



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, June 28, 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  | James Dougherty     |
| 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 February 23, 2024                  | All                 |
| VII.  | Reports  |                     |
|       | • Ryan White Program   | Carla Valle-Schwenk |
|       | • ADAP Program   | Dr. Javier Romero   |
|       | • Vacancy Report   | Marlen Meizoso      |
| VIII. | Standing Business  |                     |
| IX.   | New Business   |                     |
|       | • Ophthalmology and Medical Conditions List                  | All                 |
|       | • Joint HRSA-CDC Letter on Congenital Syphilis               | All                 |
|       | • Review of Calendar of Activities                           | All                 |
| X.    | Announcements and Open Discussion                            | All                 |
|       | • Get on Board: Language of the Partnership on July 10, 2024 |                     |
| XI.   | Next Meeting: <b>July 26, 2024</b> at <b>BSR</b>             | Cristhian Ysea      |
| XII.  | Adjournment  | James Dougherty     |

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# Meeting Housekeeping Medical Care Subcommittee

Updated May 31, 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.

# 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.

# 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 . . .**

# Meeting Participation

---

## Everyone has a role to play!

- ❑ All attendees may address the board as time allows and at the discretion of the Chair.
- ❑ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
  - Raise your hand to be recognized by the Chair or added to the queue during discussions.
  - Avoid repeating points previously addressed.





# Meeting Terminology

Meetings can be fast-paced and confusing!

- ❑ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ❑ Please raise your hand at any time if you need more information!



## Meeting Guide

Meetings can be fast-paced and confusing!  
These terms and acronyms can help you follow along.



Please raise your hand at any time if you need more information!

ADAP	AIDS Drug Assistance Program
BSR	Behavioral Science Research Corp. (aka, Staff)
EHE	Ending the HIV Epidemic: A Plan for America
EMA	Eligible Metropolitan Area (locally, Miami-Dade County)
FDOH FDOH-MDC	Florida Department of Health in Miami-Dade County
FPL	Federal Poverty Level
HOPWA	Housing Opportunities for People with AIDS Program
HRSA	The Health Resources and Services Administration
IP	The Integrated HIV Prevention and Care Plan
MAI	Minority AIDS Initiative
NHAS	National HIV/AIDS Strategy
PE Miami Provide	Provide Enterprise® by Groupware Technologies (RWP client database system)
RWP RWHAP	Ryan White Program or Ryan White HIV/AIDS Program (Usually referring to Part A/MAI)
The Partnership Planning Council PC	The Miami-Dade HIV/AIDS Partnership - The official Ryan White Program Advisory Board
The Recipient The County OMB	The Miami-Dade County Office of Management and Budget.
TTRA	Test and Treat/Rapid Access

Scan the QR Code for additional acronyms and terminology -  
Get on Board Training: Understanding the Language of the Partnership



# Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at [www.aidsnet.org/the-partnership/](http://www.aidsnet.org/the-partnership/), or by scanning the QR code on your agenda.

**Welcome to AIDSNET.org!**

**WELCOME TO THE ONLINE HOME OF THE MIAMI-DADE HIV/AIDS PARTNERSHIP (MIAMI-DADE COUNTY RYAN WHITE PROGRAM PLANNING COUNCIL), THE CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM, RESOURCES FOR PEOPLE WITH HIV AND SERVICE PROVIDERS, AND THE BULLETIN BOARD FOR HIV NEWS AND INFORMATION IN MIAMI-DADE COUNTY - COMMUNITY NEWSLETTER.**

**SERVING 9,071**  
people with HIV

**The Miami-Dade HIV/AIDS Partnership**

**Resources for People with HIV**

**Clinical Quality Management Program**

**Ryan White Program Service Provider Resource Hub**

**Community Newsletter - HIV News and Resources**

**Calendars**



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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**

**February 23, 2024 Minutes**

#	Members	Present	Absent	Guests
1	Baez, Ivet		X	Carla Valle-Schwenk
2	Dougherty, James		X	
3	Friedman, Lawrence	X		
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*

Cristhian Ysea, Subcommittee Vice Chair, called the meeting to order at 9:37 a.m. He introduced himself, provided an overview of the work for today’s meeting, and welcomed everyone.

**II. Introductions** *All*

Mr. Ysea requested members, guests, and staff introduce themselves.

**III. Meeting Housekeeping** *Marlen Meizoso*

Marlen Meizoso reviewed the meeting housekeeping presentation indicating people first language, meeting protocols, and the location of Subcommittee items online

**IV. Floor Open to the Public** *Cristhian Ysea*

Mr. Ysea 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: Dr. Robert Goubeaux**

**Seconded: Dr. Lawrence Friedman**

**Motion: Passed**

**VI. Review/Approve Minutes of January 26, 2024**

*All*

Members reviewed the minutes of January 26, 2024, and made a motion to approve the minutes as presented.

**Motion to accept the minutes of January 26, 2024, as presented.**

**Moved: Dr. Robert Goubeaux**

**Seconded: Dr. Javier Romero**

**Motion: Passed**

**VII. Reports**

▪ **Ryan White Program**

*Carla Valle-Schwenk*

Carla Valle-Schwenk reported that a total of 8,745 unduplicated Ryan White Program clients have been served as of December, 2024. By the end of the program year, an estimated 9,000 clients will be served. Invoices are being reviewed and reimbursements processed. Minority AIDS Initiative (MAI) funding is low because of Health Resources and Service Administration (HRSA) restrictions on usage. New strategies for MAI funds will be implemented for the next fiscal year. Ms. Valle-Schwenk thanked Care Resource and the Public Health Trust for participating in the HRSA site visit. Findings from the visit included delays in contract execution. Contracts should be sent for signature by March, 2024. HRSA also conducted an in depth review of the Clinical Quality Management program and its structure, and advised less burden to providers to attend meetings. The statewide data to care project is pending which will allow for lost to care clients to be identified.

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

*Dr. Javier Romero*

Dr. Javier Romero reviewed the January 2024, ADAP report, current as of February 8, 2024, including enrollments, expenditures, prescriptions, premium payments, and program updates. More clients are entering the program with insurance. At program year's end, a projected \$67 million will be expended. Some of the Magellan providers are not providing a 90-day supply of medication. A new long-term injectable medication, Sunlenca, is now available which will likely have a prescribing process similar to Cabanuva.

▪ **Vacancy Report**

*Marlen Meizoso*

Ms. 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.





**X. Announcements and Open Discussion**

*All*

Mrs. Meizoso announced that annual Source of Income forms are due. She reviewed what fields on the form need to be completed. Some members who missed the last meeting also have to complete the annual disclosure form.

**XI. Next Meeting**

*TBA*

The next Subcommittee meeting is scheduled for Friday, March 22, 2024, at 9:30 a.m. at BSR. Members were encouraged to RSVP for the meeting to ensure quorum.

**XII. Adjournment**

*TBA*

Mr. Ysea thanked everyone for participating in today's meeting and adjourned the meeting.

The meeting adjourned at 10:42 a.m.

DRAFT



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MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 2024

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	
	Monthly	Year-to-date	Monthly	Year-to-date
	4	48	4	20
	174	5,493	136	1,699
	7,719	105,513	3,542	8,573
	57	671	32	120
	601	10,163	438	2,730
	1,857	30,706	1,109	4,547
	0	23	0	10
	146	21,605	122	1,339
	101	6,418	97	1,018
	31	797	10	89
	39	770	33	240
	243	5,433	10	74
<b>TOTALS:</b>	10,972	187,640		

Total unduplicated clients (month):

4,192

Total unduplicated clients (YTD):

9,060

See page 4 for  
Service Unit  
Definitions

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**February 2024**

**FUNDING SOURCE(S) INCLUDED:**

**Ryan White Part A**

**SERVICE CATEGORIES**

**Core Medical Services**

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

**Support Services**

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	4	48	4	20
	174	5,493	136	1,699
	6,733	94,218	3,182	8,311
	51	614	28	101
	601	10,163	438	2,730
	1,698	27,562	1,055	4,381
	0	22	0	9
	146	21,605	122	1,339
	101	6,288	97	1,008
	31	797	10	89
	32	722	26	199
	243	5,433	10	74
<b>TOTALS:</b>	9,814	172,965		

Total unduplicated clients (month):

3,902

**Total unduplicated clients (YTD):**

8,960

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**February 2024**

**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>
	986	11,295	481	1,076
	6	57	4	19
	159	3,144	112	802
	0	1	0	1
	0	130	0	38
	7	48	7	41
<b>TOTALS:</b>	1,158	14,675		
<b>Total unduplicated clients (month):</b>	<u>584</u>			
<b>Total unduplicated clients (YTD):</b>	<u>1,591</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 #: R-1162-21, R-246-20, R-247-20 & R-817-19

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>\$27,558,848</u>
Grant Award Amount MAI	2,621,581.00	MAI	
Carryover Award FY22 Formula	723,098.00	CARRYOVER	
Carryover Award FY22 MAI	980,218.00	MAI_CARRYOVER	
<b>Total Award</b>	<b>\$ 29,262,164.00</b>		

**Note:**  
The recipient has reached its Formula minimum expenditures threshold of 95%.

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Allocations	Carryover (C/O) Allocations	
<b>DIRECT SERVICES:</b>			
<b>Core Medical Services</b>			
3	AIDS Pharmaceutical Assistance	3,455.00	
8	Health Insurance Services	358,700.00	
2	Medical Case Management	6,557,477.00	490,109.00
9	Mental Health Therapy/Counseling	80,730.00	
6	Oral Health Care	3,701,975.00	
5	Outpatient/Ambulatory Health Svcs	8,972,447.00	490,109.00
12	Substance Abuse - Outpatient	14,686.00	
CORE Services Totals:		19,689,470.00	980,218.00
<b>Support Services</b>			
4	Emergency Financial Assistance	0.00	
7	Food Bank	1,979,244.00	723,098.00
13	Medical Transportation	203,947.00	
15	Other Professional Services	97,449.00	
14	Outreach Services	189,097.00	
10	Substance Abuse - Residential	1,568,552.00	
SUPPORT Services Totals:		4,038,289.00	723,098.00
FY 2023 Award (not including C/O)		23,727,759.00	

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
<b>Core Medical Services</b>			
5606970000	AIDS Pharmaceutical Assistance	1,109.57	
5606920000	Health Insurance Services	324,143.01	
5606870000	Medical Case Management	6,135,811.55	374,265.45
5606860000	Mental Health Therapy/Counseling	59,426.25	
5606900000	Oral Health Care	3,631,549.00	
5606610000	Outpatient/Ambulatory Health Svcs	8,349,759.74	439,048.67
5606910000	Substance Abuse - Outpatient	1,440.00	
CORE Services Totals:		19,316,553.24	813,314.12
<b>Support Services</b>			
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	1,979,131.90	723,098.00
5606460000	Medical Transportation	198,897.18	
5606890000	Other Professional Services	71,730.00	
5606950000	Outreach Services	153,681.05	
5606930000	Substance Abuse - Residential	1,358,250.00	
SUPPORT Services Totals:		3,761,690.13	723,098.00
FY 2023 Award (not including C/O)		23,078,243.37	

<b>DIRECT SERVICES TOTAL:</b>	<b>\$ 25,431,075.00</b>		
Total Core Allocation	19,689,470.00		
Target at least 80% core service allocation	18,982,207.20		
<b>Current Difference (Short) / Over</b>	<b>\$ 707,262.80</b>		
<b>Recipient Admin. (GC, GTL, BSR Staff)</b>	<b>\$ 2,555,884.00</b>		
<b>Quality Management</b>	<b>\$ 700,000.00</b>	3,255,884.00	
<b>(+) Unobligated Funds / (-) Over Obligated:</b>			
Unobligated Funds (Formula & Supp)	\$ -		
Unobligated Funds (Carry Over)	\$ -		
Unobligated Funds (MAI)	\$ 575,205.00		
Unobligated Funds (Carry Over)	\$ -	\$ 575,205.00	29,262,164.00

<b>TOTAL EXPENDITURES DIRECT SVCS &amp; % :</b>	<b>\$ 23,801,341.37</b>	<b>93.59%</b>
<b>Funds Eligible for Carryover</b>	<b>\$795,210.00</b>	<b>\$1,474,770.00</b>
<b>Formula Expenditure %</b>	<b>95.17%</b>	
<b>Recipient Administration</b>	<b>2,234,898.59</b>	
<b>Quality Management</b>	<b>700,000.00</b>	2,934,898.59
<b>Grant Unexpended Balance</b>	<b>FY 2023 Award 2,359,020.16</b>	<b>Carryover 166,903.88</b>
<b>Total Grant Expenditures &amp; %</b>	<b>\$ 26,736,239.96</b>	<b>91.37%</b>

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
Cannot be under 75% **82.98%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
Cannot be over 5% **2.54%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
Cannot be over 10% **9.27%** **Within Limit**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
Cannot be under 75% **83.10%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
Cannot be over 5% **2.54%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
Cannot be over 10% **8.11%** **Within Limit**



**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

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 Formula minimum expenditures threshold of 95%.

**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	1,109.57	
5606920000	Health Insurance Services	324,143.01	
5606870000	Medical Case Management	5,864,806.80	
5606860000	Mental Health Therapy/Counseling	56,046.25	
5606900000	Oral Health Care	3,631,549.00	
5606610000	Outpatient/Ambulatory Health Svcs	7,848,156.83	
5606910000	Substance Abuse - Outpatient	1,410.00	
<b>CORE Services Totals:</b>		<b>17,727,221.46</b>	

**Support Services**

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	1,979,131.90	723,098.00
5606460000	Medical Transportation	191,280.78	
5606890000	Other Professional Services	71,730.00	
5606950000	Outreach Services	117,183.05	
5606930000	Substance Abuse - Residential	1,358,250.00	
<b>SUPPORT Services Totals:</b>		<b>3,717,575.73</b>	<b>723,098.00</b>
FY 2023 Award (not including C/O)		21,444,797.19	

**TOTAL EXPENDITURES DIRECT SVCS & % :** \$ **22,167,895.19**      **97.37%**

**Formula Expenditure %**      **95.17%**

5606710000	<b>Recipient Administration</b>	<b>2,008,219.94</b>	
5606880000	<b>Quality Management</b>	<b>600,000.00</b>	2,608,219.94

**Grant Unexpended Balance**      **FY 2023 Award**      **Carryover**  
 884,249.87      884,249.87      -      884,249.87

**Total Grant Expenditures & %**      \$ **24,776,115.13**      **96.55%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75%      **82.66%**      **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%      **8.05%**      **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**

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	1,068,327.00
4	Mental Health Therapy/Counseling	18,960.00		
	Oral Health Care			
5	Outpatient/Ambulatory Health Svcs	1,031,538.00	490,109.00	1,521,647.00
8	Substance Abuse - Outpatient	8,058.00		
CORE Services Totals:		1,636,774.00	980,218.00	
<b>Support Services</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			
SUPPORT Services Totals:		47,444.00		
FY 2023 Award (not including C/O)		1,684,218.00		

**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**

**Recipient Admin. (OMB-GC) \$ 262,158.00**

**Quality Management \$ 100,000.00** 362,158.00 \$ 3,026,594.00

**(+) Unobligated Funds / (-) Over Obligated:**  
 Unobligated Funds (MAI) \$ 575,205.00  
 Unobligated Funds (Carry Over) \$ - 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:		Expenditures	Carryover (C/O) Expenditures	
<b>Core Medical Services</b>				
	AIDS Pharmaceutical Assistance			
	Health Insurance Services			
	Medical Case Management	271,004.75	374,265.45	645,270.20
	Mental Health Therapy/Counseling	3,380.00		
	Oral Health Care			
	Outpatient/Ambulatory Health Svcs	501,602.91	439,048.67	940,651.58
	Substance Abuse - Outpatient	30.00		
CORE Services Totals:		776,017.66	813,314.12	
<b>Support Services</b>				
	Emergency Financial Assistance	0.00		
	Food Bank			
	Medical Transportation	7,616.40		
	Other Professional Services			
	Outreach Services	36,498.00		
	Substance Abuse - Residential			
SUPPORT Services Totals:		44,114.40		
FY 2023 Award (not including C/O)		820,132.06		

**TOTAL EXPENDITURES DIRECT SVCS & %:** \$ 1,633,446.18 **61.31%**

5606710000 **Recipient Administration** 226,678.65

5606880000 **Quality Management** 100,000.00 326,678.65

**Grant Unexpended Balance** **FY 2023 Award** **Carryover**  
 1,474,770.29 166,903.88 1,641,674.17

**Total Grant Expenditures & % (Including C/O):** \$ 1,960,124.83 **54.42%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% **94.62%** **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% **8.65%** **Within Limit**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY  
FOR THE PERIOD OF:

April 2024

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	
	Monthly	Year-to-date	Monthly	Year-to-date
	3	7	2	4
	14	238	12	210
	8,367	16,711	4,275	5,749
	37	102	20	42
	922	1,713	673	1,072
	1,590	3,572	1,045	1,837
	1	1	1	1
	1,040	1,932	387	456
	279	1,019	207	407
	41	85	20	29
	30	70	23	50
	262	894	12	31
<b>TOTALS:</b>	12,586	26,344		

Total unduplicated clients (month):

5,034

Total unduplicated clients (YTD):

6,561

See page 4 for  
Service Unit  
Definitions

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**April 2024**

**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**

3

7

2

4

14

238

12

210

7,287

14,663

3,861

5,301

33

96

16

38

922

1,713

673

1,072

1,440

3,175

950

1,662

1

1

1

1

1,040

1,932

387

456

258

985

186

388

41

85

20

29

28

63

21

43

262

894

12

31

**TOTALS:**

11,329

23,852

**Total unduplicated clients (month):**

**4,689**

**Total unduplicated clients (YTD):**

**6,218**

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**April 2024**

**FUNDING SOURCE(S) INCLUDED:**

**Ryan White MAI**

**SERVICE CATEGORIES**

**Core Medical Services**

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

**Support Services**

- Medical Transportation
- Outreach Services

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	1,080	2,048	517	659
	4	6	4	4
	150	397	112	238
	21	34	21	22
	2	7	2	7
<b>TOTALS:</b>	1,257	2,492		
<b>Total unduplicated clients (month):</b>	<u>604</u>			
<b>Total unduplicated clients (YTD):</b>	<u>815</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 YR34**  
**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 2024 Part A service months up to April 2024, as of 6/11/2024. This report reflects reimbursement requests that were due by 5/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$2,357,133.59. Several contracts are pending execution.

Project #: BURW3403	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,389,150.00	FORMULA	
Grant Award Amount FY22 Formula	2,353.00	PY_FORMULA	
Grant Award Amount Supplemental	6,799,165.00	SUPPLEMENTAL	FY 2024 Award
Grant Award Amount FY22 Supplemental	1,620,086.00	PY_SUPPLEMENTAL	<u>\$24,810,754</u>
Carryover Award FY'23 Formula	0.00	CARRYOVER	
<b>Total Award</b>	<b>\$ 24,810,754.00</b>		

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Allocations	Carryover (C/O) Allocations	
<b>DIRECT SERVICES:</b>			
<b>Core Medical Services</b>			
8	AIDS Pharmaceutical Assistance	88,255.00	
6	Health Insurance Services	595,700.00	
1	Medical Case Management	5,869,052.00	
3	Mental Health Therapy/Counseling	132,385.00	
4	Oral Health Care	3,088,975.00	
2	Outpatient/Ambulatory Health Svcs	8,847,707.00	
9	Substance Abuse - Outpatient	44,128.00	
CORE Services Totals:		18,666,202.00	
<b>Support Services</b>			
12	Emergency Financial Assistance	88,253.00	
5	Food Bank	529,539.00	0.00
13	Medical Transportation	154,449.00	
15	Other Professional Services	154,449.00	
14	Outreach Services	264,696.00	
7	Substance Abuse - Residential	2,169,744.00	
SUPPORT Services Totals:		3,361,130.00	0.00
FY 2024 Award (not including C/O)		22,027,332.00	

**DIRECT SERVICES TOTAL:** \$ 22,027,332.00

Total Core Allocation	18,666,202.00	
Target at least 80% core service allocation	17,621,865.60	
<b>Current Difference (Short) / Over</b>	<b>\$ 1,044,336.40</b>	
<b>Recipient Admin. (GC, GTL, BSR Staff)</b>	<b>\$ 2,481,075.00</b>	
<b>Quality Management</b>	<b>\$ 600,000.00</b>	3,081,075.00
<b>(+) Unobligated Funds / (-) Over Obligated:</b>		
Unobligated Funds (Formula & Supp)	\$ (297,653.00)	
Unobligated Funds (Carry Over)	\$ -	\$ (297,653.00) 24,810,754.00

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75% **84.74%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **2.42%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **10.00%** **Within Limit**

**CURRENT CONTRACT EXPENDITURES**

	Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
<b>DIRECT SERVICES:</b>				
	5606970000	AIDS Pharmaceutical Assistance	0.00	
	5606920000	Health Insurance Services	0.00	
	5606870000	Medical Case Management	162,613.80	
	5606860000	Mental Health Therapy/Counseling	0.00	
	5606900000	Oral Health Care	194,582.00	
	5606610000	Outpatient/Ambulatory Health Svcs	127,311.64	
	5606910000	Substance Abuse - Outpatient	60.00	
CORE Services Totals:			484,567.44	
<b>Support Services</b>				
	5606940000	Emergency Financial Assistance	0.00	
529,539	5606980000	Food Bank	243,045.60	0.00 243,045.60
	5606460000	Medical Transportation	2,812.50	
	5606890000	Other Professional Services	0.00	
	5606950000	Outreach Services	3,253.16	
	5606930000	Substance Abuse - Residential	137,250.00	
SUPPORT Services Totals:			386,361.26	0.00
FY 2024 Award (not including C/O)			870,928.70	

**TOTAL EXPENDITURES DIRECT SVCS & % :** \$ 870,928.70 **3.95%**

<b>Formula Expenditure %</b>	<b>8.19%</b>
5606710000 <b>Recipient Administration</b>	<b>470,739.76</b>
5606880000 <b>Quality Management</b>	<b>0.00 470,739.76</b>
<b>Grant Unexpended Balance</b>	<b>FY 2024 Award 23,469,085.54 Carryover - 23,469,085.54</b>

**Total Grant Expenditures & %** \$ 1,341,668.46 **5.41%**

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% **55.64%** **Danger!!!!**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **0.00%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **1.90%** **Within Limit**

**RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)**  
**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34**  
**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 2024 MAI service months up to April 2024, as of 6/11/2024. This report reflects reimbursement requests that were due by 5/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$231,609.23. Several contracts are pending execution.

PROJECT #: BURW3403	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,600,572.00	MAI
Carryover Award FY'24 MAI	0.00	MAI_CARRYOVER
<b>Total Award</b>	<b>\$ 2,600,572.00</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	903,920.00	0.00
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,362,753.00	0.00
6	Substance Abuse - Outpatient	8,058.00	
	<b>CORE Services Totals:</b>	<b>2,293,691.00</b>	<b>0.00</b>
	<b>Support Services</b>		
5	Emergency Financial Assistance	12,087.00	
	Food Bank		
13	Medical Transportation	7,628.00	
	Other Professional Services		
7	Outreach Services	39,816.00	
	Substance Abuse - Residential		
	<b>SUPPORT Services Totals:</b>	<b>59,531.00</b>	
	<b>FY 2024 Award (not including C/O)</b>	<b>2,353,222.00</b>	
	<b>DIRECT SERVICES TOTAL:</b>	<b>\$ 2,353,222.00</b>	

Total Core Allocation	2,293,691.00
Target at least 80% core service allocation	1,882,577.60
<b>Current Difference (Short) / Over</b>	<b>\$ 411,113.40</b>
<b>Recipient Admin. (OMB-GC)</b>	<b>\$ 260,057.00</b>
<b>Quality Management</b>	<b>\$ 100,000.00</b>
<b>(+) Unobligated Funds / (-) Over Obligated:</b>	
Unobligated Funds (MAI)	\$ (112,707.00)
Unobligated Funds (Carry Over)	\$ -

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>	
Cannot be under 75%	97.47% Within Limit
<b>Quality Management % of Total Award (Not including C/O):</b>	
Cannot be over 5%	3.85% Within Limit
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	
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	37,712.45	0.00
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	31,246.14	0.00
5606910000	Substance Abuse - Outpatient	0.00	
	<b>CORE Services Totals:</b>	<b>68,958.59</b>	<b>0.00</b>
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	1,743.75	
5606890000	Other Professional Services		
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential		
	<b>SUPPORT Services Totals:</b>	<b>1,743.75</b>	
	<b>FY 2024 Award (not including C/O)</b>	<b>70,702.34</b>	

**TOTAL EXPENDITURES DIRECT SVCS & %:** \$ 70,702.34 3.00%

5606710000	Recipient Administration	1,234.16	
5606880000	Quality Management	0.00	1,234.16
	<b>Grant Unexpended Balance</b>	<b>FY 2024 Award</b>	<b>Carryover</b>
		2,528,635.50	-

**Total Grant Expenditures & % (Including C/O):** \$ 71,936.50 2.77%

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	
Cannot be under 75%	97.53% Within Limit
<b>Quality Management % of Total Award (Not including C/O):</b>	
Cannot be over 5%	0.00% Within Limit
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	
Cannot be over 10%	0.05% Within Limit





# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee

Friday, June 28, 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  | James Dougherty     |
| II.   | Introductions  | All                 |
| III.  | Meeting Housekeeping   | Marlen Meizoso      |
| IV.   | Floor Open to the Public                                     | Cristhian Ysea      |
| V.    | Review/Approve Agenda  | All                 |
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| VII.  | Reports  |                     |
|       | • Ryan White Program   | Carla Valle-Schwenk |
|       | • ADAP Program   | Dr. Javier Romero   |
|       | • Vacancy Report   | Marlen Meizoso      |
| VIII. | Standing Business  |                     |
| IX.   | New Business   |                     |
|       | • Ophthalmology and Medical Conditions List                  | All                 |
|       | • Joint HRSA-CDC Letter on Congenital Syphilis               | All                 |
|       | • Review of Calendar of Activities                           | All                 |
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|       | • Get on Board: Language of the Partnership on July 10, 2024 |                     |
| XI.   | Next Meeting: <b>July 26, 2024</b> at <b>BSR</b>             | Cristhian Ysea      |
| XII.  | Adjournment  | James Dougherty     |

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**Mission:**

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



**Vision:** To be the **Healthiest State** in the Nation

**Ron DeSantis**

Governor

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

State Surgeon General

March 1, 2024

ADAP Miami-Dade / Summary Report – MARCH 2024

Month	1 <sup>st</sup> Enrollments	Re-Enrollments	Clients*	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	78	756	7,295	\$1,432,079.56	2,713	821	3.3	\$4,856,779.38	2,924	\$1,661.01
Mar-24	109	1078	7,355	\$1,348,163.08	2,465	741	3.3	\$4,794,519.57	2,886	\$1,661.01
FY23/24	1,084	4,648	7,355	\$20,127,184.64	34,392	11,038	3.1	\$47,178,501.03	26,218	\$1,473.04*

SOURCE: Provide & Pharmacy systems. DATE: 04/05/24 - \*Subject to Review & Editing. – NOTE: 298 WP uninsured clients: expenditures not included.

**PROGRAM UPDATE**

- \* 04/01/24: Cabenuva ® MAR-24 > Direct Dispense 94 **57%** Premium Plus 70 **43%**
- \* 04/01/24: Clients MAR-24 > Direct Dispense: 55 % Premium Plus: 45 % FY23/24\* > Direct Dispense: 57 % Premium Plus: 43 %
- \* 04/01/24: Expenditures MAR-24 > Direct Dispense: 22 % Premium Plus: 78 % FY23/24\* > Direct Dispense: 30 % Premium Plus: 70 %
- \* 04/01/24: Medicare Part-D Eligible clients must apply (7-month window around 65<sup>th</sup> birthday). Copayment assistance.

<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

PHARMACY SELECTION IS THE CLIENT'S CHOICE ONLY. REFER CLIENTS TO THE ADAP MIAMI PROGRAM OFFICE TO DOCUMENT THE PHARMACY SELECTION PROCESS, PREVENTING AND AVOIDING DUAL ENROLLMENTS, DISPENSING, PICKUPS, AND LIABILITY.

<b>ADDITIONAL</b> Pharmacies - Magellan RX PBM Miami-Dade – As of 1/1/24	
AIDS Healthcare Foundation	<b>NEW</b> Walgreens
Borinquen Healthcare Center	CVS Specialty Mail Order
Miami Beach Community Health Center	Navarro Specialty Pharmacy
Community Health of South Florida - CHI	Pharmco RX 1003 LLC
Fresco Y Más	

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, June 28, 2024  
9:30 a.m. – 11:30 a.m.  
Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 240  
Miami, FL 33134

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## Membership Report

June 17, 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.*

### Opportunities for Ryan White Program Clients

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

3 applicants pending appointment

1 applicant pending final paperwork

### Opportunities for General Membership

**11** 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:

Local Health Department Representative (applicant pending approval)

Prevention Provider Representative (applicant pending approval)

Other Federal HIV Program Grantee (Part F) (term ends June 30, 2024)

Housing, Homeless or Social Service Provider (term ends June 30, 2024)

Representative with HIV and Hepatitis B or C

Other Federal HIV Program Grantee Representative (SAMHSA)

Substance Abuse Provider Representative

Mental Health Provider Agency Representative

Hospital or Healthcare Planning Representative

Federally Recognized Indian Tribe Representative

Miami-Dade County Public Schools Representative



### Are you a Member?

***Thank you for your service to people with HIV!***

Be sure to bring a Ryan White client to your next meeting!

### Do You Qualify for Membership?

*If you answer "Yes" to these questions, you could qualify for membership!*

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

*Note: Some seats for people with HIV are exempt from this requirement.*

Can you volunteer three to five hours per month for Partnership activities?



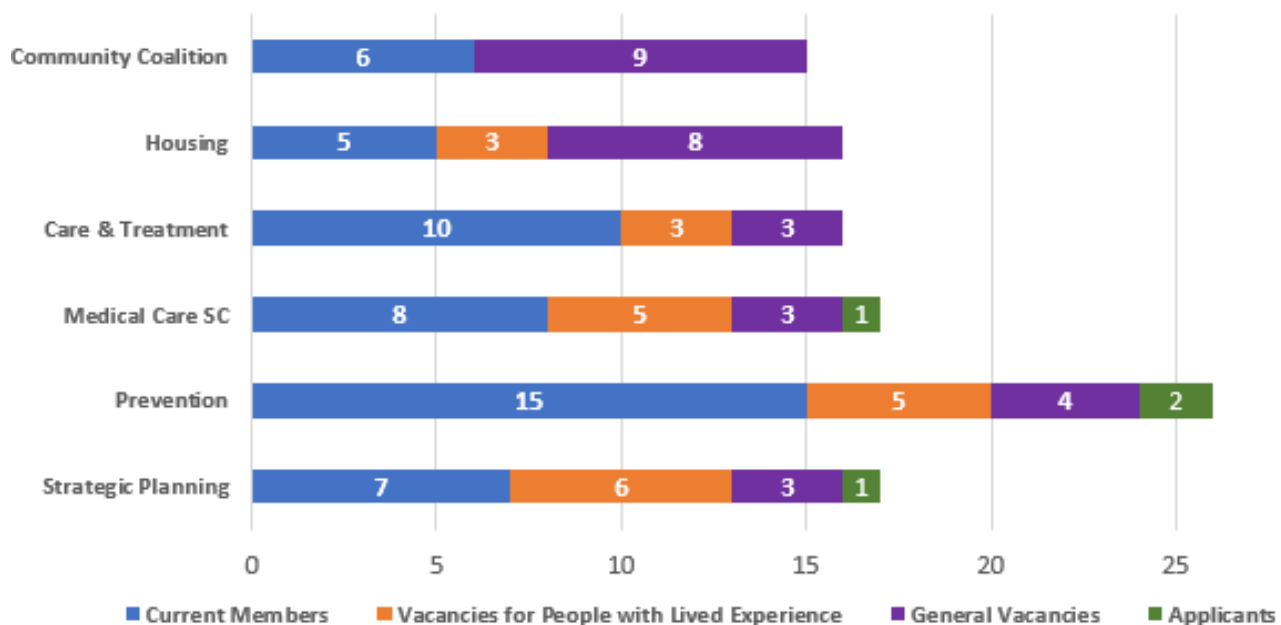
## Committees

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!  
*People with HIV are encouraged to join!*

- ⌘ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⌘ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⌘ Recruit and train new Partnership members with the **Community Coalition**
- ⌘ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⌘ Share a meal and testimonials at Roundtables with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit [www.aidsnet.org/the-partnership/](http://www.aidsnet.org/the-partnership/) for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com) or 305-445-1076 for assistance.

**Standing Committee and Subcommittee Membership**





 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, June 28, 2024**  
9:30 a.m. – 11:30 a.m.  
Behavioral Science Research  
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# MIAMI-DADE HIV/AIDS PARTNERSHIP

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## OPHTHAMOLOGY AND CONDITIONS LIST

Last year the Subcommittee made some changes to the Allowable Conditions list. The current version has created some confusion since the language in the introductory blue box appears to contradict the language under the ophthalmology/optometry (pg. 5) section.

For discussion:

- What is allowable for “ophthalmologic screening”?
  - What are the treatment guidelines for this type of screening?
    - All clients? Annually? Or, subject to certain conditions?
- What adjustments are needed to criteria for “treatment”?

### Comments from Sources

#### **Health Resources and Service Administration (HRSA)**

PCN#16-02 “Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology” pg. 16.

Universal Monitoring Standards “Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects.” pg. 20

### *Pro-screenings*

#### **Infectious Disease Society of America**

All adult patients with advanced HIV disease (CD4 cell count <50 cells/ $\mu$ L) as well as infants and young children with profound immunodeficiency should be referred to an ophthalmologist for a dilated fundusoscopic examination. (e3577)

Table 3-Initial Assessment mentions eyes: vision change or loss under review of systems and eyes: retinal exudates or cotton wool spots, hemorrhages, pallor, icterus under physical examination.

#### **American Optometric Association (not HIV specific)**

Older individuals ( $\geq 60$  years of age) with central and/or peripheral vision loss should be counseled by their eye doctor about the potential for an increased risk of falls.<sup>205-208</sup> (Evidence Grade: B, Recommendation)

For persons 65 years of age or older, annual comprehensive eye and vision examinations are recommended to optimize visual function, evaluate eye changes and provide for the early detection of sight-threatening eye and systemic health conditions. Risk factors present may result in recommendations for more frequent evaluations.<sup>18,30,223</sup> (Evidence Grade: C, Recommendation)



## OPHTHAMOLOGY AND CONDITIONS LIST

Many eye diseases can be asymptomatic in their earliest and most treatable stages. Detection of any eye disease in this early phase can be very beneficial to the patient for treatment options and treatment success. Some individuals believe that if they had an eye problem, they would have symptoms. If this misconception results in fewer eye examinations, it potentially may contribute to increased risk of vision loss due to later stage detection.<sup>212</sup> (Evidence Grade: D). Therefore, annual eye health and vision examinations can aid in the early detection and treatment of potentially vision-threatening conditions, such as diabetes. The American Public Health Association supports annual in-person comprehensive eye examinations for all individuals, regardless of diabetes status.<sup>213</sup>

### American Academy of Ophthalmology (not HIV specific)

The recommended frequency for adult comprehensive medical eye examinations for asymptomatic patients, and for patients who do not have risk factors for eye disease, is as follows: under 40 years—every 5 to 10 years; 40 to 54 years—every 2 to 4 years; 55 to 64 years—every 1 to 3 years; and 65 years or older—every 1 to 2 years.

An increased frequency of comprehensive medical eye examinations is recommended for adults who have risk factors for glaucoma, such as African Americans and Hispanics.

The first recommended adult comprehensive medical eye examination, and subsequent frequency of examination for patients who have diabetes mellitus, depends on the type of diabetes and pregnancy status. The recommendations are as follows: (1) type 1 diabetes mellitus—first examination 5 years after onset and yearly thereafter; (2) type 2 diabetes mellitus—first examination at the time of diagnosis and yearly thereafter; and (3) for women with type 1 or type 2 diabetes—first examination prior to conception and then early in the first trimester of pregnancy. Interval recommendations thereafter will be based on findings at first examination. (Note: Women who develop gestational diabetes do not require an eye examination during pregnancy, and they do not appear to be at increased risk for developing diabetic retinopathy during pregnancy.)

Smoking is a risk factor for many ocular diseases.

### Articles

*The value and implementation of routine ophthalmic examination in the era of HAART (China)*-retrospective study on hospitalized HIV-patients in Guangzhou found that routine ophthalmic exams improved odds detecting ocular manifestations.

*Routine Eye Screening by an Ophthalmologist Is Clinically Useful for HIV-1-Infected Patients with CD4 Count Less than 200 / $\mu$ L (Japan)*-retrospective study on HIV-patients in a Tokyo clinic recommended routine ophthalmic screenings by ophthalmologist for patients with CD4 counts of <200/ $\mu$ L in resource-rich settings.

Human Immunodeficiency Virus and Uveitis (**Japan**)-review that indicates early diagnosis of uveitis and treatment can help achieve optimal outcomes and a higher quality of life.

## OPHTHAMOLOGY AND CONDITIONS LIST

*Undecided on screenings***US Preventive Task Force/JAMA**

Asymptomatic adults 65 years or older:

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for impaired visual acuity in older adults.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM  
ALLOWABLE MEDICAL CONDITIONS LIST**

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

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

*This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. This list is not exhaustive and is a sample guideline created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred.*

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

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

---

**BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):**

osteoarthritis

**BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and  
CHIROPRACTIC/PHYSICAL MEDICINE:**

avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)

fibromyalgia

myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)

osteopenia/osteoporosis

rheumatic diseases

---

**CARDIOLOGY:**

atherosclerosis

coronary artery disease

heart disease

hyperlipidemia

peripheral artery disease

phlebitis

---

**CHIROPRACTIC/PHYSICAL MEDICINE:**

HIV-related chronic arthralgia

peripheral neuropathy

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

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM  
ALLOWABLE MEDICAL CONDITIONS LIST**

**ONCOLOGY:**

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

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

---

**OPHTHALMOLOGY/OPTOMETRY:**

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

- Client has a low CD4 count (at or less than 200 cells/mm<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

Referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. Any one of these conditions listed below would apply as examples.

**Manifestations due to opportunistic infections:**

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

**Visual disturbances to rule out complication of HIV due to:**

- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

**History of STI and complications of STI:**

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

*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnostics and treatment for HIV-related eye problems/complications such as the examples listed above and will not pay for the filling of prescriptions for corrective lenses (e.g., [glasses or contact lenses for] astigmatism, myopia, hyperopia, [or presbyopia]).*

*[bracketed phrasing above was added by Miami-Dade County Ryan White Program Recipient for clarity.]*



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Medical Care Subcommittee**  
**Friday, June 28, 2024**  
9:30 a.m. – 11:30 a.m.  
Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 240  
Miami, FL 33134

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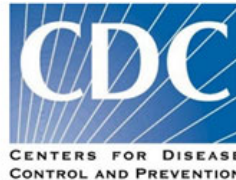
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# BPHC Bulletin: Joint HRSA-CDC Letter on Congenital Syphilis

HRSA sent this bulletin at 04/03/2024 09:43 AM EDT

April 3, 2024



Dear Colleague:

This letter is to share information from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) to address the increases in congenital syphilis cases nationwide and how we can work together to continue to address this concerning trend. The U.S. Department of Health and Human Services has established the National Syphilis and Congenital Syphilis Syndemic Federal Task Force to leverage federal resources to reduce rates, address disparities, and share resources with impacted communities.<sup>1</sup> As part of that collaboration, we are writing this letter to share CDC's latest national data on congenital syphilis, reflecting tremendous increases in recent years, and to offer suggestions for how to work together to address this concerning trend.

Building on a decade of increases, reported congenital syphilis cases increased 31% in just 1 year, from 2021-2022. Congenital syphilis occurs when pregnant people with syphilis pass the infection to their fetus or infant. This disease can result in miscarriage, stillbirths, infant deaths, and lifelong medical issues. In 2022, there were a total of 3,755 cases of congenital syphilis reported for a rate of 102.5 per 100,000 live births. Tragically, these infections resulted in 282 stillbirths and infant deaths in 2022. The burden of syphilis and congenital syphilis is not equally distributed. States in the south and southwest report much higher rates than other parts of the country. Racial and ethnic minorities continue to be disproportionately affected. The highest number of cases occurred among those who are Black or African American, Hispanic and Latino, and White. American Indian or Alaska Native people experienced the highest rate of congenital syphilis — for every 155 births in 2022, there was one congenital syphilis case. Black or African American people experienced about 30% of congenital syphilis cases in 2022. The increase in congenital syphilis follows a steady growth in primary and secondary syphilis — the most infectious stages of the disease — among women of reproductive age combined with social and economic factors that create barriers to high-quality prenatal care, threatening the health of babies.<sup>2</sup>

Untreated, congenital syphilis can have lifelong consequences, but it is preventable with timely testing and treatment. A recent report analyzed missed opportunities for preventing congenital syphilis and offered strategies that could encourage timely syphilis testing and treatment during pregnancy and found that barriers to prevention included medical insurance status and access to healthcare that limited access to testing and treatment.<sup>3</sup> All healthcare providers, including community health centers, have a critical role in reversing this alarming trend and protecting the health of our nation's patients, including the youngest patients. One of the most effective ways to prevent congenital syphilis is timely syphilis screening and treatment during

pregnancy in accordance with CDC treatment guidelines.<sup>4</sup> Timely syphilis testing and treatment during pregnancy might have prevented almost 9 in 10 (or 88%) congenital syphilis cases in 2022. For people who are pregnant and not in prenatal care, any healthcare encounter during pregnancy is an opportunity to screen for and treat syphilis. Additionally, providers should follow CDC’s syphilis screening guidelines for sexually active patients,<sup>4</sup> and consider using county-level syphilis rates to direct screening efforts.<sup>5</sup> Taking a comprehensive sexual history from patients helps identify their unique risk factors and supports appropriate counseling and education, testing, and treatment as needed.<sup>6</sup>

It is important to note that syphilis is curable with antibiotics, but early diagnosis and treatment are essential to preventing complications and transmission. According to the CDC,<sup>7</sup> if syphilis is detected in a pregnant person, they should be treated immediately with benzathine penicillin G, the only recommended therapy for syphilis in pregnancy. Currently, the Food and Drug Administration lists Penicillin G benzathine injectable suspension products (Bicillin L-A®) on their drug shortage webpage, noting limited supply due to increased demand. To mitigate the effects of this drug shortage, the Food and Drug Administration has worked with Laboratoires Delbert on the temporary importation and use of Extencilline (benzathine benzylpenicillin injection, powder, for suspension).<sup>8</sup> Those encountering challenges securing Bicillin L-A® to treat pregnant patients with syphilis can contact [stdshortages@cdc.gov](mailto:stdshortages@cdc.gov).<sup>9</sup>

All cases of syphilis and congenital syphilis should also be reported to local or state health departments, which play a critical role in partner notification and follow-up services. For Indian Health Service facilities, guidance on reporting can be found in Part 3, Chapter 33 of the Indian Health Manual.<sup>10</sup> We encourage you to review the CDC<sup>11</sup> website for additional resources and tools for more information on the screening, diagnosis, treatment, and management of these infections. As a reminder, HRSA-supported health centers<sup>12</sup> provide high-quality, affordable, and accessible primary care. Health centers may use Health Center Program funding to cover the cost of syphilis testing.

Thank you for your collaboration in this work to address the rise in syphilis and congenital syphilis in our communities and improve the health outcomes of our patients and their babies. A list of resources has been added to this letter.

Sincerely,

*/s/ Jonathan Mermin*

*/s/ James Macrae*

Jonathan Mermin, MD, MPH (RADM, USPHS)  
Director, National Center for HIV, Viral Hepatitis,  
STD and TB Prevention, CDC

James Macrae  
Associate Administrator  
Bureau of Primary Health Care, HRSA

## Endnotes

<sup>1</sup> <https://www.hhs.gov/about/news/2023/11/15/readout-adm-rachel-levines-visit-georgia-learn-impacts-congenital-syphilis-syphilis.html>

<sup>2</sup> [Figures \(cdc.gov\)](#)

<sup>3</sup> [Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022 | MMWR \(cdc.gov\)](#)

<sup>4</sup> [Sexually Transmitted Infections \(STI\) Screening Recommendations \(cdc.gov\)](#)

<sup>5</sup> [County-level Syphilis Rates | AtlasPlus | NCHHSTP | CDC](#)

<sup>6</sup> [A Guide to Taking a Sexual History \(cdc.gov\)](#)

<sup>7</sup> [Syphilis During Pregnancy – STI Treatment Guidelines \(cdc.gov\)](#)

<sup>8</sup> [FDA Drug Shortages and Information about Extencilline](#)

<sup>9</sup> [Clinical Reminders during Bicillin L-A® Shortage \(cdc.gov\)](#)

<sup>10</sup> [Part 3 Chapter 33 – Infection Control and Prevention \(ihs.gov\)](#)

<sup>11</sup> [Sexually Transmitted Diseases - Information from CDC](#)

<sup>12</sup> [Home | Bureau of Primary Health Care \(hrsa.gov\)](#)

## Resources

1. Recording Available: Congenital Syphilis – Care Models, Treatment. [No Time to Lues: A Call to Arms Amidst a Congenital Syphilis Epidemic - Zoom \(zoomgov.com\)](#)
2. [CDC STI Treatment Guidelines](#) provides syphilis screening and treatment recommendations
3. CDC [Syphilis Treatment and Care webpage](#) provides current data and treatment recommendations for primary, secondary, tertiary, congenital, ocular, neurosyphilis, and perinatal syphilis infections.
4. [Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022 | MMWR \(cdc.gov\)](#) Overview of the missed prevention opportunities during pregnancy strategies that support timely syphilis testing and treatment.
5. CDC call to action (2017): <https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf> (PDF)
6. [Healthy People 2030 Sexually Transmitted Infections Objectives](#)
7. [STI National Strategic Plan \(STI Plan\) 2021-2025](#)
8. [U.S. Preventive Services Task Force STI Screening Recommendations](#)
9. [Uniform Data System data](#)
10. [Bicillin Shortage CDC response and treatment guidelines](#)
11. Indian Country Extension for Community Healthcare Outcomes (ECHO) models: <https://www.indiancountryecho.org/?s=syphilis>
12. HRSA Dear Colleague Letter: Syphilis and congenital syphilis in Indian Country <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/syphilis-congenital-syphilis-indian-country.pdf> (PDF)
13. Testing guidelines ACOG: [Adhikari, E. H. \(2020\). Syphilis in Pregnancy. Obstetrics & Gynecology, 135\(5\), 1121–1135.](#) Screening early in pregnancy, repeat screening in the third trimester and at delivery among women at high risk, adherence to recommended treatment regimens, and prompt reporting of newly diagnosed syphilis cases to local public health authorities are strategies that obstetrician-gynecologists can employ to fight the current epidemic. In this report, clinical manifestations, and management of syphilis in pregnancy are reviewed, and both traditional and reverse sequence screening algorithms are reviewed in detail in the context of clinical obstetrics.
14. National Network of Sexually Transmitted Disease Clinical Prevention Training Centers: <https://nnptc.org/>
15. HRSA-funded [State Offices of Rural Health](#) collaborate with public and private organizations across the state to improve access to health care services. Activities include information and data dissemination, program design and rural workforce recruitment and retention.
16. Evidence-Based Toolkits for Rural Community Health: <https://www.ruralhealthinfo.org/toolkits>
17. <https://www.poctrn.org/itap-diagnostic-mpox-lesion-panel>



18. <https://www.nibib.nih.gov/covid-19/radx-tech-program/ITAP>
19. [Find a Health Center \(hrsa.gov\)](https://www.hrsa.gov/findahealthcenter)



# MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee  
Friday, June 28, 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      |
| V.    | Review/Approve Agenda  | All                 |
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**Medical Care Subcommittee  
Calendar of Activities 2024**

*All items subject to change*

Month	Activities							Notes
	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions (reviewed as needed)	Ryan White Prescription Drug Formulary (reviewed as needed)	Oral Health Care Items (reviewed quarterly)	Committee Items (added as needed)	
January 26, 2024								
February 23, 2024								
March 22, 2024	N	N	N	N	N	N	N	
April 26, 2024	N	N	N	N	N	N	N	
May 24, 2024	N	N	N	N	N	N	N	
June 28, 2024								Medical Conditions list (Ophthalmology)
July 26, 2024								
August 23, 2024								
September 27, 2024								Service Descriptions
October 25, 2024								Service Descriptions
November 22, 2024								Service Descriptions
December	N	N	N	N	N	N	N	

**Comments:**

N=no meeting



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# GET ON BOARD

Member Enrichment Training

## Station 16: The Language of the Partnership

WEDNESDAY, JULY 10, 2024

12:00 p.m. - 1:00 p.m.  
via Microsoft Teams\*

### Topics

- Terms often used at meetings and what they mean.
- Why understanding terms and acronyms matters.
- How to use the language of the Partnership with confidence and ease.

Register at

[bit.ly/July102024LANGOB](https://bit.ly/July102024LANGOB)



\*Need help with  
Microsoft Teams?  
Contact us at  
[mdcpartnership@  
behavioralscience.com](mailto:mdcpartnership@behavioralscience.com)



## Partnership Report to Committees and Subcommittee June 17, 2024 Meeting

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Supporting documents related to motions in this report are available at [www.aidsnet.org/the-partnership#partnership1](http://www.aidsnet.org/the-partnership#partnership1), or from staff at Behavioral Science Research Corporation (BSR).

For more information, please contact [mcdpartnership@behavioralscience.com](mailto:mcdpartnership@behavioralscience.com).

---

Members heard regular reports and approved the below motions.

### Community Coalition Roundtable

1. Motion to approve the Feedback Form for Community Input and Problem-Solving, as presented.
  2. Motion to recommend to the Mayor of Miami-Dade County the appointment of Nilda Gonzalez for the Federally Qualified Health Center Representative seat; Keddrick Jones for a Representatives of the Affected Community seat; Jesus Medina for the Prevention Provider Representative seat; Virginia Muñoz for the Local Health Department Representative seat; Joseph “Joanna” Robinson for a Representatives of the Affected Community seat; and Jason “Mahogany” White for a Representatives of the Affected Community seat, on the Miami-Dade HIV/AIDS Partnership.
- 

### Housing Committee

3. Motion to approve the Housing Stakeholder Meeting Invitation letter.
- 

### Care and Treatment Committee

4. Motion to approve the Psychosocial Service Definition and the Housing Service Definition; and to adopt the HRSA PCN#16-02 definition of Non-Medical Case Management, as written, as the service definition for Non-Medical Case Management.
  5. Motion to add Medical Transportation to the upcoming RFP bundle of Outpatient Ambulatory Health Services, Medical Case Management, and Mental Health Services.
- 

### New Business – Carryover Funds Requests

6. Motion to approve the allocation of FY 2024-25 (YR34) Minority AIDS Initiative Carryover Funds in the amounts of \$172,385 to Medical Case Management; \$712,385 to Outpatient/ Ambulatory Health Care; and \$50,000 to Medical Transportation.
7. Motion to approve the allocation of FY 2024-25 (YR 34) Part A Formula and Supplemental Carryover Funds in the amount of \$795,210 to Food Bank.



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