MIAMI-DADE HIV/AIDS PARTNERSHIP

**Medical Care Subcommittee**
**Friday, January 24, 2025**
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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
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| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

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# Meeting Housekeeping Medical Care Subcommittee

Updated October 25, 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 the only subcommittee of the Partnership.
- All Partnership, Standing Committee and Subcommittee 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

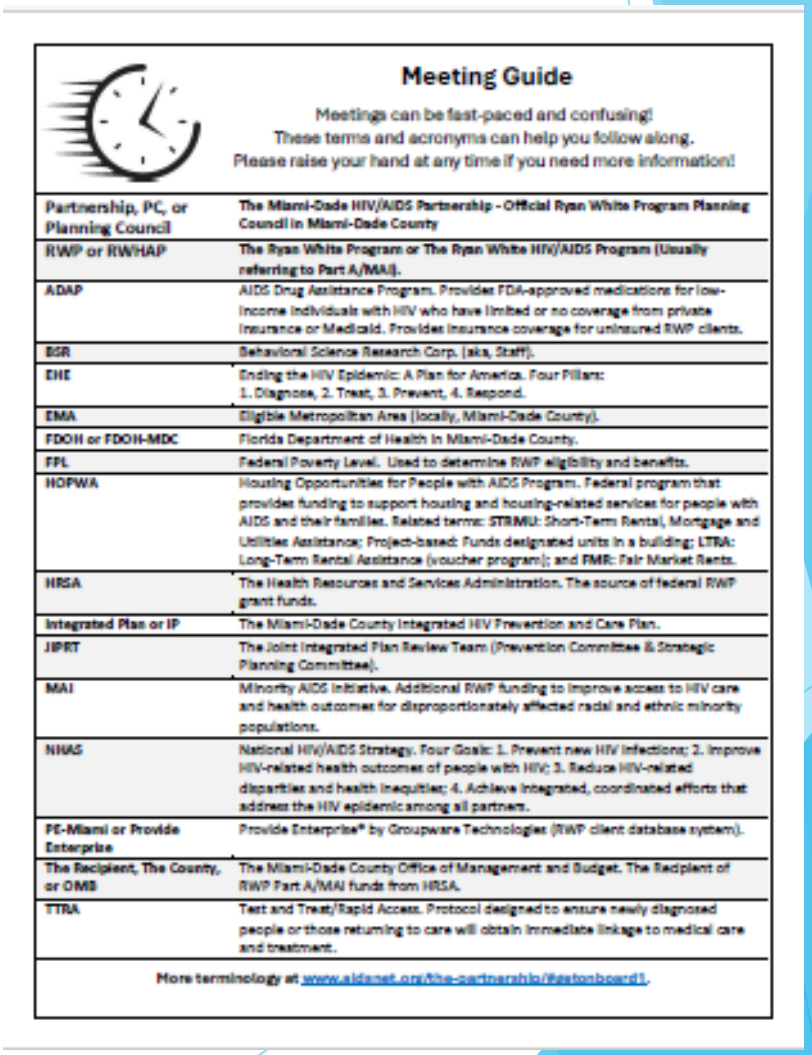
**Everyone has a role to play!**

- ❑ 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/#mcsc1 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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XII. Adjournment James Dougherty

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**Medical Care Subcommittee Meeting**
**Behavioral Science Research**
**2121 Ponce de Leon Boulevard, Suite 240**
**Coral Gables, FL 33134**

**November 22, 2024 Minutes**

| # | Members | Present | Absent |
|---|---|---|---|
| 1 | Baez, Ivet | X | |
| 2 | Dougherty, James | X | |
| 3 | Friedman, Lawrence | X | |
| 4 | Goubeaux, Robert | | X |
| 5 | Miller, Juliet | X | |
| 6 | Romero, Javier | X | |
| 7 | Serrano-Irizarry, Yendi | | X |
| 8 | Ysea, Cristhian A. | X | |
| **Quorum: 4** | | | |

| Guests |
|---|
| Ana M. Nieto |
| Carla Valle-Schwenk |
| |
| |
| |
| |
| **Staff** |
| 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

*James Dougherty*

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

## II. Introductions

*All*

Mr. Dougherty requested members, guests, and staff to introduce themselves.

## III. Meeting Housekeeping

*James Dougherty*

Mr. Dougherty reviewed the meeting housekeeping presentation indicating people first language, meeting protocols, and the location of Subcommittee meeting items online.

## IV. Floor Open to the Public

*Cristhian Ysea*

Cristhian Ysea, Vice Chair, read the following:

*"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated phone line and email for statements to be read into the record. No statements were received."*

There were no comments, so the floor was closed.

## V. Review/Approve Agenda *All*

The Subcommittee reviewed the agenda and accepted it as presented.

**Motion to accept the agenda as presented.**
**Moved: Dr. Lawrence Friedman Seconded: Cristhian Ysea Motion: Passed**

## VI. Review/Approve Minutes of October 25, 2024 *All*

Members reviewed the minutes of October 25, 2024, and made several corrections:

- Dr. Lawrence Friedman and Cristhian Ysea names are misspelled on page 2;
- The ADAP pharmacy should be changed to the County Health Department on page 2;
- There is an extra "P" in ARNP on page 3; and
- "with" needs to be added after "problem" on page 4.

The Subcommittee made a motion to accept the minutes with the changes discussed.

**Motion to accept the minutes of October 25, 2024, with changes as discussed.**
**Moved: Ivet Baez Seconded: Dr. Lawrence Friedman Motion: Passed**

## VII. Reports

- **Ryan White Program** *Carla Valle-Schwenk*

Carla Valle-Schwenk reviewed Ryan White Program (RWP) expenditures and clients served to date. As of the September report, the RWP has served 8,534 unduplicated clients, which is close to the number of clients served last year. Insurance payment totals on the sheet do not reflect all the expenditures. About 25% of the bills received for expenditures have been paid. Expenditure totals in December should reflect all payments. Three contracts are pending signatures at agencies.

The Mayor of Miami-Dade County approved the changes to the Ordinance relating to the Miami-Dade HIV/AIDS Partnership, which includes removal of the Part A Recipient seat and reduction of quorum requirements to one-third-plus-one members.

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

Dr. Javier Romero reviewed the October 2024 ADAP report as of November 4, 2024, including enrollments, expenditures, prescriptions, premium payments, and program updates. Open enrollment for insurance for 2025 is open and there are 62 plans, a reduction from the 72 plans in 2024. Most clients enroll in the Florida Blue health plans, but there is a platinum plan that will not continue going forward for new clients since it is not cost effective. There has been an increase in the number of clients enrolled in health insurance. Clients should be reminded that they need to be updated in both the ADAP database and the Broward Regional Health Planning Council system.

- **Vacancy Report** *Marlen Meizoso*

Ms. Meizoso referenced the November vacancy report indicating several vacancies on the Subcommittee and on the Partnership. 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 the upcoming New Member Orientation.

## VIII. Standing Business

- **Service Descriptions: Substance Abuse** *All*

The Subcommittee reviewed edits made to the 2025 Substance Abuse service descriptions. Edits of dates, rankings, and scrivener's errors were indicated in track changes. The referenced links access dates will be updated prior to publication. The Subcommittee decided to delay further review until after the methadone discussion in case any changes need to be made to the service description.

- **Minimum Primary Medical Care Standards (selection)** *All*

The Subcommittee reviewed and updated pages 1-4 and pages 9-11 of the Minimum Primary Medical Care Standards. The anal dysplasia requirement should match the latest standards and reference the NIH article indicated in the document. The standards indicate that viral load tests should be done every six months; and CD4 tests for stable patients can be done annually. Some providers are not following the standards which impacts performance. A statement should be included at the top of the document indicating that regardless of patient stability, viral load tests need to be done every 6 months. Immunizations are pending CDC release of guidance which is due shortly. For the next meeting, the full document with edits will be presented.

- **2025 Officer Nominations** *All*

As mentioned in the last meeting, elections will be taking place next month. Both officers are eligible for a second term, but if anyone else is interested they may add their name to the ballot. No members indicated interest except for the current officers, whose names will be included on the ballot in January.

**Motion to accept the nominations of the current Chair, James Dougherty, and current Vice Chair, Cristhian Ysea for 2025 Subcommittee Officers.**
**Moved: Dr. Lawrence Friedman** **Seconded: Juliet Miller** **Motion: Passed**

## IX. New Business

- **Service Descriptions: Oral Health Care and Oral Health Care Standards**

Staff forwarded the Oral Health Care service description and Oral Health Care Standards to the former members of the Oral Health Care Workgroup for feedback, and no replies were received. The service unit (?) limitations per client will likely need to be reimplemented because of the overall increase in clients.

There will also need to be reassessment of the inclusion of implants since there is only one provider and that provider is awaiting funding reallocations (Sweeps) before accepting clients for this service. The cost for the service runs from $16,000-$20,000 per client which is unsustainable.

The Subcommittee decided to wait until the next meeting to make decisions on the standards to allow staff to follow-up with the former Oral Health Care Workgroup members. Staff will also query about the number of clients who would qualify for the service and if there is any additional capacity.

- **2025 Meeting Workplan**

Staff provided the Subcommittee with the 2025 calendar of activities (workplan), updated from the last meeting. Under January, the new items to be addressed from this meeting will be added. For November, the planning date needs to be changed to 2026. The Subcommittee approved their calendar of activities as discussed.

**Motion to adopt the 2025 calendar of activities as discussed.**
**Moved: Ivet Baez** **Seconded: Cristhian Ysea** **Motion: Passed**

- **Methadone Access and Ryan White Program**

A request for consideration of methadone access was received by a for-profit provider that receives funding from Thriving Minds. In 2022, the Subcommittee addressed the same request and decided not to recommend the medication due to legal hurdles. The legal hurdles have not changed. Contracting with for-profit providers is difficult for the Ryan White Program (RWP), and members were reminded that the RWP must be payor of last resort. How to categorize the service would also need to be considered. Time was running short for further discussion so this item will be brought back for the January meeting.

A request was made to add an extra five minutes to the meeting to finish the agenda items.

**Motion to add an extra five minutes to the meeting.**
**Moved: Cristhian Ysea** **Seconded: Juliet Miller** **Motion: Passed**

## X. Announcements and Open Discussion *All*

Mrs. Meizoso announced the next New Member Orientation training is scheduled for January 15, 2025.

No open discussion items were shared.

## XI. Next Meeting *Cristhian Ysea*

The next Subcommittee meeting is scheduled for Friday, January 24, 2025, at 9:30 a.m. at BSR.

## XII. Adjournment *James Dougherty*

Mr. Dougherty thanked everyone for participating in today's meeting and wished everyone a happy and safe holidays. Mr. Dougherty called for a motion to adjourn.

**Motion to adjourn the meeting.**
**Moved: Juliet Miller** **Seconded: Cristhian Ysea** **Motion: Passed**

The meeting adjourned at 11:31 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: **November 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) | 2 | 28 | 2 | 5 |
| Health Insurance Premium and Cost Sharing Assistance | 5 | 3,056 | 5 | 1,447 |
| Medical Case Management | 4,907 | 71,944 | 2,507 | 8,096 |
| Mental Health Services | 29 | 522 | 20 | 101 |
| Oral Health Care | 456 | 7,762 | 360 | 2,520 |
| Outpatient Ambulatory Health Services | 2,370 | 22,821 | 1,321 | 4,157 |
| Substance Abuse Outpatient Care | 5 | 25 | 4 | 8 |
| **Support Services** | | | | |
| Food Bank/Home Delivered Meals | 1,132 | 9,711 | 385 | 802 |
| Medical Transportation | 125 | 4,311 | 118 | 809 |
| Other Professional Services | 35 | 317 | 13 | 71 |
| Outreach Services | 31 | 296 | 23 | 216 |
| Substance Abuse Services (residential) | 585 | 4,929 | 27 | 71 |
| **TOTALS:** | 9,682 | 125,722 | | |

**Total unduplicated clients (month):** 3,806

**Total unduplicated clients (YTD):** 8,772

See Service Unit Definitions on page 4



REPORT COMPILED ON: 12/30/2024

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 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) | 2 | 28 | 2 | 5 |
| Health Insurance Premium and Cost Sharing Assistance | 5 | 3,056 | 5 | 1,447 |
| Medical Case Management | 3,985 | 61,431 | 2,149 | 7,763 |
| Mental Health Services | 28 | 494 | 19 | 82 |
| Oral Health Care | 456 | 7,762 | 360 | 2,520 |
| Outpatient Ambulatory Health Services | 2,262 | 20,588 | 1,267 | 3,981 |
| Substance Abuse Outpatient Care | 5 | 25 | 4 | 8 |
| **Support Services** | | | | |
| Food Bank/Home Delivered Meals | 1,132 | 9,711 | 385 | 802 |
| Medical Transportation | 112 | 4,163 | 105 | 781 |
| Other Professional Services | 35 | 317 | 13 | 71 |
| Outreach Services | 28 | 268 | 21 | 196 |
| Substance Abuse Services (residential) | 585 | 4,929 | 27 | 71 |
| **TOTALS:** | 8,635 | 112,772 | | |

**Total unduplicated clients (month):** 3,498

**Total unduplicated clients (YTD):** 8,633



REPORT COMPILED ON: 12/30/2024

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 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 | 922 | 10,513 | 520 | 1,043 |
| Mental Health Services | 1 | 28 | 1 | 19 |
| Outpatient Ambulatory Health Services | 108 | 2,233 | 70 | 620 |
| **Support Services** | | | | |
| Medical Transportation | 13 | 148 | 13 | 34 |
| Outreach Services | 3 | 28 | 2 | 20 |
| **TOTALS:** | 1,047 | 12,950 | | |

**Total unduplicated clients (month):** 569

**Total unduplicated clients (YTD):** 1,399



REPORT COMPILED ON: 12/30/2024

**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.

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 November 2024, as of 12/30/2024. This report reflects reimbursement requests that were due by 12/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total $5,166,871.97 One of 18 contracts has not been executed; pending resolution of a due diligence item.

| 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 | 7,679.00 | |
| 6 | Health Insurance Services | 328,454.00 | |
| 1 | Medical Case Management | 6,063,727.00 | |
| 3 | Mental Health Therapy/Counseling | 69,501.00 | |
| 4 | Oral Health Care | 4,082,857.00 | |
| 2 | Outpatient/Ambulatory Health Svcs | 8,020,778.00 | |
| 9 | Substance Abuse - Outpatient | 9,441.00 | |
| | CORE Services Totals: | 18,582,437.00 | |

| | 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 | 253,654.00 | | |
| 15 | Other Professional Services | 40,274.00 | | |
| 14 | Outreach Services | 149,032.00 | | |
| 7 | Substance Abuse - Residential | 1,731,750.00 | | |
| | SUPPORT Services Totals: | 3,147,242.00 | 795,210.00 | |
| | FY 2024 Award (not including C/O) | 21,729,679.00 | | |

| | | | |
|---|---|---|---|
| **DIRECT SERVICES TOTAL:** | | **$** | **22,524,889.00** |
| Total Core Allocation | 18,582,437.00 | | |
| Target at least 80% core service allocation | 17,383,743.20 | | |
| **Current Difference (Short) / Over** | **$ 1,198,693.80** | | |
| **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% — **85.52%** — **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 | 1,280.24 | |
| 5606920000 | Health Insurance Services | 140,286.73 | |
| 5606870000 | Medical Case Management | 1,859,089.85 | |
| 5606860000 | Mental Health Therapy/Counseling | 41,210.00 | |
| 5606900000 | Oral Health Care | 1,810,027.00 | |
| 5606610000 | Outpatient/Ambulatory Health Svcs | 4,358,890.46 | |
| 5606910000 | Substance Abuse - Outpatient | 1,290.00 | |
| | CORE Services Totals: | 8,212,074.28 | |

| 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 | 66,764.26 | | |
| 5606890000 | Other Professional Services | 28,494.00 | | |
| 5606950000 | Outreach Services | 68,326.34 | | |
| 5606930000 | Substance Abuse - Residential | 1,155,250.00 | | |
| | SUPPORT Services Totals: | 1,848,326.80 | 0.00 | |
| | FY 2024 Award (not including C/O) | 10,060,401.08 | | |

| | | | |
|---|---|---|---|
| **TOTAL EXPENDITURES DIRECT SVCS & % :** | | **$** | **10,060,401.08** **44.66%** |
| **Formula Expenditure %** | **67.35%** | | |
| 5606710000 | **Recipient Administration** | **1,306,567.23** | |
| 5606880000 | **Quality Management** | **400,000.00** | 1,706,567.23 |

| **Grant Unexpended Balance** | **FY 2023 Award** | **Carryover** | |
|---|---|---|---|
| | **13,043,785.69** | **795,210.00** | 13,838,995.69 |
| **Total Grant Expenditures & %** | | **$** | **11,766,968.31** **45.95%** |

**Core medical % against Total Direct Service Expenditures (Not including C/O):**
Cannot be under 75% — **81.63%** — **Within Limit**

**Quality Management % of Total Award (Not including C/O):**
Cannot be over 5% — **1.61%** — **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**
Cannot be over 10% — **5.27%** — **Within Limit**

Printed On: 12/30/2024

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 November 2024, as of 12/30/2024. This report reflects reimbursement requests that were due by 12/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total $157,072.34.

| 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 | |
|---|---|---|---|---|
| | AIDS Pharmaceutical Assistance | | | |
| | Health Insurance Services | | | |
| 1 | Medical Case Management | 350,102.00 | 661,318.00 | 1,011,420.00 |
| 3 | Mental Health Therapy/Counseling | 18,960.00 | | |
| | Oral Health Care | | | |
| 2 | Outpatient/Ambulatory Health Svcs | 1,024,748.00 | 712,385.00 | 1,737,133.00 |
| 6 | Substance Abuse - Outpatient | 8,058.00 | | |
| | CORE Services Totals: | 1,401,868.00 | 1,373,703.00 | |

| Priority Order | Support Services | Allocations | Carryover Allocations | |
|---|---|---|---|---|
| 5 | Emergency Financial Assistance | 0.00 | | |
| | Food Bank | | | |
| 13 | Medical Transportation | 7,628.00 | 8,300.00 | 15,928.00 |
| | Other Professional Services | | | |
| 7 | Outreach Services | 39,816.00 | | |
| | Substance Abuse - Residential | | | |
| | SUPPORT Services Totals: | 47,444.00 | 8,300.00 | |
| | FY 2024 Award (not inlcuding C/O) | 1,449,312.00 | | |
| | FY 2024 Carryover Award | | 1,382,003.00 | |

| | | | | |
|---|---|---|---|---|
| **DIRECT SERVICES TOTAL:** | | **$ 2,831,315.00** | | |
| Total Core Allocation | | 1,401,868.00 | | |
| Target at least 80% core service allocation | | 1,166,089.60 | | |
| **Current Difference (Short) / Over** | **$** | **235,778.40** | | |
| **Recipient Admin. (OMB-GC)** | **$** | **260,057.00** | | |
| **Quality Management** | **$** | **100,000.00** | 360,057.00 | $ 3,191,372.00 |
| **(+) Unobligated Funds / (-) Over Obligated:** | | | | |
| Unobligated Funds (MAI) | **$** | **791,203.00** | | |
| Unobligated Funds (Carry Over) | **$** | **92,767.00** | 883,970.00 | 4,075,342.00 |

| | |
|---|---|
| **Core medical % against Total Direct Service Allocation (Not including C/O):** | |
| Cannot be under 75% | **96.73%** **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** |

### CURRENT CONTRACT EXPENDITURES

**DIRECT SERVICES:**

| Account | Core Medical Services | Expenditures | Carryover (C/O) Expenditures | |
|---|---|---|---|---|
| 5606970000 | AIDS Pharmaceutical Assistance | | | |
| 5606920000 | Health Insurance Services | | | |
| 5606870000 | Medical Case Management | 347,707.30 | 218,558.55 | 566,265.85 |
| 5606860000 | Mental Health Therapy/Counseling | 1,527.50 | | |
| 5606900000 | Oral Health Care | | | |
| 5606610000 | Outpatient/Ambulatory Health Svcs | 363,727.84 | 229,384.58 | 593,112.42 |
| 5606910000 | Substance Abuse - Outpatient | 0.00 | | |
| | CORE Services Totals: | 712,962.64 | 447,943.13 | |

| Account | Support Services | Expenditures | Carryover Expenditures | |
|---|---|---|---|---|
| 5606940000 | Emergency Financial Assistance | 0.00 | | |
| 5606980000 | Food Bank | | | |
| 5606460000 | Medical Transportation | 6,881.69 | 0.00 | 6,881.69 |
| 5606890000 | Other Professional Services | | | |
| 5606950000 | Outreach Services | 16,590.00 | | |
| 5606930000 | Substance Abuse - Residential | | | |
| | SUPPORT Services Totals: | 23,471.69 | 0.00 | |
| | FY 2024 Award (not inlcuding C/O) | 736,434.33 | | |

| | | | | |
|---|---|---|---|---|
| **TOTAL EXPENDITURES DIRECT SVCS & %:** | | | **$ 1,184,377.46** | **41.83%** |
| 5606710000 | **Recipient Administration** | **82,425.03** | | |
| 5606880000 | **Quality Management** | **66,666.64** | | 149,091.67 |
| | **Grant Unexpended Balance** | **FY 2024 Award** **1,715,046.00** | **Carryover** **1,026,826.87** | 2,741,872.87 |
| **Total Grant Expenditures & % (Including C/O):** | | | **$ 1,333,469.13** | **32.72%** |

| | |
|---|---|
| **Core medical % against Total Direct Service Expenditures (Not including C/O):** | |
| Cannot be under 75% | **96.81%** **Within Limit** |
| **Quality Management % of Total Award (Not including C/O):** | |
| Cannot be over 5% | **2.56%** **Within Limit** |
| **OMB-GC Administrative % of Total Award (Cannot include C/O):** | |
| Cannot be over 10% | **3.17%** **Within Limit** |

Printed On: 12/30/2024

MIAMI-DADE HIV/AIDS PARTNERSHIP

**Medical Care Subcommittee**
**Friday, January 24, 2025**
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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report to Committees (reference only) | James Dougherty |
| VIII. | Standing Business | |
| | • Oral Health Care Items: Service Descriptions and Standards | All |
| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
| | • 2025 Meeting Workplan Update | All |
| IX. | New Business | |
| | • 2025 Officer Elections | All |
| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

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

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

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

**Ron DeSantis**
Governor

**Joseph A. Ladapo, M.D., Ph.D.**
State Surgeon General

JANUARY 6, 2025

# ADAP MIAMI-DADE / SUMMARY REPORT^ – DECEMBER 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 | 66 | 527 | 7,593 | $1,089,868.82 | 2,184 | 635 | 3.4 | $4,605,650.34 | 2,797 | $1,646.64 |
| DEC-24 | 61 | 835 | 7,688 | $1,435,602.25 | 2,900 | 786 | 3.7 | $4,569,896.77 | 2,778 | $1,645.03 |
| JAN-25 | | | | | | | | | | |
| FEB-25 | | | | | | | | | | |
| MAR-25 | | | | | | | | | | |
| FY24/25 | 671 | 4,152 | 7,688 | $11,574,243.70 | 21,928 | 6,612 | 3.3 | $42,166,498.36 | 25,518 | $1,652.42 |

## PROGRAM UPDATE

| | | |
|---|---|---|
| *01/01/25: BENEFIT LEVEL ^ | *7,688* | DIRECT DISPENSE 59 % *4566* - PREMIUM PLUS 41 % *3122 [ACA-MP, EMPLOYER SPONSORED INSURANCE, COBRA, MEDICARE PART-D]* |
| *12/01/24: CABENUVA ® ^ | *250* | DIRECT DISPENSE 66 % *165* - PREMIUM PLUS 34 % *85* |
| *01/01/25: MEDICARE ELIGIBLE ^ | *12* | UNDER REVIEW THIS MONTH. – *58* CLIENTS WITHIN *7-MONTH WINDOW AROUND 65TH BIRTHDAY THIS MONTH.* |
| *01/01/25: MEDICARE | *226* | OPEN ENROLLMENT. ENDS DECEMBER 7TH. MEDICARE CLIENTS CAN MAKE CHANGES. |
| *12/26/24: ACA-MP | *2,659^* | OPEN ENROLLMENT. APPROVED PLANS FOR 2025 *[62]*. ENDS JANUARY 15TH. |

*DATE: 01/06/25. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - ^ ALL DATA SUBJECT TO REVIEW & EDITING. ^^ OPEN + ACTIVE PTS. – NOTE: EXPENDITURES NOT INCLUDED: UNINSURED CLIENTS FROM WP & 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 THEIR 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, January 24, 2025**
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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report to Committees (reference only) | James Dougherty |
| VIII. | Standing Business | |
| | • Oral Health Care Items: Service Descriptions and Standards | All |
| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
| | • 2025 Meeting Workplan Update | All |
| IX. | New Business | |
| | • 2025 Officer Elections | All |
| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

# Membership Report

January 3, 2025

## 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.

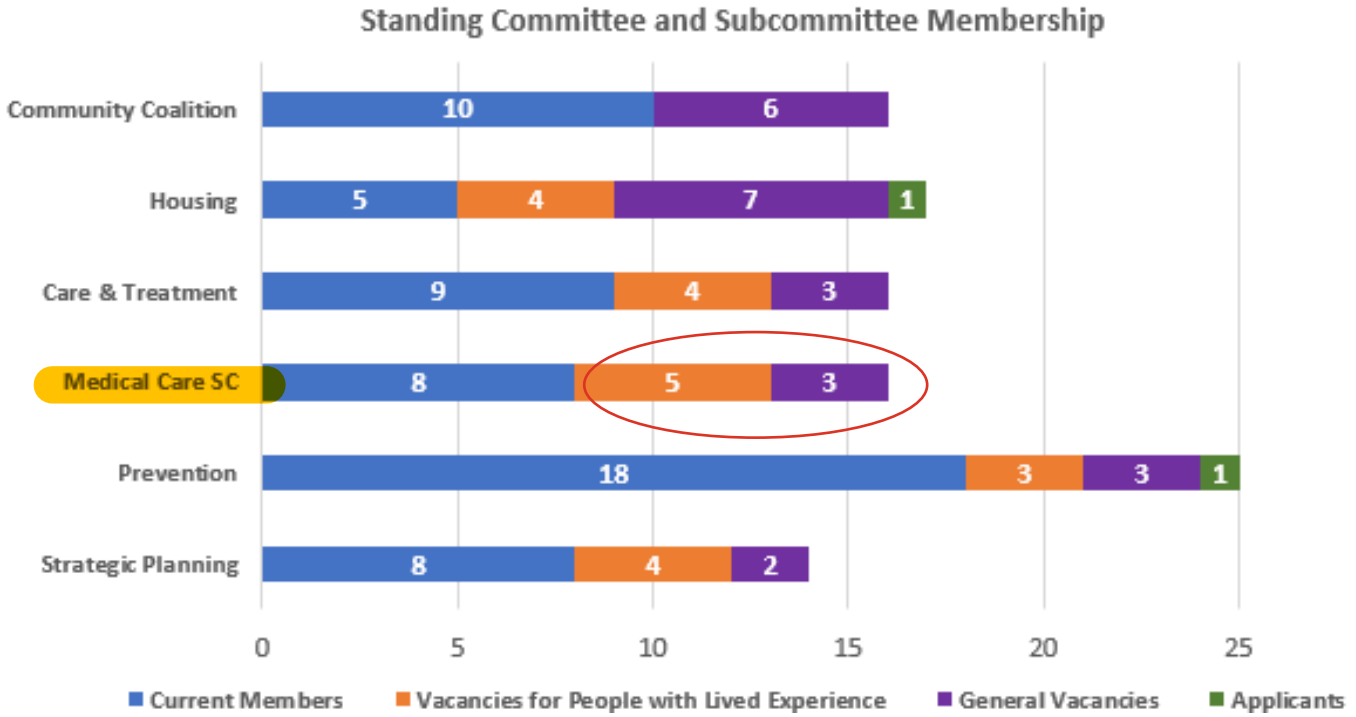
MEMBERSHIP

# 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.



MIAMI-DADE HIV/AIDS PARTNERSHIP

**Medical Care Subcommittee**
**Friday, January 24, 2025**
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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report to Committees (reference only) | James Dougherty |
| VIII. | Standing Business | |
| | • Oral Health Care Items: Service Descriptions and Standards | All |
| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
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| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

# Partnership Report to Committees and Subcommittee
# January 7, 2025 Meeting

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

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

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Members heard regular reports and approved the following motions:

**Executive Committee**

1. Motion to accept the edits to the Miami-Dade HIV/AIDS Partnership Ryan White Planning Council Policies and Procedures Manual, as presented.
2. Motion to accept the 2025 Miami-Dade HIV/AIDS Partnership Bylaws, as presented.

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The following meeting dates were announced:

- Friday, January 31, 2025, 12:00 PM-12:30 PM
  Report for Action! February Partnership Meeting Briefing
  Microsoft Teams, ID: 238 353 321 012; Passcode: pW9t2mR7
- Tuesday, February 4, 2025, 10 AM-12:00 PM
  Partnership Meeting
  Miami-Dade County Main Library, 101 West Flagler St., Auditorium, Miami, FL 33130

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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 d~~D~~entists, dental specialists, and ~~D~~dental ~~H~~hygienists, as well as licensed d~~D~~ental a~~A~~ssistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, d~~D~~ental ~~A~~assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's definition of a licensed ~~D~~dental ~~A~~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.

When a referral from a d~~D~~entist to a dietitian is needed, the d~~D~~entist must coordinate with the client's l~~L~~icensed m~~M~~edical ~~P~~provider (MD, DO, APRN, PAs) 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., l~~L~~icensed m~~M~~edical ~~P~~providers and d~~D~~entist). The client's m~~M~~edical c~~C~~ase m~~M~~anager should also be informed of the client's need for nutrition services.

Labs ~~maybe~~may be requested from ~~L~~licensed m~~M~~edical ~~P~~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 l~~Licensed m~~M~~edical p~~P~~rovider'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 v~~V~~iral ~~L~~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 2025~~3~~4 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 dental 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.<br>• 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<br>OR<br>• Current Ryan White Program Referral.<br><br>• 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<br>• 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.<br>• 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.<br>• 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.*<br><br>**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:<br>• Date of service<br>• Tooth number, if appropriate<br>• Service description<br>• Procedure code billed<br>• Anesthetic used including strength and quantity<br>• Materials used, if any<br>• Prescriptions or medications dispensed, including name of drug, quantity, and dosage<br>• Education provided<br>• Signature and title |

| | | |
|---|---|---|
| **Standard 4.3** | A comprehensive examination is provided*at least annually.<br><br>*Not applicable for episodic care, follow up, or problem-focused examinations.<br><br>**OR**<br><br>A problem-focused oral examination is performed. | Comprehensive Examination includes:<br>• Cavity charting<br>• Complete periodontal exam or periodontal screening record<br>• Documentation of restorations & prosthesis<br>• Full mouth radiographs, as clinically indicated<br>• Pre-existent conditions<br>• Disease presence<br>• Structural anomalies<br>• Oral hygiene instruction<br>• Prescriptions or medications dispensed including name of drug, quantity, and dosage<br>• Education provided<br><br>Problem-focused examination includes:<br>• Chief complaint is documented<br>• Problem-focused evaluation is performed<br>• Prescriptions or medication dispensed include name of drug, quantity, and dosage<br>• Radiographs as necessary<br>• Specific oral treatment plan<br>• Education provided<br>• 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.<br>• 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.*<br><br>*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.*<br>*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.*<br>*Not applicable if no condition documented and no referral made.<br><br>Tobacco use and referral.*<br>*NA for clients not using tobacco products.<br><br>Nutritional problems and referral.*<br>*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.<br>• Documentation of heavy tobacco use and referral to a tobacco counseling program.<br>• 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].<br><br>[1]Not applicable for episodic care.<br><br>[2]Not applicable for episodic care.<br>[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.<br><br>• Documentation of nutritional education as related to oral health.<br><br>• 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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# 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. All clients, regardless of viral load levels, must have viral load tests every 6 months per the DHHS/HRSA standards.*

## 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

~~e.~~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

j. **Health Resources and Service Administration (HRSA) HIV Care for People Aging with HIV**
https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-hiv-and-older
~~k.~~
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~~problems, as appropriate
   f. Risk reduction
   g. Safer sex practices – discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
   h. Vital signs, including weight/BMI – may not occur every time with telehealth

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

## III. Assessments at Incremental Visits

### General Health including Labs

1. **ALT, AST, Total Bilirubin** [i] – Entry into care; ART initiation or modification; 4-8 weeks after ART initiation or modification; every 6 months; or if ART initiation is delayed, every 6-12 months; or if clinically indicated.

2. **Annual wellness visit (females)** [iv] **–** Should include screenings for anxiety, breast cancer, cervical cancer, interpersonal and domestic violence, obesity prevention (midlife women), sexually transmitted infections, urinary incontinence, and contraception. For those who are pregnant, lactation support and screenings for diabetes mellitus (including post-pregnancy), as applicable.

3. **Basic metabolic panel** [i] – Entry into care; ART initiation or modification; 4-8 weeks after ART initiation or modification; every 6 months; if ART initiation is delayed, every 6-12 months; or if clinically indicated. Serum Na, K, $HCO_3$, Cl, BUN, creatinine, glucose, and creatine-based estimated glomerular filtration rate. Serum phosphorus should be monitored in patients with chronic kidney disease who are on tenofovir disoproxil fumarate (TDF)-containing regimens. Consult the HIV Medicine Association of the Infectious Diseases Society of America's (HIVMA/IDSA) Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV for recommendations on managing patients with renal diseases. More frequent monitoring may be indicated for patients with evidence of kidney diseases (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension).

4. **Bone Densitometry** [iii] – Baseline bone DEXA should be performed in all postmenopausal women and men greater than or equal to 50 years old ~~postmenopausal women and men~~.

5. **CBC w/ differential** [i] – Entry into care; ART initiation or modification; every 3-12 months if monitoring CD4 count (if required by lab); or when clinically indicated. CBC with differential should be done when a CD4 count is performed. When CD4 count is no longer being monitored, the recommended frequency of CBC with differential is once a year. More frequent monitoring may be indicated for persons receiving medications that potentially cause cytopenia [e.g., trimethoprim-sulfamethoxazole (TMP-SMX)].

6. **Colon and Rectal Cancer Screening** ~~[v]~~ [iii] – Colorectal cancer screening recommended for individuals between 45-75 years of age if average risk (including personal and family history). For ages 76-~~85~~85, ~~screening~~ individualized screening based on overall health and prior screening. Consider screening earlier if first-degree relatives are diagnosed with colon cancer prior to age 50. Screening tests include: stool based screening (gFOBT, FIT, FIT-DNA) every year, ~~should be based on personal preference, life expectancy, overall health, and prior screening history. Those over 85 years old should no longer get colorectal cancer screening. Discussion should take place earlier (1) for those with a personal history of colorectal cancer or certain types of polyps, (2) for those with a family history of colorectal cancer, (3) for those with inflammatory bowel disease (ulcerative colitis or Crohn's disease),~~

~~(4) for those with confirmed or suspected hereditary colorectal cancers syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC), or for those for with a personal history of getting radiation to the abdomen (belly) or pelvic area~~ or colonoscopy every 10 years if normal, or more frequently if polyps are identified~~to treat a prior cancer.~~.

7. **Glucose (Random or Fasting)** [i] – Entry into care; ART initiation or modification; treatment failure; or if clinically indicated. If random glucose is abnormal, fasting glucose should be obtained. HbA1C is no longer recommended for diagnosis of diabetes in person with HIV on ART, see American Diabetes Association Guidelines.

~~8.~~ **Gynecological Exam** [ii]~~[iv]~~[i] (females) – In women and adolescents with HIV, initiation of cervical cancer screening (Pap) should ~~with cytology alone should begin within~~be conducted within one year of onset of sexual activity, ~~or if already sexually active, within the first year after HIV diagnosis~~ but no later than 21 years of age. For those age 21-29, Pap should be done at diagnosis of HIV, repeated yearly for 3 years, then if all normal, Pap every 3 years. For those less than 30 years, no HPV testing unless abnormalities are found on Pap test. For those over 30 years old, Pap at diagnosis of HIV, repeat yearly x 3 years, then if all normal, Pap every 3 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; in general, continue screening past 65 years. ~~Cervical cancer screenings in women who are infected with HIV should continue throughout a woman's lifetime (i.e., not stopping at age 65 years). In women infected with HIV who are younger than 30 years, if the initial cytology screening result is normal, the next cytology screening should be in 12 months. If the results of three consecutive annual cervical cytology screenings are normal, follow-up cervical cytology screening should be every 3 years. Co-testing (cervical cytology and human papillomavirus [HPV] screening) is not recommended for HIV-infected women younger than 30 years. Women infected with HIV who are 30 years and older can be screened with cytology alone or co-testing. After women screened with cytology alone have had three consecutive annual test results that are normal, follow-up screening can be every 3 years. Women infected with HIV who have one negative co-test results (normal cytology and HPV negative) can have their next cervical cancer screening in 3 years. In women with HIV infection, co-testing results that are cytology negative, but HPV positive are managed as in the general population. Women with HIV who have cervical cytology results of low-grade squamous intraepithelial lesions or worse should be referred for colposcopy. For women with HIV infection who are 21 years or older and have atypical squamous cells of undetermined significance (ASC-US) test results, if reflex HPV testing results are positive, referral to colposcopy is recommended. If HPV testing is not available, repeat cervical cytology in 6-12 months is recommended, and for any result of ASC-US or worse on repeat cytology, referral to colposcopy is recommended. Repeat cytology in 6-12 months, but not HPV testing, is recommended for HIV-infected women younger than 21 years with ASC-US test results. Although not explicitly stated in the Panel guidelines, women with HIV infection who have ASC-US, HPV-negative results (whether from reflex HPV testing or co-testing) can return to regular screening.~~

~~8.~~

9. **Hepatitis A Screening** [ii] **–** At initial screening, if non-immune, offer vaccination and after vaccination received do postvaccination serologic testing 1 or 2 months or at the next scheduled visit. After the second vaccine to assess for immunogenicity. A repeat vaccine series is recommended in those who remain seronegative.

10. **Hepatitis B Serology (HBsAb, HBsAg, HBcAb total)** [i] – At entry into care; at ART initiation or modification, in patients not immune to hepatitis B (HBV), consider retesting if switching to a regimen that does not contain tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF); as clinically indicated including before starting hepatitis C direct-acting antiviral (HCV DAA). If ~~patient~~a patient has HBV infection (as determined by a positive HBsAg or HBV DNA test result), TDF or TAF plus either emtricitabine (FTC) or lamivudine (3TC) should be used as part other ART regiment to treat both HBV and HIV infections. If HBsAg, HBsAb, and HBcAb test results are negative, hepatis B vaccine series should be administered. Most patients with isolated HBcAb have resolved HBV infection with loss of HBsAb. Consider performing an HBV viral load test for confirmation. If the HBV viral load test is positive, the patient may be acutely infected (and will usually display other signs of acute hepatitis) or chronically infected. If the test is negative, the patient should be vaccinated. Refer to the HIVMA/IDSA's Primary Care Guidance for Person with HIV and the Adult and Adolescent Opportunistic Infection Guideline for detailed recommendations.

11. **Hepatitis C Screening (HCV antibody or, if indicated, HCV RNA)** [i] – At entry into care; every 12 months, for at-risk patients—injection drug users, person with a history of incarceration, men with HIV who have unprotected sex with men, and persons with percutaneous/parenteral exposure to blood in unregulated settings are at risk for hepatitis C (HCV) infection; or when clinically indicated. The HCV antibody test may not be adequate for screening in the setting of recent HCV infection (defined as acquisition within the past 6 months), or advanced immunodeficiency (CD4 count <100 cells/$mm^3$). HCV RNA screening is indicated in persons who have been successfully treated for HCV or who spontaneously cleared prior infection. HCV antibody-negative patients with elevated ALT may need HCV RNA testing.

12. **Lipid Profile** [i] – Entry into care;4-8 weeks after ART initiation or modification; consider 1-3 months after ART initiation or modification~~-~~; every 12 months if normal at baseline but with cardiovascular risk. If normal at baseline, every 5 years or if clinically indicated. If random lipids are abnormal, fasting lipids should be obtained. Consult the American College of Cardiology/American Heart Association's 2018 Guideline on the Management of Blood Cholesterol for diagnosis and management of patients with dyslipidemia.

13. **Lung Cancer Screening** [iii~~x~~] – Annually with low-dose computer tomography (LDCT) for patients aged 50-80~~ and in fairly good health~~, who are currently smoking or former smokers with a 20 or more pack-year smoking history. Additional information at: https://www.cancer.org/cancer/types/lung-cancer.html.~~ or more (e.g. 1 pack a day x 20 years or 2 packs a day x 10 years).~~

~~13.~~

14. **Mammogram** (females)[ii] [vi][i] – From ages 40-49, inform of the potential risks and benefits of screening and offer Starting at age 40, screening every 2 years recommended annually. From ages 50-75, mammography performed at least every After age 55 every 2 years or can continue yearly screening. Screenings should continue as long as a woman is in good health and is expected to live at least 10 more years.. Additional information at: https://www.cancer.org/cancer/types/breast-cancer.html.

15.

16.15. **Pregnancy test** [i] (For people of childbearing potential) – At entry into care; ART initiation or modification or when clinically indicated.

16. **Prostate-specific antigen (PSA) Screening** [v][viii] (males) – For ages 55-69 digital rectal exam, should be considered primary evaluation before PSA screening. For those age 50-69, they discuss the risks and potential benefits of PSA screening. For those ages 70 and older, PSA screening is not recommended. The impact of HIV on prostate cancer risk is not yet known. African Americans and people with a relative with prostate cancer have a higher burden of prostate cancer. Clinicians should follow USPSTF or American Cancer Society guidelines and considertesting is an individualized decision to be made by clinician and patient wishes. Additional information at: https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html.
17. based on current guidelines.

18.17. **TB Testing** [iii][i] – Perform annually in persons at risk for tuberculosis, either with a tuberculin skin test or IGRA.Entry into care or anytime there is concern of a recent exposure. Annual TB test is recommended if patient is deemed high risk (repeated or ongoing exposure to known active TB, after incarceration, after living in congregate setting, active drug user or other risk factor for TB). If tested when CD4 < 200, repeat after CD4 increases to above 200. Testing using either tuberculin skin test or interferon – γ release assay.

19.18. **Urinalysis** [i] – Entry into care; or if clinically indicate e.g., in patients with chronic kidney disease (CKD) or diabetes mellitus (DM). Consult the HIV Medicine Association of the Infectious Diseases Society of America's (HIVMA/IDSA) Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV for recommendations on managing patients with renal disease. More frequent monitoring may be indicated for patients with evidence of kidney disease (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension). Urine glucose and protein should be assessed before initiating tenofovir alafenamide (TAF)-or tenofovir disoproxil fumarate (TDF)-containing regimens and monitored during treatment with these regimens.

## HIV Specific

~~20.~~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.

~~21.~~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.*

~~22.~~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.

~~23.~~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.

~~24.~~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 but is necessary for stable patients; if ART initiation is delayed, repeat testing is optional; or if treatment failure or if clinically indicated.

~~25.~~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).*

~~26.~~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.

~~27.~~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*

~~28.~~27. **COVID-19 vaccination** [~~vix~~] – Vaccinate per CDC guidance.

~~29.~~28. **Hepatitis A vaccination** [~~vix~~] – 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.

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

~~31.~~30. **Human Papillomavirus (HPV) Vaccine** [~~vix~~] – HPV vaccination as indicate by current guidelines.

~~32.~~31. **Influenza vaccination** [~~vix~~] – Offer IIV4~~3~~ or RIV4~~3~~ annually.

~~33.~~32. **Meningococcal vaccination** [~~vix~~] – Use 2-dose series ~~MenACWY (~~Menveo or MenQuadfi~~)~~ at least 8 weeks apart and revaccinate every 5 years if risk remains. See vaccination guidelines.

~~34.~~33. **Mpox vaccination** [v] – Vaccinate per CDC guidance. Additional information at:~~See https://www.cdc.gov/poxvirus/monkeypox/vaccines/vaccine-basics.html~~https://www.cdc.gov/mpox/hcp/vaccine-considerations/index.html

~~35.~~34. **Pneumococcal vaccination** [v] –Vaccinate per guidelines**.** For guidance on which pneumococcal vaccine should be used go to:
~~www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html.~~
https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html.

~~36.~~35. **Tetanus, diphtheria, pertussis (Td/Tdap)** ~~[ix]~~[v] – One dose Tdap, then Td or Tdap booster every 10 years.

~~37.~~36. **Varicella** ~~[vix]~~[vi] – Vaccination may be considered (2 doses 3 months apart); VAR contraindicated for HIV infection with CD4 percentage <15% or CD4 count <200 cells/mm$^3$.

37. **Zoster vaccination** ~~[vix]~~[vi] — 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.

~~38.~~

## STI Screenings

~~**Anal Dysplasia Screening** [iii] – For all patients with HIV~~ should have digital anorectal exam performed at least annual if asymptomatic. ~~≥35 years old, see information at https://www.hivguidelines.org/guideline/hiv-anal-cancer/?mycollection=hpv-care~~

38. Anal pap: screen transgender women and men over 35 years of age who have sex with men, and al other people with HIV over 45 years of age, with anal Pap smears if there is access to, or ability to, refer for high-resolution anoscopy and treatment. Abnormal anal Pap should prompt referral for high-resolution anoscope. Additional information at:
HIV Clinical Guidelines Now Recommend High Resolution Anoscopy as Part of Anal Cancer Screening Program for People with HIV | National Institutes of Health

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. More frequent screening might be appropriate depending on individual risk behavior and the local epidemiology. ~~See~~ Additional information at https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

## Footnotes

[i] Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new-guidelines. Accessed on November 13~~August 3~~, 2023~~3~~4.

[ii] Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new. Accessed on December 16~~August 4~~, 2023~~4~~.

[iii] Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2023~~0~~4 Update by the HIV Medicine Association of the Infectious Diseases Society of America. https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciae479/7818967. ~~https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/.~~ Accessed November 13~~August 4~~, 2023~~4~~.

[iv] Women's Preventive Service Guidelines. https://www.hrsa.gov/womens-guidelines. Accessed November 13, 2024~~August 3 2023~~.

~~[v] American Cancer Society Recommendations for Colorectal Cancer Screening. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html. Accessed August 4, 2023.~~

~~[vi] Gynecologic Care for Women and Adolescents with Human Immunodeficiency Virus. The American College of Obstetricians and Gynecologist, vol. 128, no. 4, October 2016. https://pubmed.ncbi.nlm.nih.gov/27661659/. Accessed August 4, 2023.~~

~~[vii] American Cancer Society Recommendations for the Early Detection of Breast Cancer. https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html. Accessed August 4, 2023.~~

~~[viii] American Cancer Society Recommendations for Prostate Cancer Early Detection. August 4, 2023.~~

[ix] Recommended Adult Immunization Schedule for Ages 19 years or older, United States, 2024~~3~~5. https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-schedule-vaccines.html~~https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html~~. Accessed ~~November 1~~December 16~~7~~, 2023~~4~~.

~~[x] American Cancer Society Recommendations for Lung Cancer. https://www.cancer.org/cancer/types/lung-cancer.html. Accessed August 4, 2023.~~

MIAMI-DADE HIV/AIDS PARTNERSHIP

**Medical Care Subcommittee**
**Friday, January 24, 2025**
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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report to Committees (reference only) | James Dougherty |
| VIII. | Standing Business | |
| | • Oral Health Care Items: Service Descriptions and Standards | All |
| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
| | • 2025 Meeting Workplan Update | All |
| IX. | New Business | |
| | • 2025 Officer Elections | All |
| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

**Medical Care Subcommittee**
**Friday, January 24, 2025**
9:30 a.m. – 11:30 a.m.
Behavioral Science Research
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| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
| | • 2025 Meeting Workplan Update | All |
| IX. | New Business | |
| | • 2025 Officer Elections | All |
| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

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

**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, January 24, 2025**
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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report to Committees (reference only) | James Dougherty |
| VIII. | Standing Business | |
| | • Oral Health Care Items: Service Descriptions and Standards | All |
| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
| | • 2025 Meeting Workplan Update | All |
| IX. | New Business | |
| | • 2025 Officer Elections | All |
| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

**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; OHC items, as applicable including service descriptions and standards; substance abuse service description; complete Primary Medical Care Standards |
| **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 2026 |

**Comments:**

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

N=no meeting

MIAMI-DADE HIV/AIDS PARTNERSHIP

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MIAMI-DADE HIV/AIDS PARTNERSHIP

# *Memo*

**To:** Medical Care Subcommittee Members

**From:** Marlen Meizoso

**Date:** October 25, 2024

**Re:** 2025 Officer Nominations and Elections

---

Annual nominations for the Medical Care Subcommittee Chair and Vice Chair (Officers) are scheduled for the November 22, 2024, Medical Care Subcommittee meeting. Elections will be held at the January 24, 2025, meeting.

Serving as an Officer provides you a great opportunity to enhance your leadership skills, add a new title to your resume, and become a more involved planning council member!

Committee Officers develop agendas with support staff, lead committee meetings, and serve as members of the Executive Committee. Staff provides comprehensive training for all Officers.

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

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

*You are encouraged to add your name as a nominee* in advance of the meeting; nominations will also be taken from the floor at the January 24, 2025, meeting. Current Officers who have served less than two years are eligible and encouraged to add their name to the ballot. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at marlen@behavioralscience.com.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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# Get on Board

*Member Enrichment Training*

## Station 13: Getting to Know the Grantees on the Miami-Dade HIV/AIDS Partnership

**WEDNESDAY, FEBRUARY 5, 2025**

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

Register at
https://bit.ly/Feb052025_GranteesGOB

**Topics**

- Who are the Grantees on the Ryan White Planning Council?
- What services do they fund?
- Why is it important to know?

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| 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 November 22, 2024 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report to Committees (reference only) | James Dougherty |
| VIII. | Standing Business | |
| | • Oral Health Care Items: Service Descriptions and Standards | All |
| | • Minimum Primary Medical Care Standards | All |
| | • Methadone Access and Ryan White Program | All |
| | • Service Descriptions: Substance Abuse | All |
| | • 2025 Meeting Workplan Update | All |
| IX. | New Business | |
| | • 2025 Officer Elections | All |
| | • Annual Conflict of Interest Disclosures | All |
| X. | Announcements and Open Discussion | All |
| | • Get on Board Training, February 5, 2025 | |
| XI. | Next Meeting**: February 28, 2025** at **BSR** | Cristhian Ysea |

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

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

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| XII. | Adjournment | James Dougherty |

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

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