MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 22, 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	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of October 25, 2024	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
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	• Methadone Access and Ryan White Program	All
X.	Announcements and Open Discussion	All
	• New Member Orientation January 15, 2025	
XI.	Next Meeting**: January 24, 2025** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

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Meeting Housekeeping Medical Care Subcommittee

Updated November 19, 2024

Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

BEHAVIORAL SCIENCE RESEARCH

Disclaimer & Code of Conduct

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

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.

About the Partnership

- The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition.
- The Medical Care Subcommittee is a subcommittee under the Care and Treatment Committee which is one of six Standing Committees of the Partnership.
- All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.
- See staff after the meeting for additional details.

Language Matters!

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

Remember **People First** Language . . .
People with HIV, ***People*** with substance use disorders, ***People*** who are experiencing homelessness, 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

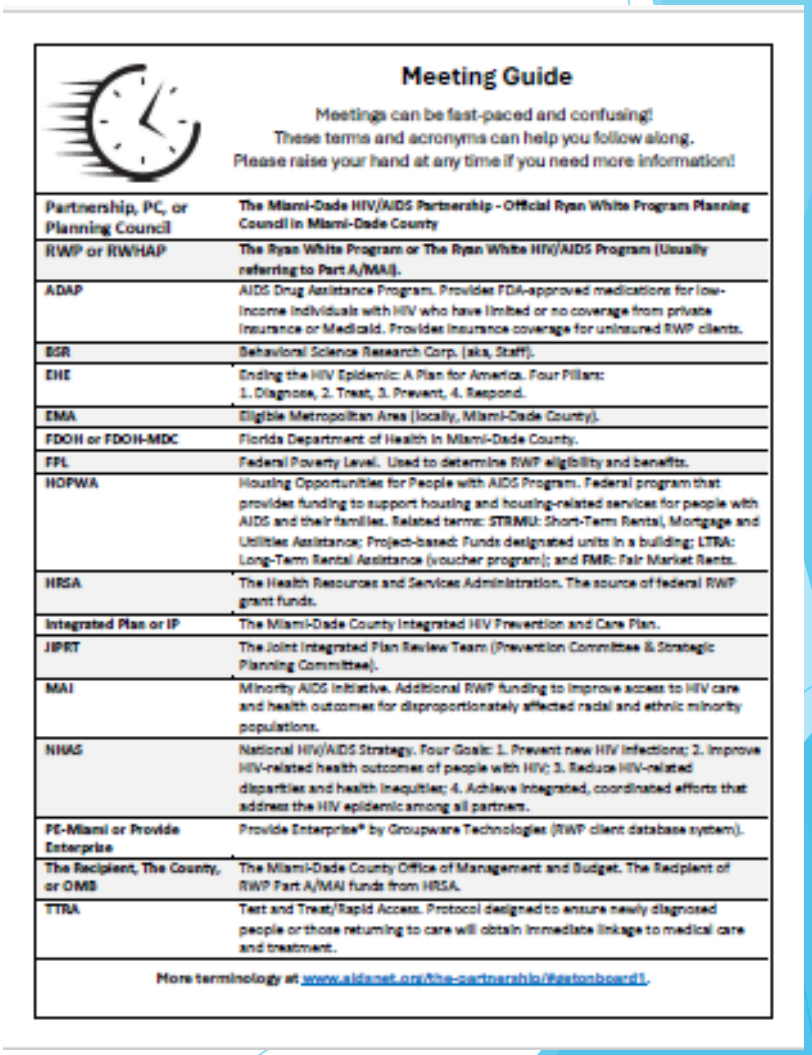
Everyone has a role to play!

- ❑ 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!

Partnership, PC, or Planning Council	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
RWP or RWHAP	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Miami-Dade County).
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County.
FPL	Federal Poverty Level. Used to determine RWP eligibility and benefits.
HOPWA	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: STRMU: Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; LTRA: Long-Term Rental Assistance (voucher program); and FMR: Fair Market Rents.
HRSA	The Health Resources and Services Administration. The source of federal RWP grant funds.
Integrated Plan or IP	The Miami-Dade County Integrated HIV Prevention and Care Plan.
JPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
NHAS	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
PE-Miami or Provide Enterprise	Provide Enterprise® by Groupware Technologies (RWP client database system).
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
TTRA	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.

More terminology at www.aidsnet.org/the-partnership/#protocol1.

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 https://aidsnet.org/the-partnership/#caretreatment2 or by scanning the QR code on your agenda.

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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

October 25, 2024 Minutes

#	Members	Present	Absent	Guests
1	Baez, Ivet		X	Ana M. Nieto
2	Dougherty, James		X	Sanique Olkuch
3	Friedman, Lawrence	X		
4	Goubeaux, Robert		X	
5	Miller, Juliet	X		
6	Romero, Javier	X		**Staff**
7	Serrano-Irizarry, Yendi	X		Frank Gattorno
8	Ysea, Cristhian A.	X		Karen Hilton
Quorum: 4				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 — *Cristhian Ysea*

Cristhian Ysea, Subcommittee Vice Chair, called the meeting to order at 9:36 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 to introduce themselves.

III. Meeting Housekeeping — *Cristhian Ysea*

Mr. Ysea 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 several changes were requested. Since the Chair was not available, all locations where his name is listed should indicate the Vice Chair, Christian Ysea. Staff also requested the addition of the 2025 Officer Elections, and Outcome Measures Related to Medical Care to be added under New Business. The Subcommittee made a motion to adopt it as discussed.

Motion to accept the agenda as discussed.
Moved: Dr. Javier Romero Seconded: Dr. Lawerence Friedman Motion: Passed

VI. Review/Approve Minutes of July 26, 2024 *All*

Members reviewed the minutes of July 26, 2024, and approved them as presented.

Motion to accept the minutes of July 26, 2024, as presented.
Moved: Dr. Lawerence Friedman Seconded: Yendi Serrano-Irizarry Motion: Passed

VII. Reports

- **Ryan White Program** *Ana Nieto*

Ana Nieto reviewed the current Ryan White Program expenditures and clients served. Four contracts are pending execution, and the Jackson contract is out for signature. The Ryan White and Ending the Epidemic grants were submitted on time in October.

- **AIDS Drug Assistance Program (ADAP)** *Dr. Javier Romero*

Dr. Javier Romero reviewed the September 2024 ADAP report as of October 11, 2024, including enrollments, expenditures, prescriptions, premium payments, and program updates. Client numbers are lower since most clients enroll between November-June. Cabenuva utilization is back to November usage rates. November 1 is the start of Affordable Care Act open enrollment, although CMS has yet to release the insurance plans. An updated list of pharmacies will be shared when available. Also on November 1, ADAP mail order delivery will restart with a courier service. Prime Therapeutics recently bought Magellan, but this will not affect any processes at this time. As a reminder, pharmacy choice is a client's decision since there seems to be some confusion on this issue among medical case managers. Updates at the ADAP pharmacy include sending text reminders to clients. Clients should be encouraged to go the ADAP office at least one time a year so staff can review changes to the program since this information is not understood equally among clients.

- **Vacancy Report** *Marlen Meizoso*

Ms. Meizoso referenced the October vacancy report indicating several vacancies on the Subcommittee and on the Partnership. The Mayor has appointed the pending applicants but there are still vacancies open on

the planning council. Sonya Wright has resigned from the Subcommittee so there is a vacancy for a mental health provider again. If anyone knows of any additional 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

- **Referrals Flowchart** *All*

Karen Hilton had volunteered to see if a referral flowchart was feasible as a singular tool for agencies. Her results indicated a referral flowchart among agencies is not feasible since each agency has their own established processes within and between agencies.

- **Service Descriptions: AIDS Pharmaceutical and Mental Health** *All*

Per the edits discussed at the last meeting, a revised draft of the 2025 AIDS Pharmaceutical and Mental Health Service descriptions was reviewed. Additionally, the dates and rankings were updated. The Subcommittee reviewed the edits to both service descriptions and only indicated that some FY 2024 dates need to be updated. The Subcommittee then made a motion to accept the service descriptions as discussed.

Motion to accept the AID Pharmaceutical Assistance service description with the changes noted.
Moved: Dr. Lawrence Friedman **Seconded: Dr. Javier Romero** **Motion: Passed**

Motion to accept the Mental Health Services service description with the changes noted.
Moved: Juliet Miller **Seconded: Dr. Lawrence Friedman** **Motion: Passed**

IX. New Business

- **Service Descriptions: Outpatient Ambulatory Health and Substance Abuse**

The Subcommittee reviewed the draft Outpatient Ambulatory Health service descriptions. Edits made included updating dates and ranking. Items highlighted in green will be updated in 2025 when the references are available. The Subcommittee recommended the following additional edits:

- On pg. 86, change language from "Physicians,…or other health care professionals…" to "licensed medical provider (MD, DO, APRNN, PAs);
- On pg. 93, strike HAB HIV Performance Measures since these contradict the service standards.

The Subcommittee then made a motion to accept the service description as discussed.

Motion to accept the Outpatient Ambulatory Health service description with the changes noted.
Moved: Dr. Lawrence Friedman **Seconded: Dr. Javier Romero** **Motion: Passed**

The Subcommittee tabled discussion on the Substance Abuse service description since Mr. Doughtery was not at the meeting to provide input.

Motion to table discussion of the Substance Abuse service description.
Moved: Juliet Miller **Seconded: Dr. Lawrence Friedman** **Motion: Passed**

- **Minimum Primary Medical Care Standards**

Since the Committee did not meet last month, staff reviewed the plan to review the Minimum Primary Medical Care Standards. Extensive revisions have been made over the last year and a half so hopefully minimal updates will be needed. The first four pages can be reviewed, followed by the general section, then the HIV specific section, and finally the vaccines section.

- **Outcome Measures Related to Medical Care**

Dr. Robert Ladner indicated that there is a problem outcome measures calculations. DHHS guidelines as indicated in the Minimal Primary Medical Care Standards require that most clients who are stable and virally suppressed have one viral load test annually thereby requiring them to see their medical provider annually. The HRSA performance measures for medical visits require one medical visit every six months at least 60 days apart. This means several agencies who are doing very well based on DHHS guidelines, are being identified as not meeting the measurement based on the HRSA guidelines. The Committee indicated they can look into the issue and see if any changes should be made to the Minimum Primary Care Standards. Instead of reviewing the first four pages, the Subcommittee suggested starting on page nine, which reflects the measures.

- **2025 Officer Elections**

Mrs. Meizoso announced that elections will be held in January and referenced the memo in the meeting packets. Both officers are eligible for reelection. At the November meeting, nominations will be accepted although nominations can also be made in January.

- **2025 Meeting Dates**

The Subcommittee reviewed their tentative 2025 meetings, and no changes were recommended. Staff will bring the agenda topics for the 2025 meetings to the next meeting.

X. Announcements and Open Discussion *All*

Mrs. Meizoso announced the next New Member Orientation training is scheduled for November 6, 2024.

No open discussion items were shared.

XI. Next Meeting *Cristhian Ysea*

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

XII. Adjournment *Cristhian Ysea*

Mr. Ysea thanked everyone for participating in today's meeting and adjourned the meeting at 11:29 a.m.

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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2024**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	3	22	2	5
Health Insurance Premium and Cost Sharing Assistance	3	1,944	1	1,092
Medical Case Management	7,003	59,844	3,372	7,898
Mental Health Services	67	434	35	92
Oral Health Care	911	6,074	679	2,271
Outpatient Ambulatory Health Services	2,418	16,836	1,326	3,887
Substance Abuse Outpatient Care	2	17	2	5
Support Services				
Food Bank/Home Delivered Meals	1,034	7,500	397	731
Medical Transportation	128	3,977	126	774
Other Professional Services	29	224	13	59
Outreach Services	24	235	19	176
Substance Abuse Services (residential)	373	3,648	17	55
TOTALS:	11,995	100,755		

Total unduplicated clients (month): 4,422

Total unduplicated clients (YTD): 8,534

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 11/08/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2024**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	3	22	2	5
Health Insurance Premium and Cost Sharing Assistance	3	1,944	1	1,092
Medical Case Management	5,734	51,421	2,928	7,533
Mental Health Services	62	408	30	75
Oral Health Care	911	6,074	679	2,271
Outpatient Ambulatory Health Services	2,298	15,037	1,263	3,651
Substance Abuse Outpatient Care	2	17	2	5
Support Services				
Food Bank/Home Delivered Meals	1,034	7,500	397	731
Medical Transportation	113	3,857	111	746
Other Professional Services	29	224	13	59
Outreach Services	16	212	15	158
Substance Abuse Services (residential)	373	3,648	17	55
TOTALS:	10,578	90,364		

Total unduplicated clients (month): 4,074

Total unduplicated clients (YTD): 8,379

REPORT COMPILED ON: 11/08/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2024**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	1,269	8,423	609	1,013
Mental Health Services	5	26	5	17
Outpatient Ambulatory Health Services	120	1,799	77	555
Support Services				
Medical Transportation	15	120	15	34
Outreach Services	8	23	4	18
TOTALS:	1,417	10,391		

Total unduplicated clients (month): 641

Total unduplicated clients (YTD): 1,319

REPORT COMPILED ON: 11/08/2024

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

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

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

FY 2024 - Part A

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 September 2024, as of 11/8/2024. This report reflects reimbursement requests that were due by 10/20/2024, and have been paid thus far.

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	$24,810,754
Carryover Award of FY'23 Formula Funds	795,210.00	CARRYOVER	
Total Award	**$ 25,605,964.00**		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
8	AIDS Pharmaceutical Assistance	15,679.00	
6	Health Insurance Services	378,454.00	
1	Medical Case Management	5,676,584.00	
3	Mental Health Therapy/Counseling	76,690.00	
4	Oral Health Care	3,352,857.00	
2	Outpatient/Ambulatory Health Svcs	8,828,192.00	
9	Substance Abuse - Outpatient	44,128.00	
	CORE Services Totals:	18,372,584.00	

	Support Services	Allocations	Carryover Allocations	
12	Emergency Financial Assistance	0.00		
5	Food Bank	972,532.00	795,210.00	1,767,742
13	Medical Transportation	195,280.00		
15	Other Professional Services	88,274.00		
14	Outreach Services	232,059.00		
7	Substance Abuse - Residential	1,868,950.00		
	SUPPORT Services Totals:	3,357,095.00	795,210.00	
	FY 2024 Award (not including C/O)	21,729,679.00		

DIRECT SERVICES TOTAL:		**$**	**22,524,889.00**
Total Core Allocation	18,372,584.00		
Target at least 80% core service allocation	17,383,743.20		
Current Difference (Short) / Over	**$ 988,840.80**		
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,478,819.00**		
Quality Management	**$ 602,256.00**	3,081,075.00	
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	$ -	25,605,964.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% — **84.55%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.43%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **9.99%** — **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	901,647.85	
5606860000	Mental Health Therapy/Counseling	4,680.00	
5606900000	Oral Health Care	1,199,725.00	
5606610000	Outpatient/Ambulatory Health Svcs	2,120,574.02	
5606910000	Substance Abuse - Outpatient	990.00	
	CORE Services Totals:	4,227,616.87	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	529,492.20	0.00	529,492.20
5606460000	Medical Transportation	12,786.59		
5606890000	Other Professional Services	20,133.00		
5606950000	Outreach Services	29,305.50		
5606930000	Substance Abuse - Residential	835,750.00		
	SUPPORT Services Totals:	1,427,467.29	0.00	
	FY 2024 Award (not including C/O)	5,655,084.16		

TOTAL EXPENDITURES DIRECT SVCS & % :		**$**	**5,655,084.16** **25.11%**
Formula Expenditure %	**43.00%**		
5606710000 **Recipient Administration**	**1,042,892.35**		
5606880000 **Quality Management**	**350,000.00**		1,392,892.35
Grant Unexpended Balance	**FY 2023 Award**	**Carryover**	
	17,762,777.49	**795,210.00**	18,557,987.49
Total Grant Expenditures & %		**$**	**7,047,976.51** **27.52%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **74.76%** — **Danger!!!!!**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **1.41%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **4.20%** — **Within Limit**

Printed On: 11/8/2024

FY 2024 - MAI

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 September 2024, as of 11/8/2024. This report reflects reimbursement requests that were due by 10/20/2024, and have been paid thus far.

PROJECT #: BURW3403	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,600,572.00	MAI
Carryover Award of FY'23 MAI Funds	1,474,770.00	MAI_CARRYOVER
Total Award	**$ 4,075,342.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	903,920.00	107,500.00	1,011,420.00	5606870000	Medical Case Management	328,984.15	0.00	328,984.15
3	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,262,133.00	300,000.00	1,562,133.00	5606610000	Outpatient/Ambulatory Health Svcs	331,642.39	0.00	331,642.39
6	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	2,193,071.00	407,500.00			CORE Services Totals:	660,626.54	0.00	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
13	Medical Transportation	7,628.00	8,300.00	15,928.00	5606460000	Medical Transportation	6,881.69	0.00	6,881.69
	Other Professional Services				5606890000	Other Professional Services			
7	Outreach Services	39,816.00			5606950000	Outreach Services	0.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	47,444.00				SUPPORT Services Totals:	6,881.69		
	FY 2024 Award (not inlcuding C/O)	2,240,515.00				FY 2024 Award (not inlcuding C/O)	667,508.23		
	DIRECT SERVICES TOTAL:		**$ 2,656,315.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 667,508.23**	**25.13%**
	Total Core Allocation	2,193,071.00							
	Target at least 80% core service allocation	1,799,052.00							
	Current Difference (Short) / Over	**$ 394,019.00**							
	Recipient Admin. (OMB-GC)	**$ 260,057.00**			5606710000	**Recipient Administration**	**82,425.03**		
	Quality Management	**$ 100,000.00**	360,057.00	$ 3,016,372.00	5606880000	**Quality Management**	**58,333.31**		140,758.34
	(+) Unobligated Funds / (-) Over Obligated:					**Grant Unexpended Balance**	**FY 2024 Award**	**Carryover**	
	Unobligated Funds (MAI)	$ -					**1,792,305.43**	**1,474,770.00**	3,267,075.43
	Unobligated Funds (Carry Over)	**$ 1,058,970.00**	1,058,970.00	4,067,042.00		**Total Grant Expenditures & % (Including C/O):**		**$ 808,266.57**	**19.83%**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.88%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.85%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**98.97%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.24%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**3.17%**	**Within Limit**

Printed On: 11/8/2024

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 22, 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	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of October 25, 2024	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Service Descriptions: Substance Abuse	All
	• Minimum Primary Medical Care Standards (selection)	All
	• 2025 Officer Nominations	All
IX.	New Business	
	• Service Descriptions: Oral Health Care	All
	• Oral Health Care Standards	All
	• 2025 Meeting Workplan	All
	• Methadone Access and Ryan White Program	All
X.	Announcements and Open Discussion	All
	• New Member Orientation January 15, 2025	
XI.	Next Meeting**: January 24, 2025** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

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

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

NOVEMBER 4, 2024

ADAP MIAMI-DADE / SUMMARY REPORT^ – OCTOBER 2024

UTILIZATION & EXPENDITURES

MONTH	1ST ENROLLMENTS	RE-ENROLLMENTS	CLIENTS^^	CHD PHARMACY $	RXS	PATIENTS	RX/PT	PAYMENTS	#PREMIUMS	~$ / PREMIUM
APR-24	93	763	7,182	$1,299,197.75	1,574	759	2.1	$4,760,132.82	2,869	$1,659.16
MAY-24	99	660	7,358	$1,348,852.85	2,632	781	3.4	$4,661,276.34	2,804	$1,662.37
JUN-24	75	305	7,365	$1,224,156.67	2,319	672	3.5	$4,735,158.01	2,855	$1,658.55
JUL-24	86	268	7,414	$1,281,998.16	2,551	762	3.3	$4,743,763.59	2,867	$1,654.61
AUG-24	72	199	7,495	$1,297,441.51	2,592	744	3.5	$4,715,538.90	2,854	$1,652.26
SEP-24	47	211	7,373	$1,328.957.85	2,666	760	3.5	$4,696,503.85	2,856	$1,644.43
OCT-24	70	384	7,414	$1,268,167.89	2,617	713	3.7	$4,678,577.74	2,838	$1,648.55
NOV-24										
DEC-24										
JAN-25										
FEB-25										
MAR-25										
FY24/25	544	2,790	7,414	$9,048,772.63	16,844	5,191	3.2	$32,990,951.25	19,943	$1,654.26

PROGRAM UPDATE

*11/01/24: BENEFIT LEVEL ^	*7,414*	DIRECT DISPENSE 56 % *4277* - PREMIUM PLUS 44 % *3258 [ACA-MP, EMPLOYER SPONSORED INSURANCE, COBRA, MEDICARE PART-D]*
*11/01/24: CABENUVA ® ^	*250*	DIRECT DISPENSE 66 % *165* - PREMIUM PLUS 34 % *85*
*11/01/24: MEDICARE ELIGIBLE ^	*11*	UNDER REVIEW THIS MONTH. – *66* UNINSURED CLIENTS WITHIN *7-MONTH WINDOW AROUND 65TH BIRTHDAY*.
*11/01/24: MEDICARE	*220*	OPEN ENROLLMENT. ENDS DECEMBER 7TH. MEDICARE CLIENTS CAN MAKE CHANGES.
*11/01/24: ACA-MP	*2,603*	OPEN ENROLLMENT. APPROVED PLANS FOR 2025 [62]. ENDS JANUARY 15TH.

DATE: 11/04/24. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - ^ ALL DATA SUBJECT TO REVIEW & EDITING. ^^ OPEN + ACTIVE PTS. – NOTE: EXPENDITURES NOT INCLUDED: 349 UNINSURED WP CLIENTS & PBM PHARMACIES.

DIRECT DISPENSE ACCESS

CURRENT ONGOING CHD PHARMACY **SERVICES**		
1	FDOH CHD PHARMACY @ FLAGLER STREET	ON SITE – 90 DAYS
2	FDOH CHD PHARMACY @ FLAGLER STREET	MAIL SERVICE
3	FDOH ADAP PROGRAM @ WEST PERRINE	CVS SPECIALTY MAIL ORDER

ADDITIONAL PHARMACIES – **PRIME THERAPEUTICS** PBM MIAMI-DADE – 11/01/24		
AIDS HEALTHCARE FOUNDATION	COMMUNITY HEALTH OF SF - CHI	WALGREENS
BORINQUEN HEALTHCARE CTR	CVS SPECIALTY MAIL ORDER	FRESCO Y MÁS
MIAMI BEACH COMMUNITY HC	NAVARRO SPECIALTY PHARMACY	PHARMCO RX

NEW: CARE RESOURCE PHARMACY, LARKIN HOSPITAL COMMUNITY PHARMACY

PHARMACY SELECTION IS THE CLIENT'S CHOICE. STAFF MEMBERS FROM ADAP MIAMI ASSIST CLIENTS WITH THE PHARMACY SELECTION PROCESS.

CONTACT: WWW.ADAPMIAMI.COM / ADAP.FLDOHMDC@FLHEALTH.GOV

Florida Department of Health in Miami-Dade County
ADAP Program & FLDOHMDC CHD Pharmacy
2515 W Flagler Street, Suite 102. Miami, Florida 33135 - Phone: 305-643-7400

Accredited Health Department
Public Health Accreditation Board

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 22, 2024
9:30 a.m. – 11:30 a.m.
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	• Service Descriptions: Substance Abuse	All
	• Minimum Primary Medical Care Standards (selection)	All
	• 2025 Officer Nominations	All
IX.	New Business	
	• Service Descriptions: Oral Health Care	All
	• Oral Health Care Standards	All
	• 2025 Meeting Workplan	All
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

November 19, 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

5 *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

7 *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:*

Hospital or Health Care Planning Agency Representative
Mental Health Provider Representative
Housing, Homeless or Social Service Provider
Other Federal HIV Program Grantee Representative (Part F)
Other Federal HIV Program Grantee Representative (SAMHSA)
Non-Ryan White Program Miami-Dade County Representative
Part D Grantee 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?

Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.

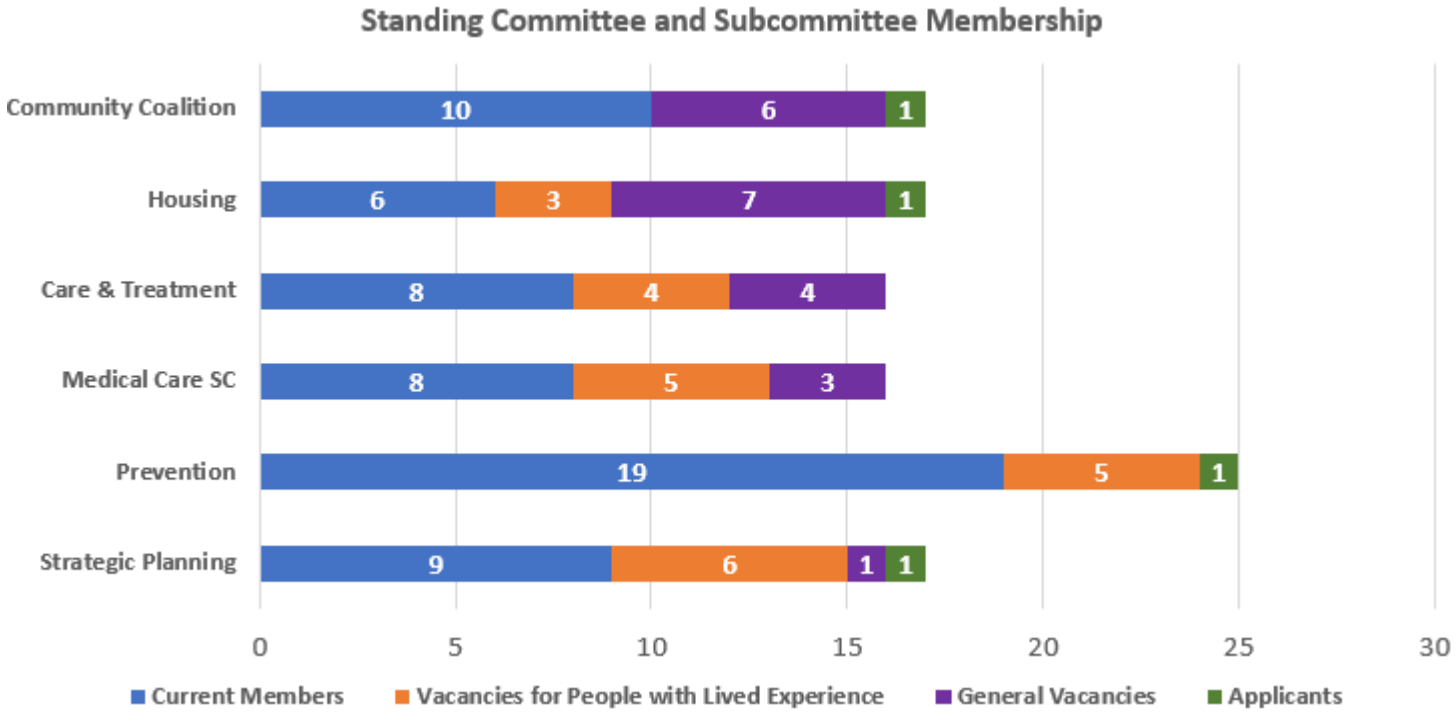
when you say Yes! good things happen.

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/ for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at mdcpartnerhsip@behavioralscience.com or 305-445-1076 for assistance.



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SUBSTANCE ABUSE OUTPATIENT CARE
AND
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

(Year 3~~4~~5 Service Priorities: #8 for outpatient Part A and #~~6~~5 for MAI; and #~~7~~11 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 Licensed Medical Provider 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 2024~~4~~5 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 Licensed Primary Care Provider 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 Licensed Medical Provider 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 Licensed Medical Provider 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 Licensed Primary Care Provider 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 2024~~4~~5 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 Licensed Medical Provider 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,* Seventh~~ixth~~ Edition; ~~November 2, 201~~April 8, 2024~~8~~.
  Available at: https://www.asam.org/publications-resources/textbooks
  Accessed 11~~0~~/19~~07~~25/2024.

- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.* Fourth Edition.
  Available at: https://www.asam.org/publications-resources/textbooks
  Accessed 1~~0~~1/19~~07~~25/2024.

- 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 1~~0~~1/2~~5~~0~~7~~19/2024.

- 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://targethiv.org/bestpractices/search?keywords=substance%20abuse&page=1

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 22, 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	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of October 25, 2024	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Service Descriptions: Substance Abuse	All
	• Minimum Primary Medical Care Standards (selection)	All
	• 2025 Officer Nominations	All
IX.	New Business	
	• Service Descriptions: Oral Health Care	All
	• Oral Health Care Standards	All
	• 2025 Meeting Workplan	All
	• Methadone Access and Ryan White Program	All
X.	Announcements and Open Discussion	All
	• New Member Orientation January 15, 2025	
XI.	Next Meeting**: January 24, 2025** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

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

Miami-Dade County Ryan White Program
Minimum Primary Medical Care Standards

Statement of Intent: *All local Ryan White Program—funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (PHS) Guidelines. These standards serve as the minimum standards by which practitioners will be measured.*

I. Requirements

Requirements for New Practitioners (Physicians, Advanced Practice Registered Nurse, and Physician Assistants/Associates):

- New practitioners should be linked to existing Ryan White Program providers, AIDS Education and Training Center (AETC) or through an American Academy of HIV Medicine (AAHIVM) specialist to support the new provider.
- New providers will receive a chart review within 6 months by supervising physician, medical director or agency team.
- When a new practitioner is working with a contracted practitioner, new practitioner is encouraged to comply within one year to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits.

Requirements for All Practitioners (Physicians, Advanced Practice Registered Nurse, and Physician Assistants/Associates):

- Practitioners are strongly encouraged to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits within a period of two years.

Practitioner must:

- Be a Physician (MD or DO), Advanced Practice Registered Nurse, or Physician Assistant/Associates with current and valid license to practice medicine within the State of Florida.
- Have a minimum experience treating 20 HIV+ clients over the past two years or currently working and under supervision of a practitioner meeting these qualifications.
- Treat and monitor patients in adherence with current DHHS Guidelines and other standards of care, to include, but not limited to:
  a. **American College of Cardiology/American Heart Association Guideline on the Treatment of Blood Cholesterol**
  https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625
  b. **Adult Immunization Schedule**
  ~~c.~~ https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html~~https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html~~
  ~~d.~~c. **American Association for the Study of Liver Diseases**
  https://www.aasld.org/practice-guidelines

~~c.~~d. **American Cancer Society Guidelines for the Early Detection of Cancer**
https://www.cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

~~f.~~e. **American Medical Association Telehealth Quick Guide**
https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide

~~g.~~f. **Department of Health and Human Services (DHHS) Clinical Guidelines**
https://clinicalinfo.hiv.gov/en/guidelines

~~h.~~g. **Hepatitis (HEP) Drug Interactions University of Liverpool**
https://www.hep-druginteractions.org/

~~i.~~h. **HIV Drug Interactions University of Liverpool**
https://hiv-druginteractions.org/

~~j.~~i. **HIV Prevention with Adults and Adolescents with HIV in the US**
https://www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html

~~k.~~j. **Health Resources and Service Administration (HRSA) HIV Care for People Aging with HIV**
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-new-elements.pdf
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-best-team.pdf

~~l.~~k. **Infectious Disease Society of America Primary Care Guidance for Persons with HIV**
https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/

~~m.~~l. **Miami—Dade County Ryan White Program (including Telehealth Policy and Test and Treat/Rapid Access [TTRA] program)**
https://www.miamidade.gov/global/service.page?Mduid_service=ser1482944607068715

n. **National HIV Curriculum**
https://www.hiv.uw.edu/alternate

o. **PrEP, nPEP and PEP guidelines below (Although not paid for by the Ryan White Program):**
https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf
https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf
https://www.cdc.gov/hivnexus/hcp/resources/?CDC_AAref_Val=https://www.cdc.gov/hiv/clinicians/materials/prevention.html

q. **United States (US) Preventive Taskforce**
https://uspreventiveservicestaskforce.org/uspstf/home

- Follow an action plan to address any areas for performance improvement that are identified during quality assurance reviews.

II. Assessments and Referrals

1. **Annual –** At each annual visit:
   a. Adherence to medications
   b. Age-appropriate cancer screening
   c. Behavioral risk reduction

d. Gynecological exam per guidance for females
e. Interval changes in vital signs addressed, especially trend in weight/BMI over time
f. Mental health and substance abuse assessment
g. Physical examination, including review of systems
h. Preconception counseling for men and women
i. Rectal examination
j. Safer sex practices – discussions may include PrEP, PEP, nPEP, for sexual partners and should include condom usage
k. Sexually transmitted infection assessment
l. Update comprehensive initial history, as appropriate
m. Vital signs, including weight, BMI, height (no shoes)
n. Wellness exam for females

Assess and document health education on:
o. Advance Directives (completion or review)
p. Birth control
q. Domestic violence
r. Drugs/Alcohol/Tobacco (including smokeless) assessment/care
s. Exercise
t. Frailty screening, as appropriate
u. Mental Health assessment (particularly clinical depression, care, mood, libido, sleep patterns, concentration, and memory)
v. Neurology and/or neuropsychology referral for assessment of neurocognitive disorders, dementia, and focal neuropathies, as appropriate
w. Nutritional assessment/care (including appetite), as appropriate
x. Oral health care

2. Additional Charting/Documentation at least annually:
a. Allergies list complete and up to date
b. Immunization list complete and up to date
c. Medications list complete with start and stop dates, dosages
d. Problem list complete and up to date

Item to be covered by subrecipient staff: If a client knows of others who need PrEP or Test and Treat / Rapid Access, information and referral are offered.

3. Initial – At initial visit:
a. Access to stable housing, food, and transportation
b. Adherence to medications
c. Age-appropriate cancer screening
d. Behavioral risk reduction
e. Comprehensive initial history
f. Dates of last: mammogram, bone density, colonoscopy, abnormal aortic aneurysm screening, dental visit, and dilated eye exam
g. Education that they should never run out of ART medications and need to call the FDOH—MDC clinic if they cannot obtain ART

h. Gynecological exam per guidance for females
i. If enrolled as Test and Treat/Rapid Access (TTRA) client (patient), follow TTRA protocol for visit
j. Mental health and substance abuse assessment
k. Physical examination, including review of systems
l. Pregnancy Planning:
   1) Preconception counseling for men and women
   2) Contraceptive counseling for men and women including assessment and type of birth control method
m. Rectal examination
n. Safer sex practices — discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
o. Sexually transmitted infection assessment as appropriate including at a minimum GC, Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions.
p. Social supports and disclosure history
q. Targeted initial history and physical examination with expectation that a complete history and physical examination will be completed within 3 months.
r. Vital signs, including weight, BMI, height (no shoes)
s. Wellness exam for females

Item to be covered by subrecipient staff: Documented HIV education, including transmission, reduction of morbidity/mortality with ART; resistance; compliance with ART and office visits and lab monitoring; life expectancy; divulging HIV status and state statute.

4. **Interim Monitoring and Problem-Oriented visits** – At every visit:
   a. Adherence to medications and lab and office visits for monitoring
   b. In women of childbearing age, assessment of adequate contraception
   c. Interval changes in vital signs addressed, especially trend in weight over time
   d. Interval risk for acquiring STD and screening as indicated
   e. Physical examination related to specific problem, as appropriate
   f. Risk reduction
   g. Safer sex practices – discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
   h. Vital signs, including weight/BMI – may not occur every time with telehealth

5. **Telehealth**
   Telehealth may be used in place or conjunction with an office visit. Necessary assessments will be conducted as needed and follow-ups will be scheduled, as appropriate.

HIV Specific

19. **ARV therapy is recommended and discussed** [i] – Risks and benefits are discussed including reduced morbidity and mortality and prevention of HIV transmission to others and if treatment initiated, follow-up with adherence. If refused, document in record and refer to ARTAS and or Department of Health Treatment Adherence Specialist.

20. **CD4 cell count** [i] – Entry into care; at ART initiation or modification; every 3 months, if CD4 count is <300 cells/mm^3; every 6 months during the first 2 years of ART, ~~or if viremia~~ if CD4 count is ≥300 cells/mm^3 ~~develops while patient is on ART, or if CD4 count is <300 cells/mm^3~~; every 12 months after 2 years on ART with consistently suppressed viral load, CD4 count 300-500 cells/mm^3, if CD4 count >500 cells/mm^3: CD4 monitoring is optional; if ART initiation is delayed monitor every 3-6 months; if treatment failure or if clinically indicated. *In accordance with the HRSA HAB performance measures, the local program defines consistently suppressed viral load as <200 copies/ml.*

21. **Genotypic Resistance Testing (PR/RT Genes)** [i] – Entry into care; at ART initiation or modification; if ART initiation is delayed; treatment failure or clinically indicated. Standard genotypic drug-resistance testing in ART-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia while on an INSTI, providers also should test for resistant mutation in the IN gene. In ART-naïve patient who do not immediately begin ART, repeat testing before initiating of ART is optional if drug-resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.

22. **Genotypic Resistance Testing (Integrase Genes)**[i] – Entry into care, if transmitted INSTI resistance is suspected or if there is a history of cabotegravir long acting (CAB-LA) use for PrEP ; at ART initiation or modification, if transmitted INSTI resistance is suspected or if there is a history of INSTI use; treatment failure if there is a history of INSTI use; or clinically indicated, if there is a history of INSTI use. Standard genotypic drug-resistance testing in ART-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia while on an INSTI, providers also should test for resistant mutation in the IN gene. In ART-naïve patients who do not immediately begin ART, repeat testing before initiation of ART is option if drug-resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.

23. **HIV viral load** [i] – Entry into Care; at ART initiation or modification; 4-8 weeks after ART initiation or modification if HIV RNA is still detectable, repeat testing every 4-8 weeks until

viral load is suppressed to <50 copies/mL. Thereafter, repeat testing every 3-6 months. For patients on ART, viral load typically is measured every 3-6 months. More frequent monitoring may be considered in individuals having difficulties with ART adherence or at risk for nonadherence. However, for adherent patients with consistently suppressed viral load and stable immunologic status for more than 1 year~~s~~, monitoring can be extended to 6-month intervals; if ART initiation is delayed, repeat testing is optional; or if treatment failure or if clinically indicated.

24. **HLA-B*5701** [i] – At ART initiation or modification if considering start of abacavir (ABC) and document in record carrying data forward to most current volume. *(Currently not paid for by the Ryan White Program due to payer of last resort restrictions; must access ViiV sponsored testing directly through labs. For LabCorp, HLA-AWARE HLA-B*5701 ViiV code #006940 and for Quest Diagnostic ViiV HLA-B*B5701 test code #19774).*

25. **Treatment of opportunistic infections and prophylaxis for opportunistic infections** [ii] – Specifically, but not limited to, Mycobacterium avium complex (MAC), Pneumocystis jirovecii pneumonia (PCP), and Toxoplasmosis (Toxo) prophylaxis per DHHS Guidelines.

26. **Tropism testing** [i] – At ART initiation or modification if considering use of CCR5 antagonist; or for treatment failure if considering a CCR5 antagonist, or if the patients with virologic failure on a CCR5 antagonist; or if clinically indicated. If performed, record carried forward to most current volume.

Immunizations

Document in medical record carrying data forward to most current volume

Commented [MM7]: 2025 updates are being done but not published yet by CDC.

27. **COVID-19 vaccination** [ix] – Vaccinate per CDC guidance.

28. **Hepatitis A vaccination** [ix] – Offer vaccination if not immune per guidance. Assess for response 30-60 days after vaccination by performing Hep A IgG antibody or Hep A Total antibody.

29. **Hepatitis B vaccination** [ix] – Offer vaccination if not immune per guidance. Assess for response 30-60 days after vaccination by performing Hepatitis B surface antibody quantitative (anti-HBs).

30. **Human Papillomavirus (HPV) Vaccine** [ix] – HPV vaccination as indicate by current guidelines.

31. **Influenza vaccination** [ix] – Offer IIV4 or RIV4 annually.

32. **Meningococcal vaccination** [ix] – Use 2-dose series MenACWY (Menveo or MenQuadfi)) at least 8 weeks apart and revaccinate every 5 years if risk remains. See vaccination guidelines**.**

33. **Mpox vaccination** [ix] – Vaccinate per CDC guidance. See ~~https://www.cdc.gov/poxvirus/monkeypox/vaccines/vaccine-basics.html~~https://www.cdc.gov/mpox/hcp/vaccine-considerations/index.html

34. **Pneumococcal vaccination** –Vaccinate per guidelines**.** For guidance on which pneumococcal vaccine should be used to: ~~www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html.~~ https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html.

35. **Tetanus, diphtheria, pertussis (Td/Tdap)** [ix] – One dose Tdap, then Td or Tdap booster every 10 years.

36. **Varicella** [ix] – Vaccination may be considered (2 doses 3 months apart); VAR contraindicated for HIV infection with CD4 percentage <15% or CD 4 count <200 cells/mm^3.

37. **Zoster vaccination** [ix] — Use 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2-6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon). See vaccination guidelines for detailed information and considerations:~~.~~ https://www.cdc.gov/shingles/hcp/vaccine-considerations/immunocompromised-adults.html.

STI Screenings

38. **Anal Dysplasia Screening** [iii] – For all patients with HIV ≥35 years old, see information at https://www.hivguidelines.org/guideline/hiv-anal-cancer/?mycollection=hpv-care

Commented [MM8]: Slight different in IDSA

39. **Bacterial STIs (Syphilis**, **N. gonorrhoeae** (GC), **C. trachomatis** (Chlamydia) and **parasitic STIs (Trichomoniasis)** [ii] – At the initial HIV care visit, providers should test all sexually active persons with HIV infection for curable STDs (e.g., syphilis, gonorrhea, and chlamydia) and perform testing at least annually during the course of HIV care. See information at https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

		years: individualize screening based on overall health and prior screening. Consider screening earlier if first-degree relatives diagnosed with colon cancer prior to age 50	(gFOBT, FIT, FIT-DNA) every year, or colonoscopy every 10 years if normal, or more frequently if polyps are identified.
	Breast cancer screening	Age 50–75: mammography performed at least every 2 years.	Age 40–49: Inform of the potential risks and benefits of screening and offer screening every 2 years.
	Cervical cancer screening	Age <21: Pap within 1 year of sexual activity, no later than age 21 Age 21–29: Pap at diagnosis of HIV, repeat yearly x 3, then if all normal, Pap every 3 years. Age <30 years: no HPV testing unless abnormalities are found on Pap test. Age ≥30 years: Pap only, same as 21-29 years. Or Pap with HPV testing, if both negative then Pap with HPV every 3 years.	Abnormal Pap and/or HPV follow-up similar to general population. Note: In general, continue screening past 65 years.
→	Anal cancer screening	Digital anorectal exam: perform at least annually if asymptomatic. Anal Pap: screen transgender women and men over 35 years of age who have sex with men, and all other people with HIV over 45 years of age, with anal Pap smears if	Abnormal anal Pap should prompt referral for high-resolution anoscopy.

→		there is access to, or ability to, refer for high-resolution anoscopy and treatment.	
	Hepatocellular carcinoma screening	Alpha-fetoprotein and liver ultrasound every 6 months.	For patients with cirrhosis from any cause or chronic hepatitis B, as well as fibrosis levels F3 or F4 among patients with hepatitis C.
Other health care maintenance	Reproductive desires	All persons with HIV regardless of sexual orientation and gender identity should be asked about their reproductive desires. Persons of childbearing potential should be routinely asked about their plans and desires regarding pregnancy.	ART, hormone therapy, and other treatments may affect pregnancy and pregnancy plans.
	Oral health examination	All persons with HIV should have oral health examinations biannually.	
	Patient education	Tailor education at every visit to patient's current needs. Address regularly with all patients the importance of medication adherence and viral suppression for personal health and preventing sexual transmission (undetectable equals Untransmittable; U=U), and provide information on sexual health and harm reduction practices including PrEP, PEP, safer injection practices, SSPs, and naloxone.	Brief counseling and tailored interventions should be offered to patients who may benefit from them to reduce risk. Refer patients to programs that offer interventions not accessible locally, such as medication for opioid use disorder, mental health services,

MIAMI-DADE HIV/AIDS PARTNERSHIP

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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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VI.	Review/Approve Minutes of October 25, 2024	All
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XII.	Adjournment	James Dougherty

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ORAL HEALTH CARE

(Year 3~~3~~5 Service Priority: #~~6~~4 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, 202~~3~~5 through February 2~~9~~8, 202~~6~~4). 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.

Commented [MM1]: This section is pending review by the Recipient whether or not it will be reinstated.

When a referral from a Dentist to a dietitian is needed, the Dentist must coordinate with the client's Licensed Medical Provider 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., Licensed Medical Providers and Dentist). The client's Medical Case Manager should also be informed of the client's need for nutrition services.

Labs maybe requested from Licensed Medical Providers 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 Licensed Medical Provider'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 2025~~3~~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 2024~~3~~5 American Dental Association Current Dental Terminology (CDT 2025~~3~~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 20254 Service Delivery Manual for copies of the Letter of Medical Necessity, as may be amended).

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.

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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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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.

	Standards of Care	Measure
Standard 1.1	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	• 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. • Documentation of work experience (letters of recommendation, work references, etc.)
Standard 1.2	Policies and procedures.	Written policies and procedures manuals.
Standard 1.3	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.
Standard 1.4	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.

	Standard	Measure
Standard 2.1	Ryan White Program client eligibility screening and demographics present.	• Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR • Current Ryan White Program Referral. • Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.

Standard 2.2	Ryan White Program required documents present, signed, and dated.	• Signed and dated *Ryan White Consent form in the data management information system)* OR current Ryan White Program In Network Referral • Documentation that *Outreach Consent/Miami-Dade County Notice of Privacy Practices* and *Composite Consent* were provided.
Standard 2.3	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.

	Standard	**Measure**
Standard 3.1	Initial Comprehensive Medical History	• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care. • The initial comprehensive medical history is signed and dated by the client and dentist.
Standard 3.2	Medical History is updated at least once a year.[a]	Medical history is updated every 6 months or at the next appointment after six months.
Standard 3.3.	Medical conditions and allergies are noted.	• Medical conditions and/or medications requiring an alert are flagged. • Allergies/ no known allergies (NKA) are noted.
Standard 3.4	An oral health history is taken and updated at least once a year.[a]	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).

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.

	Standard	Measure
Standard 4.1	Treatment assessment and planning developed and/or updated at least once a year. [a]	Completed treatment plan is in the progress notes OR a treatment plan form is completed.* **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.*
Standard 4.2	Documentation reflects services provided.	Documentation, at a minimum, includes: • Date of service • Tooth number, if appropriate • Service description • Procedure code billed • Anesthetic used including strength and quantity • Materials used, if any • Prescriptions or medications dispensed, including name of drug, quantity, and dosage • Education provided • Signature and title

Standard 4.3	A comprehensive examination is provided*at least annually. *Not applicable for episodic care, follow up, or problem-focused examinations. **OR** A problem-focused oral examination is performed.	Comprehensive Examination includes: • Cavity charting • Complete periodontal exam or periodontal screening record • Documentation of restorations & prosthesis • Full mouth radiographs, as clinically indicated • Pre-existent conditions • Disease presence • Structural anomalies • Oral hygiene instruction • Prescriptions or medications dispensed including name of drug, quantity, and dosage • Education provided Problem-focused examination includes: • Chief complaint is documented • Problem-focused evaluation is performed • Prescriptions or medication dispensed include name of drug, quantity, and dosage • Radiographs as necessary • Specific oral treatment plan • Education provided • Return for further evaluation documented
Standard 4.4	Charting grids are completed as appropriate.	Charting of the examination findings/treatment is completed in the appropriate tooth grids.
Standard 4.5	Informed specific consents are present for each oral surgery procedure.	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.

Standard 4.6	Refusal of treatments/radiographs is documented.	• 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. • Reason for DDS refusal to perform a requested treatment is documented; signature and date of witness are present.
Standard 4.7	Periodontal screening or examination is done at least once a year.[a]	Charting of the examination findings/treatment is documented in the client record.
Standard 4.8	Periodontal maintenance is regularly performed.* *Not applicable for clients who are "No shows" AND "No show" is documented; not applicable for episodic care.	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
Standard 4.9	Oral health education offered at least once a year.[a]	Education documented in the client record.

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

	Standard	Measure
Standard 5.1	Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.* *Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.	Documentation reflects treatment provided for oral OI and coordination with PCP.
Standard 5.2	Referral and coordination of care.* *Not applicable if no condition documented and no referral made. Tobacco use and referral.* *NA for clients not using tobacco products. Nutritional problems and referral.* *Not applicable when no indication of nutritional problems.	• Documentation in client record of the condition and referral to a specific specialty or ancillary service provider. • Documentation of heavy tobacco use and referral to a tobacco counseling program. • Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.

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

	Standard	Measure
Standard 6.1	Education will be provided in preventive oral health practices[1] including hygiene, nutritional education[2] as related to oral health care and education, as appropriate, concerning tobacco use[3]. [1]Not applicable for episodic care. [2]Not applicable for episodic care. [3]Not applicable if no indication of tobacco use; not applicable for episodic care.	• Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months. • Documentation of nutritional education as related to oral health. • Documentation of education, as appropriate, concerning tobacco use.

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

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Medical Care Subcommittee
Calendar of Activities 2025

Month	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions (reviewed as needed)	Ryan White Prescription Drug Formulary (reviewed as needed)	Oral Health Care Items (reviewed quarterly)	Special projects discussion	Committee Items (added as needed)	Notes
	Activities								
January 24, 2025	x	x				x		x	Officer elections; conflict of interest forms completed; disclosure forms, as available; OHC items, as applicable
February 28, 2025		x						x	Source of income forms completed
March 28, 2025		x					x	x	Source of income forms completed for missing members; Begin discussion of special projects for Executive Committee review in Summer
April 25, 2025		x				x	x	x	Source of income forms completed for missing members; continue special project discussions; OHC items, as applicable
May 23, 2025							x	x	Conclude special projects discussion
June 27, 2025								x	
July 25, 2025						x		x	OHC items, as applicable
August 22, 2025								x	
September 26, 2025			x					x	Primary Medical Care Standards review begins; AIDS Pharma and Outpatient/Ambulatory Service Descriptions review begins
October 24, 2025			x			x		x	Primary Medical Care Standards review continued; Service Descriptions review continued Mental Health and Substance Abuse; OHC items as applicable
November 21, 2025			x					x	Primary Medical Care Standards review continued; Service Descriptions Continued; OHC service description and standards review; nomination of officers; planning for 2025

Comments:

The Subcommittee does NOT meet in December and all items are subject to change.

N=no meeting

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

NEW MEMBER ORIENTATION

Orientation is a requirement for membership and is a great opportunity to learn about the Partnership!

January 15, 2025

1:00 p.m.-4:00 p.m.

Via Microsoft Teams

Register at: https://bit.ly/Jan082025PartnershipNMO

or scan QR code:

MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittee
November 18, 2024 Meeting

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

For more information, please contact mcdpartnership@behavioralscience.com.

Members began operating under the new Ordinance, including reduction of member seats from 39 to 30, quorum requirement of one-third-plus-on members, and term end date of the Part A Local Grantee Representative seat. Daniel T. Wall, former Part A Local Grantee Representative on the Partnership, was recognized for his 22 years of Partnership service.

Members heard regular reports and approved the below motions.

Care and Treatment Committee

1. Motion to accept the AIDS Pharmaceutical Assistance service description with the changes noted.
2. Motion to accept the Mental Health Services service description with the changes noted.
3. Motion to accept the Outpatient Ambulatory Health service description with the changes noted.
4. Motion to accept the Emergency Financial Assistance service description with the changes noted pending any Department of Health language to protocol.
5. Motion to accept the Medical Transportation service description with the changes noted.
6. Motion to accept the Food Bank service description with the changes noted.

Strategic Planning Committee

7. Motion to accept the 2023 Annual Report as presented.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 22, 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	James Dougherty
IV.	Floor Open to the Public	Cristhian Ysea
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of October 25, 2024	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	• Service Descriptions: Substance Abuse	All
	• Minimum Primary Medical Care Standards (selection)	All
	• 2025 Officer Nominations	All
IX.	New Business	
	• Service Descriptions: Oral Health Care	All
	• Oral Health Care Standards	All
	• 2025 Meeting Workplan	All
	• Methadone Access and Ryan White Program	All
X.	Announcements and Open Discussion	All
	• New Member Orientation January 15, 2025	
XI.	Next Meeting**: January 24, 2025** at **BSR**	Cristhian Ysea
XII.	Adjournment	James Dougherty

Please turn off or mute cellular devices – Thank you

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

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