care services, and in any corresponding Ryan White Program In Network Referral or general Out of Network Referral. A list of the most current Allowable Medical Conditions, as may be amended, is included in Section VIII of this FY 2024 Service Delivery Manual for reference. For clarity, one or more of the listed conditions along with one of the following catch-phrases should be included in the Physician's notation and related referral, as appropriate:

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

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

## I. Primary Medical Care

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

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

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

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

**a. New to Care Clients**

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

**b. Limitations on Specialty Testing**

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

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

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

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:
  - Treatment options, with benefits and risks, including information about state-of-the-art combination drug therapies and reasons for treatment;
  - Self-care and monitoring of health status;
  - HIV/AIDS transmission and prevention methods; and
  - Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.
3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:
  - Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
  - Taking medications as prescribed, and following recommendations made by Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nutritionists, and Pharmacists;
  - Client involvement in the development and monitoring of treatment and adherence plans; and
  - Ensuring immediate follow-up with clients who miss their prescription refills, medical appointments, and/or who experience difficulties with treatment adherence.
4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:
  - Maintain contact as appropriate with other caregivers (Medical Case Manager, Nutritionist, Specialty Care Physician, Pharmacist, Counselor,

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

- Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and
- Identify a single point of contact for Medical Case Managers and other agencies that have a client's signed consent and other required information.

**5. Additional primary medical care services may include:**

- Respiratory therapy needed as a result of HIV infection.

Additional mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant.

**II. Outpatient Specialty Care**

- 1. Outpatient Specialty Care Definition and Functions:** This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for program-eligible clients who are referred by a primary care provider through a Ryan White Program In Network Referral, OON referral, or prescription referral. Specialty medical care includes cardiology, chiropractic, colorectal, clinical psychiatry, dermatology, ear, nose and throat/otolaryngology, endocrinology, gastroenterology, hematology/oncology, hepatology, infectious disease, orthopedics/rheumatology, nephrology, neurology, nutritional assessments or counseling (performed by a Registered Dietitian), obstetrics and gynecology, ophthalmology/optometry, pulmonology, respiratory therapy, urology, and other specialties **as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment (see Allowable Medical Conditions List in Section VIII of this FY 2024 Service Delivery Manual).**

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

**a. Other Specialty Care Limitations or Guidelines:**

- i. **Chiropractic services** under the Ryan White Program are limited to services in relation to the client's HIV diagnosis. These services may relate to pain caused by the disease itself or pain that is a consequence of HIV medications. Chronic pain is also considered a co-morbidity to HIV and may also be treated when appropriate. Chiropractors affect the nervous system and immune system by utilizing spinal adjustments and physiotherapy to the spine and body that may assist the nervous system in operating to the best of its ability to fight HIV-related infection, disease, and symptomatology. Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the administration of foods, food concentrates, food extracts, and items for which a prescription is not required. Chiropractic services for non-HIV related injuries or conditions are not covered. Examples of non-HIV related injuries or conditions are slip and falls, car accidents, sports injuries, and acute pain.
- ii. **Podiatry services** under the County's Ryan White Program are limited to services in relation to a client's HIV diagnosis or co-morbidity (e.g., diabetes). The local Ryan White Part A/MAI Program will reimburse providers for the diagnostic evaluation of foot and ankle pain. Podiatry services for the treatment of peripheral neuropathy, HIV-related medication side effects (e.g., HAART/protease inhibitor medication regimens may cause ingrown toenails), onychomycosis, and diabetic foot care due to circulatory problems will be covered by the County's Ryan White Program. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present. Furthermore, general podiatry services for non-HIV-related or non-diabetic-related foot injuries or conditions are not covered by the County's Ryan White Program.
- iii. **Optometry and ophthalmology services** under the Ryan White Program are also limited to services in relation to a client's HIV diagnosis or co-morbidity. An annual eye exam solely for the purpose of routine eye care (especially for vision correction with glasses or contact lenses) is not covered by the local Ryan White Part A/MAI Program. In accordance with the most current local Ryan White Part A Program's Allowable Medical Conditions list, as may be amended, clients must

meet at least one of the following criteria to access ophthalmology/optometry services:

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

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

- iv. Per Federal guidelines, **acupuncture services** are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for program-eligible clients as part of substance abuse treatment services.
- v. **Obstetric services:** Although the selection of a Ryan White Program-funded service provider is based on client choice, pregnant women should be referred to the University of Miami OB/GYN Department (Ryan White Part D Program, etc.) whenever possible due to its specialized care for this HIV population.
- vi. **Pediatric, adolescent and young adult services:** Whenever possible and also based on client choice, providers are strongly encouraged to refer clients who are 13 to 24 years of age to the University of Miami's pediatric and adolescent care departments due to their specialized care for this HIV population and age group.

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

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

- Basic education to clients on various treatment options offered by the specialist;

- Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the Primary Care or HIV Physician; and
  - Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.
3. **Coordination of Care:** The specialist must communicate, as appropriate, with the Primary Care Physician and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.

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

**B. Program Operation Requirements:**

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to Outpatient/Ambulatory Health Services, to ensure that medical services are available to clients for urgent/emergent issues;
- Providers must demonstrate a history and ability to serve Medicaid and Medicare eligible clients; and
- **For Primary Medical Care Only:** Providers must ensure that medical care professionals: 1) have a minimum of three (3) years of experience treating HIV clients; or 2) have served a high volume of people with HIV (i.e., >50% of individual caseload per practitioner) in the past year. Certification from the American Academy of HIV Medicine (AAHIVM) is encouraged, but not required.
- **For Outpatient Specialty Care Only:** A referral from the client's Primary Care or HIV Physician is required for all program-allowable specialty care services. Referrals to Outpatient Specialty Care services must be issued through the Provide® Enterprise Miami data management system and must indicate whether the referral is for a diagnostic appointment/test or for ongoing medical treatment. If the specialty care referral is for ongoing medical treatment the referrals must include supporting documentation that the ongoing care is HIV-related, comorbidity-related, and related to a complication of HIV treatment, as detailed in the most current, local Allowable Medical Conditions list.

- C. **Additional Service Delivery Standards:** Providers of Outpatient/Ambulatory Health Services will also adhere to the following guidelines and standards, as may be amended (please refer to Section III of this FY 2024 Service Delivery Manual for details):



- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current); also see Section I, below.
- HAB HIV Performance Measures to include the following, as may be amended: (<https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>)
  - Frequently Asked Questions
  - Core
  - All Ages
  - Adolescent/Adult
  - Children
  - HIV-Exposed Children
  - Medical Case Management (MCM)
  - Oral Health [Care]
  - ADAP [AIDS Drug Assistance Program]
  - Systems-Level
- Minimum Primary Medical Care Standards

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

- Reimbursements for medical procedures and follow-up contacts to ensure client’s adherence to prescribed treatment plans will be no higher than the rates found in the “**2023 Florida Medicare Part B Physician Fee Schedule** (Participating, Locality/Area 04), revised/modified **January 9, 2023.**” Codes 99205 and 99215 remain discontinued under this local Ryan White Part A/MAI Program. Code 99201 was also discontinued.
- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the “**2023 Medicare Clinical Diagnostic Laboratory Fee Schedule, Calendar Year (CY) 2023 Quarter 1 (Q1) Release, added for January 2023, modified January 12, 2023.**”
- Reimbursements for injectables will be based on rates no higher than those found in the “**2023 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated January 30, 2023 (payment limit column).**”
- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the “**2023 Florida Medicare Part B ASC Fee Schedule,** by HCPCS Codes and Payment Rates,

PDF dated January 5, 2023, electronic file modified January 11, 2023; for Core Based Statistical Area 33124 (Miami, FL).” (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).

- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved “Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 2023 (January 2023), corrected January 20, 2023 (note “b.01.20.23” in file name).” (Applies only to organizations with on-site or affiliated outpatient hospital centers).
  - Opposite to Medicare’s procedure guidelines, the local Ryan White Program discontinued the use of HCPCS code G0463 (hospital outpatient clinic visit). It is necessary for the local Ryan White Program to track the level of service provided to clients; therefore, providers of OPPS-APC services should continue to use CPT codes 99202-99204 or 99211-99214, as applicable to the services provided, instead of G0463.
- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare “allowable” rates times a multiplier of up to 2.5.
- If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing if available.
- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for supplemental procedures.
- Medical procedures with an active Current Procedural Terminology (CPT) code that are excluded from the Medicare Fee Schedules may be provided on a supplementary schedule, upon request from the provider to the County for review. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider’s submission request for review and approval by the County.
- Consumable medical supplies are limited and are only covered when needed for the administration of prescribed medications. Allowable consumable medical supplies are available only through the local Ryan White Program’s

AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) service category. A list of allowable consumable medical supplies can be found as an attachment to the most current, local Ryan White Program Prescription Drug Formulary (i.e., Attachment B of the referenced Formulary).

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

- E. Rules for Reporting:** Providers' monthly reports (i.e., reimbursement requests) for Outpatient/Ambulatory Health Services must include the number of clients served, billing code for the medical procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate medical provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the medical provider) and to make such reports available to OMB staff or authorized persons upon request.
- F. Additional Rule for Reimbursement:** Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.
- G. Additional Rules for Documentation:** Providers must ensure that medical records document services provided (e.g., medical visits, lab tests, diagnostic tests, etc.), the dates and frequency of services provided, as well as an indication that services were provided for the treatment of HIV infection, a co-morbidity, or complication of HIV treatment. Clinician notes must be signed by the licensed provider of the service and maintained in the client chart or electronic medical record. Providers must maintain professional certifications and licensure documents of the medical staff providing services or ordering tests and must make them available to OMB staff or authorized persons upon request. Providers must ensure that chart notes are legible and appropriate to the course of treatment as mandated by Florida Administrative Code 64B8-9.003; and pursuant to Article VII, Section 7.1, of the provider's Professional Services Agreement with Miami-Dade County for Ryan White Program-funded services.
- H. Additional Client Eligibility Criteria:** Clients receiving Outpatient/Ambulatory Health Services must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. (NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.) While clients qualify for and can access medical services through other public funding [including, but not limited to, Medicare, Medicaid, Medicaid Managed Medical Assistance

(MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Outpatient/Ambulatory Health Services, except for such program-allowable services that are not covered by the other sources.

## I. Additional Treatment Guidelines and Standards

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

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv>; pp 1-604; updated March 23, 2023. Accessed 11/13/2023.
- Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv>; pp 1-671; updated April 11, 2023. Accessed 11/13/2023.
- Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>; pp 1-614; updated January 31, 2023. Accessed 11/13/2023.
- Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections>; pp 1-670; updated September 25, 2023. Accessed 11/13/2023.

- Panel on Opportunistic Infections in Children with and Exposed to HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with or Exposed to HIV. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention>; pp 1-485; updated September 14, 2023. Accessed 11/13/2023.
- Guidelines Working Groups of the NIH Office of AIDS Research Advisory Council. Guidance for COVID-19 and People with HIV. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/guidance-covid-19-and-people-hiv/guidance-covid-19-and-people-hiv>; pp 1-19; updated February 22, 2022. Accessed 11/13/2023.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care Guidelines/Protocols, including the following, as appropriate: Guide for HIV/AIDS Clinical Care (2014), A Guide to the Clinical Care of Women with HIV (2013), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011); and reference guides to help health care professionals as their aging population grows (e.g., “Incorporating New Elements of Care” and “Putting Together the Best Health Care Team”. Available at: <https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols>. Date Last Reviewed: February 2022. Accessed 11/13/2023.
- Additional Education Materials (e.g., fact sheets, infographics and glossary) on HIV Overview; HIV Prevention; HIV Treatment; Side Effects of HIV Medicines; HIV and Pregnancy; HIV and Specific Populations; HIV and Opportunistic Infections, Coinfections and Conditions; and Living with HIV (including but not limited to finding HIV treatment services; Mental Health; Nutrition and Food Safety; and Substance Use). Available at: <https://hivinfo.nih.gov/understanding-hiv/fact-sheets> Accessed 11/13/2023.
- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

**Standards:**

- Providers will inform clients as to generally accepted clinical guidelines for pregnant women with HIV, treatment of AIDS specific illnesses,



Scan QR code to access meeting materials.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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   | Marlen Meizoso      |
| IV.   | Floor Open to the Public   | James Dougherty     |
| V.    | Review/Approve Agenda  | All                 |
| VI.   | Review/Approve Minutes of November 17, 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                 |
|       | • Review: RWP Primary Medical Care Standards   | All                 |
|       | • Service Descriptions Review: AIDS Pharmaceutical, Mental Health, Outpatient Ambulatory Health Services | All                 |
| IX.   | New Business   |                     |
|       | • Letter of Medical Necessity: Food Bank   | All                 |
|       | • 2024 Officer Elections   | All                 |
|       | • Passing the Gavel  | Dr. Robert Goubeaux |
| X.    | Announcements and Open Discussion  | All                 |
| XI.   | Next Meeting: <b>February 23, 2024</b> at BSR  | TBA                 |

*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](mailto:marlen@behavioralscience.com)

**RYAN WHITE PROGRAM NUTRITIONAL ASSESSMENT LETTER FOR  
FOOD BANK SERVICES**

**[THIS LETTER IS REQUIRED FOR EXTENDED FOOD BANK SERVICES  
OVER AND ABOVE THE INITIAL TWENTY (20) OCCURRENCES (VISITS)]**

(THIS DOCUMENT IS TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER OR A REGISTERED DIETITIAN NOT ASSOCIATED WITH THE PART A FOOD BANK PROVIDER.)

**DATE:** \_\_\_\_\_

As the **licensed medical provider** for \_\_\_\_\_, it is my professional opinion that he/she requires an **extension** of food bank assistance.

**OR**

As a **registered dietitian** who has completed an assessment of \_\_\_\_\_, it is my professional opinion that he/she requires an **extension** of food bank assistance.

The client has the following **severe** change of status (mark all that apply):

- New HIV-related diagnosis/symptom (please describe) e.g. OI, AIDS diagnosis, etc. \_\_\_\_\_
- Wasting syndrome \_\_\_\_\_
- Protein imbalance \_\_\_\_\_
- Recent chemotherapy \_\_\_\_\_
- Recent hospitalization \_\_\_\_\_
- Other medical reasons: \_\_\_\_\_

**Please specify number of additional occurrences (maximum 16 additional occurrences within the current Ryan White Part A fiscal year):** \_\_\_\_\_

**This assistance will maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.**

Licensed Medical Provider Signature \_\_\_\_\_ Name \_\_\_\_\_

Print License # \_\_\_\_\_

**OR**

Registered Dietitian Signature \_\_\_\_\_ Name \_\_\_\_\_

Registered Dietitian License # \_\_\_\_\_

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

**Rev. 10/28/2016**

**RYAN WHITE PROGRAM NUTRITIONAL ASSESSMENT LETTER FOR  
FOOD BANK SERVICES**

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OVER AND ABOVE THE INITIAL TWENTY (20) OCCURRENCES (VISITS)]***

(THIS DOCUMENT IS TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER OR A REGISTERED DIETITIAN NOT ASSOCIATED WITH THE PART A FOOD BANK PROVIDER.)

DATE: \_\_\_\_\_

As the **licensed medical provider** for \_\_\_\_\_, it is my professional opinion that he/she requires an **extension** of food bank assistance.

**OR**

As a **registered dietitian or licensed nutritionist** who has completed an assessment of \_\_\_\_\_, it is my professional opinion that he/she requires an **extension** of food bank assistance.

The client has the following **severe** change of status (mark all that apply):

New HIV-related diagnosis/symptom (please describe) e.g. OI, AIDS diagnosis, etc.

diagnosis, et. e. \_\_\_\_\_

Wasting syndrome

Protein imbalance

Recent chemotherapy

Recent hospitalization

Other medical reasons: \_\_\_\_\_

Please specify number of additional occurrences (maximum 16 additional occurrences within the current Ryan White Part A fiscal year): \_\_\_\_\_

This assistance will maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

Licensed Medical Provider Signature \_\_\_\_\_ Name \_\_\_\_\_

Print License # \_\_\_\_\_

**OR**

Registered Dietitian Signature \_\_\_\_\_ Name \_\_\_\_\_

Registered Dietitian License# \_\_\_\_\_

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



**RYAN WHITE PROGRAM**  
**Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services**

This letter is required for additional Food Bank occurrences beyond the twenty (20) occurrences (visits)  
To be completed by prescriber or registered dietitian\* or licensed nutritionist\*  
(\*not associated with Part A food bank provider)

Client's Full Name: \_\_\_\_\_

**Prescriber affidavit:**

As prescriber for this client, it is my professional opinion that he/she requires an extension of food bank services.

\_\_\_\_\_  
**Prescriber Signature and Date**

\_\_\_\_\_  
**Printed Name of Prescriber**

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

**Registered dietitian or licensed nutritionist affidavit:**

As the nutritional professional who has completed an assessment for this client, it is my professional opinion that he/she requires an extension of food bank services.

\_\_\_\_\_  
**Registered Dietitian or Licensed Nutritionist Signature and Date**

\_\_\_\_\_  
**Print Name of Registered Dietitian or  
Licensed Nutritionist**

\_\_\_\_\_  
**Registered Dietitian or Licensed  
Nutritionist License#**

Number of Additional Occurrences Requested (**maximum 16** additional occurrences within the current Ryan White Part A fiscal year):  which will assistance with maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving

The client has the following **severe** change of status (mark all that apply):

- New HIV-related diagnosis/symptom (please describe) e.g. OI, AIDs diagnosis, etc. \_\_\_\_\_
- Wasting Syndrome
- Protein imbalance
- Recent chemotherapy
- Recent hospitalization
- Other medical reasons: \_\_\_\_\_

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

REVISED: TBA



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# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 26, 2024

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   | Marlen Meizoso      |
| IV.   | Floor Open to the Public   | James Dougherty     |
| V.    | Review/Approve Agenda  | All                 |
| VI.   | Review/Approve Minutes of November 17, 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                 |
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|       | • Letter of Medical Necessity: Food Bank   | All                 |
|       | • 2024 Officer Elections   | All                 |
|       | • Passing the Gavel  | Dr. Robert Goubeaux |
| X.    | Announcements and Open Discussion  | All                 |
| XI.   | Next Meeting: <b>February 23, 2024</b> at BSR  | TBA                 |

*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

## *Memo*

**To:** Medical Care Subcommittee Members

**From:** Marlen Meizoso

**Date:** November 17, 2023

**Re:** 2024 Officer Elections

-----  
At the November 17, 2023, Medical Care Committee meeting, nominations for Chair and Vice Chair for 2024 will be accepted with elections being held at the January 26, 2024, meeting.

Committee Officers develop agendas with support staff, lead committee meetings, and serve as members of the Executive Committee. This is a wonderful opportunity to enhance your leadership skills and add a new title to your resume! Staff provides comprehensive training for all officers.

I would like to thank Dr. Robert Goubeaux for his leadership over the past two years. Dr. Goubeaux has served the maximum of two terms as Chair.

I would also like to thank James Dougherty for serving as Committee Vice Chair over the past two years. James has served the maximum of two terms Vice Chair but is eligible to be Chair.

For your reference, I am providing the qualifications for Officers, from the Miami-Dade HIV/AIDS Partnership Bylaws (Section 5.1):

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

*You are encouraged to add your name as a nominee* in advance of the meeting; nominations will also be taken from the floor at the January 26, 2024, meeting. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com).



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**MEDICAL CARE SUBCOMMITTEE  
ANNUAL DISCLOSURE FORM  
Attachment 1**

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

Name: \_\_\_\_\_

Drug Company Funded Research

Drug Company Consultancies

Drug Company Advisory Panels

Drug Company Funded Honoraria

Drug Company Employment



Drug Company Stock Ownership

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

Expert Testimony

Drug Company Gifts

[value greater than \$10)

Other

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**From:** FL HIV-AIDS Patient Care Programs <[FLHIV-AIDSPatientCarePrograms@flhealth.gov](mailto:FLHIV-AIDSPatientCarePrograms@flhealth.gov)>

**Sent:** Tuesday, January 16, 2024 10:49 AM

**To:** Ryan White Part B Lead Agencies <[RyanWhitePartBLeadAgencies@flhealth.gov](mailto:RyanWhitePartBLeadAgencies@flhealth.gov)>; DL DCHP Ryan White Part A Contacts <[DCHPRyanWhitePartAContacts@flhealth.gov](mailto:DCHPRyanWhitePartAContacts@flhealth.gov)>; DL HSD AIDS HIV CARE PROVIDERS <[DLHSDAIDSHIVCAREPROVIDERS@flhealth.gov](mailto:DLHSDAIDSHIVCAREPROVIDERS@flhealth.gov)>; DL ADAP County Contacts <[ADAPCNTY@flhealth.gov](mailto:ADAPCNTY@flhealth.gov)>

**Cc:** DL HSDA Patient Care <[HSD\\_AIDSpicare@flhealth.gov](mailto:HSD_AIDSpicare@flhealth.gov)>; DL AIDS Managers <[dlaidsmgr@flhealth.gov](mailto:dlaidsmgr@flhealth.gov)>; Wilson, Craig <[Craig.Wilson@flhealth.gov](mailto:Craig.Wilson@flhealth.gov)>; Cuyler, Tammy R <[Tammy.Cuyler2@flhealth.gov](mailto:Tammy.Cuyler2@flhealth.gov)>; Mccorvey, Alaina <[Alaina.Mccorvey@flhealth.gov](mailto:Alaina.Mccorvey@flhealth.gov)>

**Subject:** Member Recruitment for HIV Section Medication Formulary Workgroup (HSMFW)

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Dear Colleagues,

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

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

Please review the attached HSMFW application and charter to become familiar with member responsibilities. Members selected during this recruitment period will serve for three years. The minimum membership period is two years, and the maximum is three years. Please refer to the charter for further information on new member appointments, terms, and duties. If you have any questions regarding eligibility or any other aspect of the application or HSMFW, please contact HSMFW Co-Chairs Dr. Andréa Sciberras, Medical Director, Division of Disease Control and Health Protection and Dr. Joanne Urban, HIV/AIDS Section Clinical Pharmacist at [HIVMedicalTeam@flhealth.gov](mailto:HIVMedicalTeam@flhealth.gov).

Please send the completed application via email to [HIVMedicalTeam@flhealth.gov](mailto:HIVMedicalTeam@flhealth.gov) by January 30, 2024.

Kind regards,

Jimmy R. LLaque, Director  
Patient Care and Treatment Access Program

Florida Department of Health | Division of Disease Control and Health Protection | Bureau of Communicable Diseases | HIV/AIDS Section

4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399 | Office: 850.245.4477 | Mobile: 850.545.6836 | Fax: 850.412.2680

Florida Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.





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