



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, February 23, 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   | Cristhian Ysea      |
| II.   | Introductions   | All                 |
| III.  | Meeting Housekeeping  | Marlen Meizoso      |
| IV.   | Floor Open to the Public  | Cristhian Ysea      |
| V.    | Review/Approve Agenda   | All                 |
| VI.   | Review/Approve Minutes of January 26, 2024  | All                 |
| VII.  | Reports   |                     |
|       | • Ryan White Program  | Carla Valle-Schwenk |
|       | • ADAP Program  | Dr. Javier Romero   |
|       | • Vacancy Report  | Marlen Meizoso      |
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| X.    | Announcements and Open Discussion   | All                 |
| XI.   | Next Meeting: <b>March 22, 2024</b> at <b>BSR</b>   | Cristhian Ysea      |
| XII.  | Adjournment   | Cristhian Ysea      |

*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

---

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

# Meeting Participation

---

- ❑ Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- ❑ Raise your hand to be recognized by the Chair or added to the queue.
- ❑ Discussion should be limited to the current Agenda topic or motion.
- ❑ Speakers should not repeat points previously addressed.
- ❑ Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.



# Resources

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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

Agendas



Minutes



Meeting Documents



**RETURN TO MENU**

# 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](#)



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## **Floor Open to the Public**

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

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



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

**January 26, 2024 Minutes**

#	Members	Present	Absent	Guests
1	Baez, Ivet		X	Ana M. Nieto
2	Dougherty, James	X		Sanique Olkuch
3	Friedman, Lawrence		X	Carla Valle-Schwenk
4	Goubeaux, Robert	X		
5	Miller, Juliet		X	
6	Romero, Javier	X		
7	Serrano-Irizarry, Yendi	X		
8	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 <https://aidsnet.org/the-partnership#mcsc1>.

**I. Call to Order**

*Robert Goubeaux*

Dr. Robert Goubeaux, Subcommittee Chair, called the meeting to order at 9:43 a.m. He introduced himself, provided an overview of the work for today’s meeting, and welcomed everyone.

**II. Introductions**

*All*

Dr. Goubeaux requested members, guests, and staff introduce themselves.

**III. Meeting Housekeeping**

*Marlen Meizoso*

Dr. Goubeaux indicated that a version of the housekeeping presentation was included in the meeting materials for members to reference. As part of housekeeping, Marlen Meizoso will be reviewing the newly revamped website to show the Subcommittee the location of items and new features.

**IV. Floor Open to the Public**

*James Dougherty*

James Dougherty, Subcommittee Vice Chair, 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 and adopted it as presented.

**Motion to accept the agenda as presented.**

**Moved: Cristhian Ysea**

**Seconded: James Dougherty**

**Motion: Passed**

**VI. Review/Approve Minutes of November 17, 2023**

*All*

Members reviewed the minutes of November 17, 2023. Dr. Friedman's name is misspelled on pages three and four. A motion to approve the minutes was made with the correction noted above.

**Motion to accept the minutes of November 17, 2023, with the correction noted.**

**Moved: James Dougherty**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

**VII. Reports**

▪ **Ryan White Program**

*Carla Valle-Schwenk*

Carla Valle-Schwenk indicated that the County was preparing for the Health Resource and Service Administration (HRSA) site visit meeting next week. She thanked Care Resource and SFAN for participating in the site visit. She referenced the November 2023, Ryan White Program utilization and expenditure reports as of January 9, 2024. A total of 8,453 unduplicated clients have been served. Expenditures continue to increase as reimbursements are processed.

▪ **AIDS Drug Assistance Program (ADAP)**

*Dr. Javier Romero*

Dr. Javier Romero reviewed the December 2023, ADAP report as of January 8, 2024, including enrollments, expenditures, prescriptions, premium payments, and program updates. Walgreens pharmacies were added to the pharmacy benefits network as of January 1, 2024. There have been around 2,800 enrollees for Affordable Care Act (ACA) insurance plans according to American Exchange.

▪ **Vacancy Report**

*Marlen Meizoso*

Marlen Meizoso referenced the membership vacancy report indicating several vacancies on the Subcommittee and on the Partnership. The Subcommittee has five vacancies for members with lived experience and three seats for medical professionals.

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: As Applicable**

*All*

There were no oral health care items for today's meeting.

▪ **Review: Ryan White Program Primary Medical Care Standards**

*All*

The Subcommittee reviewed the final draft of the Ryan White Program Primary Medical Care Standards including CDC vaccine recommendations and all other recommended additions discussed over the last few months. The Subcommittee requested the addition of physician associate to physician assistant since the terminology is changing. Throughout the document the terminology will be changed to read “physician assistant/physician associate”.

**Motion to accept the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards with the addition of associate to physician assistant.**

**Moved: James Dougherty**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

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

The Subcommittee reviewed a redlined version with 2024 updates (priorities and dates) of the AIDS Pharmaceutical Service Description, including additional changes requested at the November member. The Subcommittee made the following additional comments:

- Keep “a” in second paragraph;
- Add (MD, DO, ARNP, PAs) after licensed medical provider;
- Strike physician under 3. *Coordination of Care*, and change to licensed medical provider;
- Change physician to licensed medical provider throughout document; and
- Item F, make singular and reword to, “Letter of Medical Necessity: Continuous Glucose Monitoring (CGM) Devices 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 amended).”

The Subcommittee voted to accept the service description with the changes as discussed.

**Motion to accept the changes to the AIDS Pharmaceutical Service Description as discussed.**

**Moved: Cristhian Ysea**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

The Subcommittee reviewed a redlined version with 2024 updates (priorities and dates) of the Mental Health Services Service Description. The Subcommittee accepted the document with the edits discussed.

**Motion to accept the changes to the Mental Health Service Description as discussed.**

**Moved: Cristhian Ysea**

**Seconded: James Dougherty**

**Motion: Passed**

The Subcommittee reviewed a redlined version with 2024 updates (priorities and dates), updates to language, strike outs of obsolete language and references of the Outpatient Ambulatory Health Services Service Description. Those items in green highlight are pending updates to the references upon receipt. The Subcommittee made the following additional comments:

- Change “Primary Care Physician” to “Primary Care Provider,” in second paragraph;
- In last sentence of second paragraph, change “Physician” to “Licensed Medical Provider,” and add (MD, DO, ARNP, Pas) after licensed medical provider;
- Strike “ Note: ViiV...” sentence under I.1(b);

- Strike “Additional;” capitalize “mental;” replace “doctor” with “licensed medical provider (MD, DO, ARNP, PAs);” and strike “nurse practitioner or physician assistant” in statement on page 89; and
- Add “Provider” to “Primary Care” in fourth bullet under B. on pg. 94.

The Subcommittee voted to accept the service description with the changes as discussed.

**Motion to accept the changes to the Outpatient Ambulatory Health Services Service Description as discussed.**

**Moved: James Dougherty**

**Seconded: Cristhian Ysea**

**Motion: Passed**

**IX. New Business**

▪ **Letter of Medical Necessity: Food Bank**

*All*

The County recently indicated that the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services would be reintroduced as a cost saving measure for the upcoming year. The letter has not been reviewed in years and is being brought to the Subcommittee for any input. The Care and Treatment Committee recommended the addition of a licensed nutritionist along with a registered dietitian. Three versions were presented: 1) the original letter; 2) the Care and Treatment edited and formatted version; and 3) a proposed updated version intended to modernize and facilitate completion of the document. The Medical Care Subcommittee reviewed and made updates to version three of the document and requested some additional changes:

- Add “licensed medical” in front of prescriber and update references within section;
- Change “affidavit” to “attestation”;
- Change “he/she” to “they”;
- Add “OR” between Prescriber and Nutritionist boxes;
- Change “mark” to “check”;
- Make type font slightly larger; and
- Make the conditions list into two columns to create more space.

The Subcommittee voted to accept the changes as discussed.

**Motion to accept the changes to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services as discussed.**

**Moved: James Dougherty**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

▪ **2024 Officer Elections**

*All*

The Subcommittee reviewed the memo regarding the 2024 officer elections in the meeting materials. James Dougherty indicated interest in the Chair position at the prior meeting. No additional members were interested in the Chair position. Cristhian Ysea indicated he would be interested in the Vice Chair position. The Subcommittee voted on both officers since there was only one candidate for each position.

**Motion to elect James Dougherty as Chair and Cristhian Ysea as Vice Chair of the Medical Care Subcommittee.**

**Moved: Yendi Serrano-Irizarry**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

▪ **Passing the Gavel**

*All*

Dr. Goubeaux thanked the Subcommittee and ceded the gavel to the incoming chair, James Dougherty, who led the meeting for the remainder of the agenda.

**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, February 23, 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 requested a motion to adjourn.

**Motion to adjourn.**

**Moved: Dr. Robert Goubeaux**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

The meeting adjourned at 11:03 a.m.





 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, February 23, 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   | Cristhian Ysea             |
| II.   | Introductions   | All                        |
| III.  | Meeting Housekeeping  | Marlen Meizoso             |
| IV.   | Floor Open to the Public  | Cristhian Ysea             |
| V.    | Review/Approve Agenda   | All                        |
| VI.   | Review/Approve Minutes of January 26, 2024  | All                        |
| VII.  | <b>Reports</b>  |                            |
|       | • <b>Ryan White Program</b>   | <b>Carla Valle-Schwenk</b> |
|       | • ADAP Program  | Dr. Javier Romero          |
|       | • Vacancy Report  | Marlen Meizoso             |
| VIII. | Standing Business   |                            |
|       | • Oral Health Care items: Service Standards, Service Description, and Capacity Discussion | All                        |
| IX.   | New Business  |                            |
|       | • Service Descriptions Review: Substance Abuse Services                                   | All                        |
| X.    | Announcements and Open Discussion   | All                        |
| XI.   | Next Meeting: <b>March 22, 2024</b> at <b>BSR</b>   | Cristhian Ysea             |
| XII.  | Adjournment   | Cristhian Ysea             |

*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:

**December 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>
	6	39	5	18
	0	3,490	0	1,408
	9,312	88,068	4,569	8,150
	31	537	21	100
	742	8,657	555	2,546
	2,361	25,407	1,305	4,277
	1	23	1	10
	1,367	20,803	506	1,318
	484	5,998	176	835
	26	723	19	79
	38	676	21	196
	540	4,692	21	69
<b>TOTALS:</b>	14,908	159,113		

Total unduplicated clients (month):

5,364

**Total unduplicated clients (YTD):**

8,745

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:

**December 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

6

39

5

18

0

3,490

0

1,408

8,513

78,822

4,214

7,877

26

489

17

82

742

8,657

555

2,546

2,223

22,773

1,215

4,090

1

22

1

9

1,367

20,803

506

1,318

484

5,868

176

820

26

723

19

79

34

645

17

167

540

4,692

21

69

**TOTALS:**

13,962

147,023

**Total unduplicated clients (month):**

5,056

**Total unduplicated clients (YTD):**

8,637

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**December 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>
	799	9,246	448	970
	5	48	4	18
	138	2,634	102	674
	0	1	0	1
	0	130	0	38
	4	31	4	29
<b>TOTALS:</b>	946	12,090		
<b>Total unduplicated clients (month):</b>	<u>518</u>			
<b>Total unduplicated clients (YTD):</b>	<u>1,382</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 December 2023, as of 2/7/2024. This report reflects reimbursement requests that were due by 1/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$5,310,032.61.

Project #:	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	779.03	
5606920000	Health Insurance Services	211,247.03	
5606870000	Medical Case Management	2,813,747.55	
5606860000	Mental Health Therapy/Counseling	45,045.00	
5606900000	Oral Health Care	2,063,911.00	
5606610000	Outpatient/Ambulatory Health Svcs	5,195,700.59	
5606910000	Substance Abuse - Outpatient	1,380.00	
<b>CORE Services Totals:</b>		<b>10,331,810.20</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	72,624.57	
5606890000	Other Professional Services	65,025.00	
5606950000	Outreach Services	56,292.09	
5606930000	Substance Abuse - Residential	1,100,250.00	
<b>SUPPORT Services Totals:</b>		<b>2,473,315.46</b>	<b>723,098.00</b>
FY 2023 Award (not including C/O)		12,805,125.66	

**TOTAL EXPENDITURES DIRECT SVCS & % :** \$ **13,528,223.66**      **59.42%**

**Formula Expenditure %**      **82.79%**

5606710000 **Recipient Administration**      **1,516,514.54**

5606880000 **Quality Management**      **500,000.00**      2,016,514.54

**Grant Unexpended Balance**      **FY 2023 Award**      **Carryover**  
 10,115,626.80      10,115,626.80      -      10,115,626.80

**Total Grant Expenditures & %**      \$ **15,544,738.20**      **60.58%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75%      **80.68%**      **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5%      **2.01%**      **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10%      **6.08%**      **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 December 2023, as of 2/7/2024. This report reflects reimbursement requests that were due by 1/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$190,048.56.

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>	

<b>DIRECT SERVICES TOTAL:</b>	<b>\$ 2,664,436.00</b>		
Total Core Allocation	1,636,774.00		
Target at least 80% core service allocation	1,347,374.40		
<b>Current Difference (Short) / Over</b>	<b>\$ 289,399.60</b>		
<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)	\$ 575,205.00		
Unobligated Funds (Carry Over)	\$ -	575,205.00	3,601,799.00

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>	<b>97.18%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>3.81%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>10.00%</b>	<b>Within Limit</b>
Cannot be over 10%		

CURRENT CONTRACT EXPENDITURES			
DIRECT SERVICES:	Account	Expenditures	Carryover (C/O) Expenditures
	<b>Core Medical Services</b>		
	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>370,980.01</b>
	<b>Support Services</b>		<b>Carryover Expenditures</b>
	5606940000	Emergency Financial Assistance	0.00
	5606980000	Food Bank	
	5606460000	Medical Transportation	7,616.40
	5606890000	Other Professional Services	
	5606950000	Outreach Services	19,908.00
	5606930000	Substance Abuse - Residential	
	<b>SUPPORT Services Totals:</b>	<b>27,524.40</b>	
	<b>FY 2023 Award (not including C/O)</b>	<b>802,632.06</b>	

<b>TOTAL EXPENDITURES DIRECT SVCS &amp; %:</b>	<b>\$ 1,173,612.07</b>	<b>44.05%</b>
5606710000	<b>Recipient Administration</b>	113,939.47
5606880000	<b>Quality Management</b>	83,333.30
	<b>Grant Unexpended Balance</b>	<b>FY 2023 Award</b>
		1,621,676.17
		<b>Carryover</b>
		609,237.99
		2,230,914.16
<b>Total Grant Expenditures &amp; % (Including C/O):</b>	<b>\$ 1,370,884.84</b>	<b>38.06%</b>

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	<b>96.57%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>3.18%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>4.35%</b>	<b>Within Limit</b>
Cannot be over 10%		



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, February 23, 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   | Cristhian Ysea           |
| II.   | Introductions   | All                      |
| III.  | Meeting Housekeeping  | Marlen Meizoso           |
| IV.   | Floor Open to the Public  | Cristhian Ysea           |
| V.    | Review/Approve Agenda   | All                      |
| VI.   | Review/Approve Minutes of January 26, 2024  | 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: Service Standards, Service Description, and Capacity Discussion | All                      |
| IX.   | New Business  |                          |
|       | • Service Descriptions Review: Substance Abuse Services                                   | All                      |
| X.    | Announcements and Open Discussion   | All                      |
| XI.   | Next Meeting: <b>March 22, 2024</b> at <b>BSR</b>   | Cristhian Ysea           |
| XII.  | Adjournment   | Cristhian Ysea           |

*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)**

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



**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

February 8, 2024

### ADAP Miami-Dade / Summary Report – JANUARY 2024

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	95	807	7,171	\$1,498,285.24	2,680	855	3.1	\$4,732,393.78	2,832	\$1,671.04
Feb-24										
Mar-24										
<b>FY23/24</b>	<b>1,006</b>	<b>3,892</b>	<b>7,171</b>	<b>\$17,346,942.00</b>	<b>29,214</b>	<b>9,476</b>	<b>3.1</b>	<b>\$37,527,202.08</b>	<b>26,218</b>	<b>\$1,671.04</b>

SOURCE: Provide - DATE: 02/08/24 - Subject to Review & Editing

NOTE: West Perrine: Expenditures from 311 uninsured clients not included in this report.

### PROGRAM UPDATE

- \* 02/01/23: Cabenuva ® @ ADAP Miami: 193. Direct Dispense 108 (56.0 %); Premium Plus 85 (44.0 %).
- \* 02/01/23: Clients OPEN: Direct Dispense: 54.1 % Premium Plus: 45.9 %
- \* 02/01/23: Expenditures: Direct Dispense: 31.6 % Premium Plus: 68.4 %

<b>CURRENT</b> 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

<b>ADDITIONAL</b> 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)





 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, February 23, 2024**  
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| XI.   | Next Meeting: <b>March 22, 2024</b> at <b>BSR</b>   | Cristhian Ysea        |
| XII.  | Adjournment   | Cristhian Ysea        |

*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)

# Membership Report

February 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

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

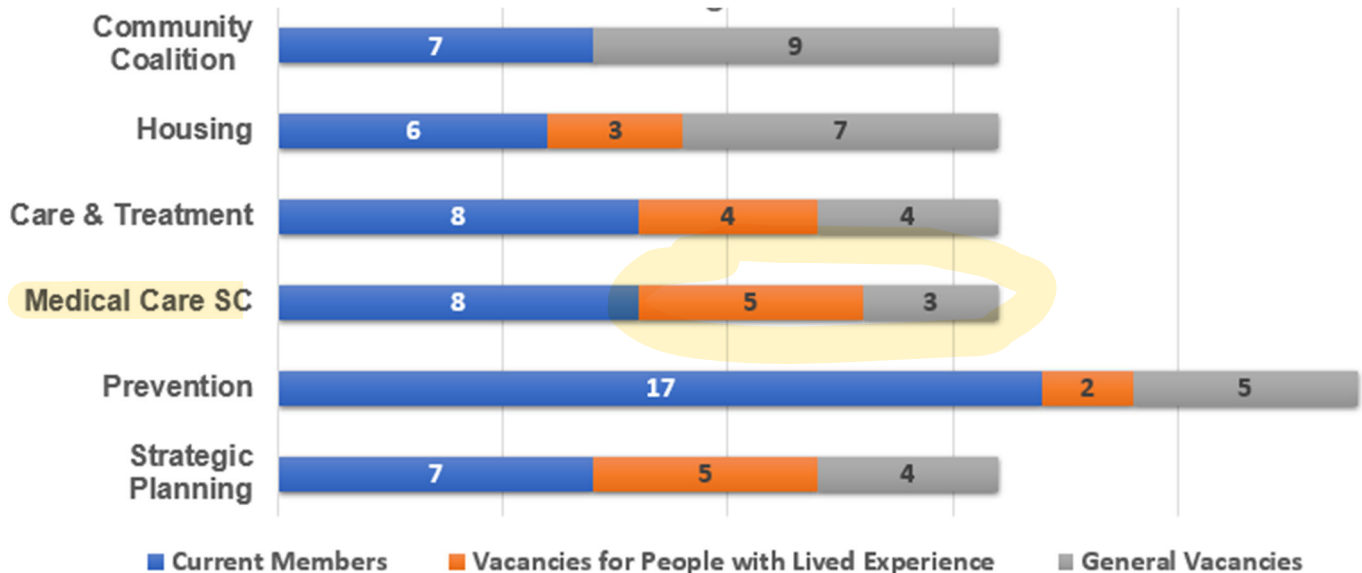
### Opportunities for General Membership

**6** 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
- Hospital or Healthcare Planning 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.*



**MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, February 23, 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   | Cristhian Ysea      |
| II.   | Introductions   | All                 |
| III.  | Meeting Housekeeping  | Marlen Meizoso      |
| IV.   | Floor Open to the Public  | Cristhian Ysea      |
| V.    | Review/Approve Agenda   | All                 |
| VI.   | Review/Approve Minutes of January 26, 2024  | All                 |
| VII.  | Reports   |                     |
|       | • Ryan White Program  | Carla Valle-Schwenk |
|       | • ADAP Program  | Dr. Javier Romero   |
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| VIII. | Standing Business   |                     |
|       | • Oral Health Care items: Service Standards, Service Description, and Capacity Discussion | All                 |
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# *Miami-Dade County Ryan White Program*

## *Oral Health Care Standards*

**Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing HIV/AIDS trainings.**

	<b>Standards of Care</b>	<b>Measure</b>
<b>Standard 1.1</b>	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	<ul style="list-style-type: none"> <li>• Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law.</li> <li>• Documentation of work experience (letters of recommendation, work references, etc.)</li> </ul>
<b>Standard 1.2</b>	Policies and procedures.	Written policies and procedures manuals.
<b>Standard 1.3</b>	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
<b>Standard 1.4</b>	Ongoing annual HIV/AIDS staff training.	Documentation of all completed annual trainings on file.

**Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 2.1</b>	Ryan White Program client eligibility screening and demographics present.	<ul style="list-style-type: none"> <li>• Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR</li> <li>• Current Ryan White Program Referral.</li> <li>• Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.</li> </ul>

# *Miami-Dade County Ryan White Program*

## *Oral Health Care Standards*

<b>Standard 2.2</b>	Ryan White Program required documents present, signed, and dated.	<ul style="list-style-type: none"> <li>• Signed and dated <i>Ryan White Consent form in the data management information system</i>) OR current Ryan White Program In Network Referral</li> <li>• Documentation that <i>Outreach Consent/Miami-Dade County Notice of Privacy Practices and Composite Consent</i> were provided.</li> </ul>
<b>Standard 2.3</b>	General Consent for Treatment	Signed general consent for treatment present.

**Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 3.1</b>	Initial Comprehensive Medical History	<ul style="list-style-type: none"> <li>• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care.</li> <li>• The initial comprehensive medical history is signed and dated by the client and dentist.</li> </ul>
<b>Standard 3.2</b>	Medical History is updated at least once a year. <sup>a</sup>	Medical history is updated every 6 months or at the next appointment after six months.
<b>Standard 3.3.</b>	Medical conditions and allergies are noted.	<ul style="list-style-type: none"> <li>• Medical conditions and/or medications requiring an alert are flagged.</li> <li>• Allergies/ no known allergies (NKA) are noted.</li> </ul>
<b>Standard 3.4</b>	An oral health history is taken and updated at least once a year. <sup>a</sup>	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

# *Miami-Dade County Ryan White Program*

## *Oral Health Care Standards*

**Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 4.1</b>	Treatment assessment and planning developed and/or updated at least once a year. <sup>a</sup>	<p>Completed treatment plan is in the progress notes OR a treatment plan form is completed.*</p> <p><i>*If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.</i></p>
<b>Standard 4.2</b>	Documentation reflects services provided.	<p>Documentation, at a minimum, includes:</p> <ul style="list-style-type: none"> <li>• Date of service</li> <li>• Tooth number, if appropriate</li> <li>• Service description</li> <li>• Procedure code billed</li> <li>• Anesthetic used including strength and quantity</li> <li>• Materials used, if any</li> <li>• Prescriptions or medications dispensed, including name of drug, quantity, and dosage</li> <li>• Education provided</li> <li>• Signature and title</li> </ul>

# Miami-Dade County Ryan White Program

## Oral Health Care Standards

<p><b>Standard 4.3</b></p>	<p>A comprehensive examination is provided*at least annually.</p> <p>*Not applicable for episodic care, follow up, or problem-focused examinations.</p> <p style="text-align: center;"><b>OR</b></p> <p>A problem-focused oral examination is performed.</p>	<p>Comprehensive Examination includes:</p> <ul style="list-style-type: none"> <li>• Cavity charting</li> <li>• Complete periodontal exam or periodontal screening record</li> <li>• Documentation of restorations &amp; prosthesis</li> <li>• Full mouth radiographs, as clinically indicated</li> <li>• Pre-existent conditions</li> <li>• Disease presence</li> <li>• Structural anomalies</li> <li>• Oral hygiene instruction</li> <li>• Prescriptions or medications dispensed including name of drug, quantity, and dosage</li> <li>• Education provided</li> </ul> <p>Problem-focused examination includes:</p> <ul style="list-style-type: none"> <li>• Chief complaint is documented</li> <li>• Problem-focused evaluation is performed</li> <li>• Prescriptions or medication dispensed include name of drug, quantity, and dosage</li> <li>• Radiographs as necessary</li> <li>• Specific oral treatment plan</li> <li>• Education provided</li> <li>• Return for further evaluation documented</li> </ul>
<p><b>Standard 4.4</b></p>	<p>Charting grids are completed as appropriate.</p>	<p>Charting of the examination findings/treatment is completed in the appropriate tooth grids.</p>
<p><b>Standard 4.5</b></p>	<p>Informed specific consents are present for each oral surgery procedure.</p>	<p>A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.</p>



# Miami-Dade County Ryan White Program

## Oral Health Care Standards

<b>Standard 4.6</b>	Refusal of treatments/radiographs is documented.	<ul style="list-style-type: none"> <li>Client refusal for treatment/radiograph is documented (form or in progress note) with dentist (DDS) signature, client signature or initials and date; signature and date of witness are present.</li> <li>Reason for DDS refusal to perform a requested treatment is documented; signature and date of witness are present.</li> </ul>
<b>Standard 4.7</b>	Periodontal screening or examination is done at least once a year. <sup>a</sup>	Charting of the examination findings/treatment is documented in the client record.
<b>Standard 4.8</b>	<p>Periodontal maintenance is regularly performed.*</p> <p>*Not applicable for clients who are “No shows” AND “No show” is documented; not applicable for episodic care.</p>	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
<b>Standard 4.9</b>	Oral health education offered at least once a year. <sup>a</sup>	Education documented in the client record.

**Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 5.1</b>	<p>Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.*</p> <p>*Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.</p>	Documentation reflects treatment provided for oral OI and coordination with PCP.
<b>Standard 5.2</b>	<p>Referral and coordination of care.*</p> <p>*Not applicable if no condition documented and no referral made.</p> <p>Tobacco use and referral.*</p> <p>*NA for clients not using tobacco products.</p> <p>Nutritional problems and referral.*</p> <p>*Not applicable when no indication of nutritional problems.</p>	<ul style="list-style-type: none"> <li>Documentation in client record of the condition and referral to a specific specialty or ancillary service provider.</li> <li>Documentation of heavy tobacco use and referral to a tobacco counseling program.</li> <li>Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.</li> </ul>

# *Miami-Dade County Ryan White Program Oral Health Care Standards*

**Standard 6: Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 6.1</b>	<p>Education will be provided in preventive oral health practices<sup>1</sup> including hygiene, nutritional education<sup>2</sup> as related to oral health care and education, as appropriate, concerning tobacco use<sup>3</sup>.</p> <p><sup>1</sup>Not applicable for episodic care.</p> <p><sup>2</sup>Not applicable for episodic care.</p> <p><sup>3</sup>Not applicable if no indication of tobacco use; not applicable for episodic care.</p>	<ul style="list-style-type: none"> <li>• Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months.</li> <li>• Documentation of nutritional education as related to oral health.</li> <li>• Documentation of education, as appropriate, concerning tobacco use.</li> </ul>

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

## ORAL HEALTH CARE

*(Year 334 Service Priority: #64 for Part A)*

**Oral Health Care** is a core medical service. This service includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide dental care in the State of Florida, including general Dentists, dental specialists, and Dental Hygienists, as well as licensed Dental Assistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, Dental Assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's definition of a licensed Dental Assistant.

This service may include diagnostic, preventive, and restorative services; endodontics, periodontics, and prosthodontics (removable and fixed); maxillofacial prosthetics; limited implant services (i.e., removal, repair, and placement [restricted for edentulous patients only] of implants); oral and maxillofacial surgery; and adjunctive general services as detailed and limited in the most current, local Ryan White Program Oral Health Care Formulary.

- A. Program Operation Requirements:** Provision of Oral Health Care services for any one client is limited to an annual cap of \$6,500 per Ryan White Part A Fiscal Year (March 1, 20234 through February 29, 20245). Exceptions to the annual cap may be approved by the County under special circumstances (e.g. implant placement) and the provision of preventive Oral Health Care services with consultation from the Miami- Dade HIV/AIDS Partnership's Medical Care Subcommittee as needed.

When a referral from a Dentist to a dietitian is needed, the Dentist must coordinate with the client's Primary Care Physician to obtain the required referral to nutrition services (i.e., a referral to Ryan White Program outpatient specialty care services). This is necessary to ensure communication between the care team (e.g., Physician and Dentist). The client's Medical Case Manager should also be informed of the client's need for nutrition services.

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

All referrals to Ryan White Part A Oral Health Care services should include the client's primary care or HIV Physician's contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

**Providers must offer, post, and maintain a daily walk-in slot for clients with urgent/emergent dental issues. Clients who come into or contact the office with urgent/emergent dental issues (e.g., pain, broken tooth, situation requiring immediate treatment, or situation causing client high level of**

distress) will be triaged by appropriate dental staff; and those clients with substantial issues will be seen as soon as possible, but within 48 hours (i.e., two business days).

Teledentistry services may also be available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details.

- B. Additional Service Delivery Standards:** Providers of this service will adhere to the most current, local *Ryan White Program System-wide Standards and Ryan White Program Oral Health Care Standards*. (Please refer to Section III of this FY 2023~~4~~ Service Delivery Manual for details.) Providers will be required to demonstrate that they adhere to generally accepted clinical guidelines for Oral Health Care treatment of HIV and AIDS-specific illnesses, upon request and through monitoring site visits or quality management record reviews.
- C. Rules for Reimbursement:** Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary Oral Health Care procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the most current, local Ryan White Program Oral Health Care Formulary using the 2023~~4~~ American Dental Association Current Dental Terminology (CDT 2023~~4~~) codes for dental procedures. Reimbursement is in accordance with the rates indicated in the most current, local Ryan White Program Oral Health Care Formulary; flat fee, no multiplier.

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

An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

- D. Children's Eligibility Criteria:** Providers must document that children with HIV who receive Ryan White Part A Program-funded Oral Health Care services are permanent residents of Miami-Dade County and have been properly screened for other private or public sector funding [i.e., private insurance, Medicaid, Medicaid's expanded dental insurance for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental, DentaQuest, or MCNA Dental benefits (as may be amended), the Medically Needy Program, Children's Health Insurance Program (CHIP), Florida KidCare, etc.)], as appropriate. While children qualify for and can access private insurance, Medicaid (all programs), or other public sector funding for Oral Health Care services, they will not be eligible for Ryan White Part A Program-funded Oral Health Care services, except those dental procedures excluded by the other funding sources.

- E. Client Eligibility Criteria:** Clients receiving Oral Health Care must be documented as having been properly screened for other public sector funding as appropriate every 366 days. While clients qualify for and can access dental services through other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], Medicare, or private health insurance, they will not be eligible for Ryan White Part A Program-funded Oral Health Care except for such program-allowable services that are not covered by the other sources or if their related benefits have been maxed out for the benefit period.

Clients referred for Oral Health Care by a Ryan White Part A or MAI Medical Case Manager should use the Ryan White Program In Network Referral process in the Provide® Enterprise Miami data management system. If the client is referred by a non-Part A or non-MAI provider [“Out of Network”(OON) provider] or self-refers because they do not have a Part A/MAI Medical Case Manager, an OON referral form must be submitted accompanied by the required medical, financial, and permanent Miami-Dade County residency documentation as well as all required consent forms and Notice of Privacy Practices. Clients coming without a referral, but with necessary documentation to support Ryan White Part A Program eligibility and Viral Load and CD4 lab test results within 366 days, are also able to access Ryan White Part A Oral Health Care services, upon completion of a brief intake in the Provide® Enterprise Miami data management system by the Oral Health Care provider agency and the client’s signed consent for service

- F. Ryan White Program Oral Health Care Formulary:** Ryan White Part A Program funds may only be used to provide Oral Health Care services that are included in the most recent release of the most current, local Ryan White Program Oral Health Care Formulary. The Formulary is subject to periodic revision.

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

**G.H. Rules for Documentation:** Providers must maintain a dental chart or electronic record that is signed by the licensed provider (e.g., Dentist, etc.) and includes a treatment plan, dates of service, services provided, procedure codes billed, and any referrals made. Providers must also maintain professional certifications, licensure documents, and proof of training, where applicable, of the dental staff providing services to Ryan White Program clients. Providers must make these documents available to OMB staff or authorized persons upon request.

**H.I. Rules for Reporting:** Provider monthly reports (i.e., reimbursement requests) for Oral Health Care must include the number of clients served, billing code for the dental procedures provided, number of units of service provided, and the

corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate dental provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the dental provider) and to make such reports available to OMB staff or authorized persons upon request.

2024 DRAFT



**MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, February 23, 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  | Cristhian Ysea      |
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**SUBSTANCE ABUSE OUTPATIENT CARE  
AND  
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)**

*(Year ~~334~~ Service Priorities: #~~812~~ for outpatient Part A and #~~86~~ for  
MAI; and #~~710~~ for Part A residential only)*

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

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

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

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

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

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

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

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

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

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

## **I. Substance Abuse Outpatient Care**

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

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorders; outpatient drug-free treatment and counseling; medication assisted therapy; psychopharmaceutical interventions; substance abuse education; and relapse prevention. Services may also include mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis of substance use disorder.

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

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

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

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

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least a *doctorate or postgraduate degree* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.
- **Substance Abuse Outpatient Care (Level II) - Counseling and Support Services.** Level II services include supportive and crisis substance abuse counseling by trained and supervised Counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.
- **Tele-substance abuse outpatient care services** are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

**B. Additional Service Delivery Standards:** Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this FY 2023~~4~~ Service Delivery Manual for details, as may be amended.)

**C. Rules for Reimbursement:** Reimbursement for individual and group Substance Abuse Outpatient Care will be based on half-hour counseling sessions (i.e., 1 unit) not to exceed \$30.00 per unit for Level I individual counseling; \$34.00 per unit for Level I group counseling; \$27.00 per unit for Level II individual counseling; and \$30.00 per unit for Level II group counseling. Reimbursement for individual sessions is calculated for each client and/or family member(s) receiving the counseling, whereas, reimbursement for group sessions is calculated for the Counselor that provided the group counseling. Documentation activities are included in the Substance Abuse Outpatient Care unit of service and are not to be billed as a separate encounter. Substance Abuse Outpatient Care may be provided to members of a client's family in an outpatient setting

if the program-eligible person with HIV (client) is also being served. The client must be currently receiving such services; and preferably, but not necessarily, the family member may be served on the same day as the client.

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

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

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

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

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

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

## **II. Substance Abuse Services (Residential)**

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

In accordance with HRSA Policy Clarification Notice #16-02, Substance Abuse Services (Residential), as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, are permitted **only** when the client has received a written referral from a clinical provider. In Miami-Dade County's Ryan White Part A/MAI Program, this requirement shall be met if the client is accessing the service based on a Ryan White Program In Network Service Referral or Out of Network Referral as a result of a comprehensive health assessment conducted by a Medical Case Manager or other case manager or in response to a court-ordered directive to a residential treatment program. Upon arrival at the residential treatment center and PRIOR TO final enrollment in the treatment program, an assessment MUST be conducted by the residential clinical staff (e.g., Medical Director, Psychologist, Licensed Therapist, etc.) as appropriate using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-~~TR~~) assessment



tool (e.g., ASAM Criteria®, a Level of Care determination tool) for diagnosis of a substance use disorder or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) tools. Services will then be provided by or under the supervision of a Physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

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

**Residential treatment programs shall comply with the following requirements:**

- B. Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of \$250.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than 180 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. No exceptions, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval prior to extending residential care past the 180-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

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

- C. Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client’s disposition after Substance Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the “RSA Disenrollment Report” available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final “RSA Disenrollment Report” must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.
- D. Linkage/Referrals:** Providers of Substance Abuse Services (Residential) must document the client’s progress through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the client, Medical Case Manager, and the Primary Care Physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client’s choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment. **A client’s Ryan White Program-funded Medical Case Manager will receive an automated “pop-up” notification through the Provide® Enterprise Miami data management system upon the client’s discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.**

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

- E. Special Client Eligibility Criteria:** A Ryan White Program In Network Service Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded Substance Abuse Services (Residential) must be documented as having gross household incomes below 400% of the 202~~34~~ Federal Poverty Level (FPL).
- F. Additional Rules for Documentation:** Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program

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

### III. Additional Standards and Guidelines

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

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine*, Sixth Edition; November 2, 2018.  
Available at: <https://www.asam.org/publications-resources/textbooks>  
Accessed 16/205/20224.
- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. ~~Fourth~~<sup>Third</sup> Edition.  
Available at: <https://www.asam.org/publications-resources/textbooks>  
Accessed 16/205/20224. (~~Note: the Fourth Edition is currently in development.~~)
- American Society of Addiction Medicine. Current and archived public policy statements related to the treatment of substance use disorder.  
Available at: <https://www.asam.org/advocacy/public-policy-statements>  
Accessed 16/205/20224.
- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.



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

**IV. Best Practices Compilation Search** provides interventions that improved outcomes:

<https://targetiv.org/bestpractices/search?keywords=substance%20abuse&page=1>



**MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, February 23, 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   | Cristhian Ysea      |
| II.   | Introductions   | All                 |
| III.  | Meeting Housekeeping  | Marlen Meizoso      |
| IV.   | Floor Open to the Public  | Cristhian Ysea      |
| V.    | Review/Approve Agenda   | All                 |
| VI.   | Review/Approve Minutes of January 26, 2024  | 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: Service Standards, Service Description, and Capacity Discussion | All                 |
| IX.   | New Business  |                     |
|       | • Service Descriptions Review: Substance Abuse Services                                   | All                 |
| X.    | Announcements and Open Discussion   | All                 |
| XI.   | Next Meeting: <b>March 22, 2024</b> at <b>BSR</b>   | Cristhian Ysea      |
| XII.  | Adjournment   | Cristhian Ysea      |

*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**



# SOURCE OF INCOME STATEMENT

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



Disclosure for Tax Year Ending 2023	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
Mailing Address – Street Number, Street Name, or P.O. Box			
City, State, Zip			

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

### Filing as an Employee (check one)

<input type="checkbox"/> County <input type="checkbox"/> Public Health Trust <input type="checkbox"/> Municipal: _____ (Municipality)		
Department		
Position or Title		Employee ID Number
Work address	Work telephone	Employment began on/ended on

### Filing as (check one)

<input checked="" type="checkbox"/> County Board <input type="checkbox"/> Municipal Board: _____ (Municipality) <input type="checkbox"/> Consultant for County or Municipal Agency		
Board where serving or name of County or Municipal Agency Consultant is providing professional services to Miami-Dade HIV/AIDS Partnership		
Alternate address (if home address is exempt) 111 NW 1st Street, 22nd Floor, Miami, FL 33128	Work telephone (305) 375-3546	Term began on/ended on

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



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

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



\_\_\_\_\_  
Signature of Person Disclosing



\_\_\_\_\_  
Date signed

<b>RECEIVED BY ELECTIONS DEPARTMENT:</b> <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic Copy
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HIV/AIDS PARTNERSHIP**

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| XII.  | Adjournment   | Cristhian Ysea        |

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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)**

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