



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 March 28, 2025	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	ADAP Program	Dr. Javier Romero
	Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	Allowable Conditions List Review	All
	• Special Projects Discussion	All
	➤ Implementation Plan Goals	
	Client Satisfaction Results	
IX.	New Business	
	• None	All
X.	Announcements and Open Discussion	All
	• New Member Orientation May 7, 2025	All
XI. XII.	Next Meeting: May 23, 2025 at BSR Adjournment	Cristhian Ysea James Dougherty

Please turn off or mute cellular devices - Thank you





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Meeting Housekeeping Medical Care Subcommittee



Updated February 20, 2025
Behavioral Science Research





Disclaimer & Code of Conduct

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

General Housekeeping

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

About the Partnership

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



Language Matters!

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

Remember **People First** Language . . .

People with HIV, **People** with substance use disorders, **People** who are experiencing homelessness, etc.

Please don't say **RISKS** . . . Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . . Instead, say **ACQUIRED HIV**, **DIAGNOSED with HIV**, or **CONTRACTED HIV**.

Please **do not** use these terms . . .

Dirty ... Clean ... Full-blown AIDS ... Victim ...

Meeting Participation

Everyone has a role to play!

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



Meeting Terminology

Meetings can be fast-paced and confusing!

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

-C11	Meeting Guide
3 `/	Meetings can be fast-paced and confusing!
I	These terms and acronyms can help you follow along.
ユ	Please raise your hand at any time if you need more information!
	Presserance your rains at any union you need more morniation.
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 Agaistance Program. Provides FDA-approved medications for low-
	Income Individuals with HIV who have limited or no coverage from private
	Insurance or Medicald. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	Ending the HIV Epidemic: A Plan for America. Four Pillant:
	1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Mismi-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.
JIPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS initiative. Additional RWF funding to improve access to HIV care
	and health outcomes for disproportionately affected radal and ethnic minority
	populations.
NIUS	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
PR Mineral on Provide	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 Redplent 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 term	inclogy at www.aldanet.org/the-partnership/#getonboard1.

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/thepartnership/#mcsc1 or by scanning the QR code on your agenda.

The Miami-Dade HIV **AIDS Partnership**





















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Please turn off or mute cellular devices – Thank you

Floor Open to the Public

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

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





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

March 28, 2025 Minutes

#	Members	Present	Absent	Guests
1	Baez, Ivet		X	Narisse, Danielle
2	Dougherty, James	X		Nieto, Ana M.
3	Friedman, Lawrence	X		Rodriguez, Cindy
4	Goubeaux, Robert	X		Rojas, Vanessa, M.D.
5	Miller, Juliet		X	Valle-Schwenk, Carla
6	Romero, Javier	X		Staff
7	Serrano-Irizarry, Yendi		X	Ladner, Robert
8	Ysea, Cristhian A.	X		Meizoso, Marlen
Quoi	rum: 4			

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. <u>Call to Order</u> James Dougherty

James Dougherty, Subcommittee Chair, called the meeting to order at 9:35 a.m. He introduced himself, provided an overview of the work for the day's meeting, and welcomed everyone.

II. <u>Introductions</u> All

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

III. Meeting Housekeeping

James Dougherty

Mr. Dougherty reviewed the meeting housekeeping presentation indicating people first language, meeting protocols, location of Subcommittee meeting items online; and indicated staff as resource persons.

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. Robert Goubeaux Seconded: Dr. Lawrence Friedman Motion: Passed

VI. Review/Approve Minutes of February 28, 2025

All

Members reviewed the minutes of February 28, 2025, and it was requested that after hormone therapy (on page 2) clarifying language, "replacement for gender affirming care," be added.

Motion to accept the minutes of February 28, 2025, as discussed.

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

VII. Reports

Ryan White Program

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed the Ryan White Program (RWP) expenditures and clients served to date as of the end of February. As of the February report (printed 3/25/25), the RWP has served 9,267 unduplicated clients. Invoices are still being processed. Final invoices for the past fiscal year are due by March 31, 2025. Next month, final figures should be available. Thus far, 85% of Part A funds have been paid and are within the 75% core services expenditures requirement. There will be some carryover funding but not as much as in prior years. The program continues to monitor legislative changes and respond accordingly. All documents are being reviewed for compliance with federal executive orders. The final grant award has not been received.

AIDS Drug Assistance Program (ADAP)

Dr. Javier Romero

Dr. Javier Romero reviewed the February 2025 ADAP report as of March 3, 2025, including enrollments, expenditures, prescriptions, premium payments, and program updates. There has been an increase in insurance payments. Overall, by the end of the fiscal year, March 31, about \$73 million would have been expended by ADAP (not including the Perrine pharmacy clients or CVS specialty pharmacy). Eight expensive premium insurance plans currently being offered will not be eligible for renewal next year.

Vacancy Report

Marlen Meizoso

Mrs. Meizoso referenced the latest March vacancy report indicating several vacancies on the Partnership and the Subcommittee. Dr. Robert Goubeaux will be terming off after today's meeting since he has served six years. Dr. Goubeaux indicated he was going to be the Chief Medical Officer at Care Resource starting in June, and that he was happy to have served as a member on the Subcommittee. There are two interested physician candidates who have submitted applications, Dr. Saraswati Iobst and Dr. Vanessa Rojas. Dr. Rojas was present and indicated her interest in the Subcommittee. Members voted to approve her application.

Motion to recommend Dr. Vanessa Rojas for membership on the Medical Care Subcommittee. Moved: Dr. Robert Goubeaux Seconded: Cristhian Ysea Motion: Passed

As a reminder, additional seats are available for a psychiatrist/mental health provider, a general seat, and five (5) members of the affected community. If anyone knows of any individuals interested in membership, they may contact staff, or invite them to attend a meeting.

VIII. Standing Business

There was no standing business.

IX. New Business

Oral Health Care Item: Oral health Care Implant Letter

All

In the meeting materials, the oral health care implant letter was shared. The letter included some clarifying language included in the developmental documents. The new draft now clearly defines that eight (8) units is four (4) implants per arch x two (2) arches. The Subcommittee agreed to the clarification and requested the addition, "For Edentulous Clients," at the top of the document to further emphasize the requirement in the letter. Preferred Name was requested to be removed from this and all other letters. For aesthetics purposes, the date of birth field will be moved next to the client's name at the top of the document and prescriber telephone number will be moved to the left.

Motion to accept the revisions to the Letter of Medical Necessity for Dental Implants.

Moved: Dr. Lawrence Friedman Seconded: Dr. Robert Goubeaux Motion: Passed

Allowable Conditions List Review

All

Staff provided the Subcommittee with a copy of the most recent Allowable Conditions List for review. The following edits were suggested:

- □ Add to the top of the document, "Subject to change to comply with Executive Orders";
- □ Under Cardiology, add peripheral vascular disease since it is slightly more encompassing than peripheral artery disease;
- □ Under ENT, add oral candidiasis;
- □ Under Hematology, add leucopenia; and
- ☐ Adjust spacing, alignment, and font size.

2026 Special Projects Discussion

All

The chair polled members for special projects for next year. As part of the annual staff support budget process approved last year, each committee and subcommittee are being polled for any request for support of special projects above and beyond the annual activities such as needs assessment, comprehensive planning, PSRA, and efficiency of administrative mechanism. Results will be shared with the Executive Committee. Last year's request was included in the meeting packets for discussion. The Subcommittee indicated that while the prior request focused on focus groups for those aging, the client satisfaction survey results indicate that older adults are more engaged in care and with higher rates of viral suppression. The possible issue for clients is transitioning to Medicare. The Subcommittee indicated they would like to get a

representative from the Alliance for Aging to make a presentation on the services they offer that would be helpful to clients. Staff will reach out to see if and when a presentation could be made to the Subcommittee. There are specific goals in the Integrated Plan for those over 50 years old. For the next meeting, information on the Integrated Plan goals/data and the client satisfaction survey will be shared with the Subcommittee.

X. Announcements and Open Discussion

All

Mr. Dougherty announced the next New Member Orientation training will take place virtually on April 2, 2025. Details were on the flyer at the meeting.

Mrs. Meizoso announced that for any member who has not completed the annual source of income form, these are due by July 1, and staff will continue to follow-up for compliance.

No open discussion items were shared.

XI. Next Meeting Cristhian Ysea

The next Subcommittee meeting is scheduled for Friday, April 25, 2025, at 9:30 a.m. at BSR.

XII. Adjournment

James Dougherty

Mr. Dougherty thanked everyone for participating in today's meeting, congratulated Dr. Goubeaux on his new role and work over the last six years, and called for a motion to adjourn.

Motion to adjourn.

Moved: Dr. Robert Goubeaux Seconded: Dr. Lawrence Friedman Motion: Passed

The meeting adjourned at 11:04 a.m.





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



Ron DeSantis Governor

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

State Surgeon General

Vision: To be the Healthiest State in the Nation

APRIL 7, 2025

ADAP MIAMI-DADE / SUMMARY REPORT ^ - MARCH 2025

UTILIZATION & EXPENDITURES

Монтн	1 st Enrollments	Re-Enrollments	CLIENTS ^^
Apr-24	93	763	7,182
May-24	99	660	7,358
Jun-24	75	305	7,365
Jul-24	86	268	7,414
Aug-24	72	199	7,495
SEP-24	47	211	7,373
Ост-24	70	384	7,414
Nov-24	66	527	7,593
DEC-24	61	835	7,688
Jan-25	99	781	7,659
FEB-25	55	841	7,599
Mar-25	69	892	7,645
FY24/25	894	6,666	8,569

CHD PHARMACY \$	RXs	Patients	RX/Pt
\$1,299,197.75	1,574	759	2.1
\$1,348,852.85	2,632	781	3.4
\$1,224,156.67	2,319	672	3.5
\$1,281,998.16	2,551	762	3.3
\$1,297,441.51	2,592	744	3.5
\$1,328.957.85	2,666	760	3.5
\$1,268,167.89	2,617	713	3.7
\$1,089,868.82	2,184	635	3.4
\$1,435,602.25	2,900	786	3.7
\$1,327,091.08	2,637	749	3.5
\$1,157,427.65	2,334	656	3.6
\$ 661,101.68	1,377	418	3.3
\$14,719,864.11	28,276	8,435	3.4

Payments	#PREMIUMS	~\$ / Premium
\$4,760,132.82	2,869	\$1,659.16
\$4,661,276.34	2,804	\$1,662.37
\$4,735,158.01	2,855	\$1,658.55
\$4,743,763.59	2,867	\$1,654.61
\$4,715,538.90	2,854	\$1,652.26
\$4,696,503.85	2,856	\$1,644.43
\$4,678,577.74	2,838	\$1,648.55
\$4,605,650.34	2,797	\$1,646.64
\$4,569,896.77	2,778	\$1,645.03
\$5,203,613.10	2,975	\$1,749.11
\$5,194,572.56	2,732	\$1,901.38
\$5,165,061.83	2976	\$1,735.57
\$57,729,745.85	34,201	\$1,687.95

PROGRAM UPDATE

*04/07/25: BENEFIT LEVEL * 8,569 DIRECT DISPENSE 57 % 4864 - PREMIUM PLUS 43 % 3705 - [92 % W FLAGLER & 8 % WP]

*04/07/25: Cabenuva ® 223 Direct Dispense 58 % 130 - Premium Plus 42 % 93

*04/07/25: MEDICARE ELIGIBLE **^** 12 Under review this month. — 35 Clients within 7-month window around 65™ birthday this month.

*04/07/25: MEDICARE 250 OPEN ENROLLMENT. ENDED DECEMBER 7TH. CHANGES TO MEDICARE PLANS.

*04/07/25: ACA-MP ^ 2,901 Approved plans for 2025 [62; 5 plans available to 2024 clients]. Ended January 15th.

DATE: 02/03/25. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS, - A ALL DATA SUBJECT TO REVIEW & EDITING, AA 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 – 03/01/25					
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: <u>www.adapmiami.com</u> / <u>adap.fldohmdc@flhealth.gov</u>







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Membership Report

March 21, 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.



Committees

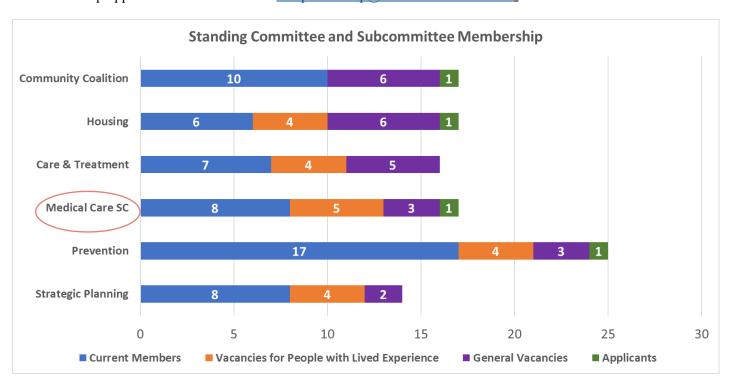
Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- Work with a dedicated team better serve per People with A Allocate more than \$27 million in Ryan White Program funds with the Care and Treatment Committee
 - A 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
- A 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
- R 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
- R 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 mdcpartnership@behavioralscience.com or 305-445-1076 for assistance.







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 A11 III. Meeting Housekeeping James Dougherty IV. Cristhian Ysea Floor Open to the Public V. Review/Approve Agenda All Review/Approve Minutes of March 28, 2025 VI. A11 VII. Reports Carla Valle-Schwenk Ryan White Program Dr. Javier Romero **ADAP Program** Marlen Meizoso Vacancy Report VIII. **Standing Business** Allowable Conditions List Review A11 Special Projects Discussion A11 > Implementation Plan Goals ➤ Client Satisfaction Results IX. **New Business** None All X. A11 Announcements and Open Discussion New Member Orientation May 7, 2025 A11 XI. Next Meeting: May 23, 2025 at BSR Cristhian Ysea XII. Adjournment James Dougherty

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Subject to change to comply with Executive Orders.

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

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

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

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

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

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

osteoarthritis

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

avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE) fibromyalgia myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE) osteopenia/osteoporosis rheumatic diseases

CARDIOLOGY:

atherosclerosis coronary artery disease heart disease hyperlipidemia peripheral artery disease peripheral vascular disease phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:

HIV-related chronic arthralgia peripheral neuropathy

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

Subject to change to comply with Executive Orders.

COLORECTAL:

abnormal anal Pap smears fistulas hernias

COLORECTAL and ONCOLOGY:

anal cancers

DENTAL (ORAL HEALTH CARE):

giant aphthous ulcers

DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:

human papillomavirus associated oral lesions

DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:

dental cancers oral cancers

DERMATOLOGY:

dermatitis

eczema/seborrheic dermatitis

eosinophilic folliculitis

impetigo

Methicillin-resistant Staphylococcus aureus (MRSA)

molluscum contagiosum

photodermatitis

pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)

nsoriasis

skin conditions and symptoms, including skin appendages and oral mucosa

warts

DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

tinea infections

DERMATOLOGY and INFECTIOUS DISEASES:

herpes simplex virus

DERMATOLOGY and ONCOLOGY:

Kaposi's sarcoma

skin cancers (squamous cell carcinoma, etc.)

Subject to change to comply with Executive Orders.

DERMATOLOGY and PODIATRY:

onychomycosis

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus
oral candidiasis

ENDOCRINOLOGY:

diabetes

hormone replacement therapy (for individuals of trans experience) hypogonadism

GASTROINTESTINAL:

colitis (syphilitic colitis--very rare) diarrhea esophageal candidiasis nausea/vomiting

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

abnormal Pap smear cervical human papillomavirus erectile dysfunction* hematuria (related to neoplasms) pregnancy scrotal candidiasis vaginitis

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:

gynecological cancers prostate cancer

*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but the treatment of erectile dysfunction is <u>not</u> covered by the local Ryan White Part A/MAI Program.

HEMATOLOGY:

Anemia

leucopenia

neutropenia

thrombocytopenia

HEMATOLOGY and ONCOLOGY:

polycythemia vera

Subject to change to comply with Executive Orders.

INFECTIOUS DISEASE:

histoplasmosis leishmaniasis non-tuberculous mycobacterial infections syphilis varicella zoster infections viral hepatitis (hepatitis B and C)

INFECTIOUS DISEASE and DERMATOLOGY:

Mpox

INFECTIOUS DISEASE and OPHTHAMOLOGY:

toxoplasmosis

INFECTIOUS DISEASE and PULMONOLOGY:

tuberculosis

MENTAL HEALTH SERVICES and PSYCHIATRY:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES

Under Mental Health Services, a mental health professional (PhD, EdD, PsyD, MA, MS, MSW, or M. Ed) will assess, diagnose, and treat mental illness under the mental health service category.

Under Psychiatry, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.

NEPHROLOGY:

human immunodeficiency virus-associated nephropathy renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)

NEUROLOGY:

delirium HIV-associated neurocognitive disorder (HAND) ^{1, 2} HIV- related encephalopathy neuropathy neurosyphilis

[NOTE: old NIMH web link not accessible. Additional link added below by OMB-GC/Ryan White Program]

https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_HIV%20Dementia_Providers_11-6-17.pdf

¹ National Institute of Mental Health info: https://www.nimh.nih.gov/about/organization/dar/developmental-and-clinical-neuroscience-of-hiv-infection-program

² UCSF Weill Institute for Neurosciences:

Subject to change to comply with Executive Orders.

NUTRITION:

lipodystrophy wasting weight gain weight loss

ONCOLOGY:

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

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

OPHTHALMOLOGY/OPTOMETRY:

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

- Client has a low CD4 count (at or less than 200 cells/mm³) *currently*
- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Referrals to an optometrist or ophthalmologist for treatment <u>must</u> indicate a condition related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. Referrals for treatment must be generated by an ophthalmological specialist. Any one of these conditions listed below would apply as examples.

Manifestations due to opportunistic infections:

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

Visual disturbances to rule out complication of HIV due to:

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

Subject to change to comply with Executive Orders.

History of STI and complications of STI:

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

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

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

PODIATRY:

diabetic foot care foot and ankle pain* plantar fasciitis related to lipoatrophy and other known associated causes

*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnosis, and treatment of foot and ankle pain for HIV related conditions or co-morbidities. Conditions such as hammer toes, bunions, and heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.

PULMONARY:

mycobacterium pneumocystis pneumonia recurrent pneumonia





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AGENDA

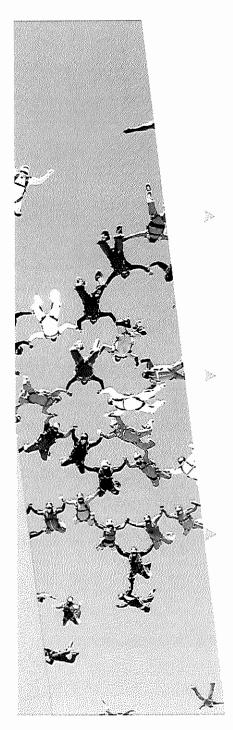
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Excerpts from 2024 Needs Assessment Presentation-2023 CSS ASING WITH FIV (Clients OVER 50)

	Clients <50 n = 256	Clients ≥ 50 N = 271
% very satisfied with MCM services	82%	82%
% very satisfied with ease of getting MCM appt	68%	69%
% very satisfied that MCM understands needs	75%	81%
Reported co-occurring high blood pressure	16%	42%
Reported co-occurring diabetes	5%	20%
Reported co-occurring arthritis or bone problems	5%	14%
Reported co-occurring mental health issues	11%	10%
Reported co-occurring neuropathy	3%	8%
% seeing medical specialist for co-occurring condx	39%	37%
% dissatisfied with time to get specialist appt.	20%	9%
% very satisfied with their specialty medical doc	60%	66%
% very satisfied with their regular PCP	78%	79%

Percentages in red reflect significant differences between clients <50 years and clients ≥50.



More Client Satisfaction Survey (CSS) findings ...

RWP client satisfaction levels with Peer and MCM services are very high, even if clients do not differentiate between these two roles. Almost 75% of MCM clients reported not having a Peer as part of their care team, despite virtually all of them receiving care from MCM agencies with Peers on board. High levels of contact and "follow up support" contribute to high client satisfaction.

The "over-50" RWP clients in care are highly satisfied with their RWP care, and although many of them have medical co-occurring conditions related to aging (diabetes, high blood pressure, arthritis), they are more likely to go to their customary PCP for care than see a specialist. Except for a higher incidence of medical co-occurring conditions, the over-50s are indistinguishable from under-50s.

About 30% of the RWP clients say they could have used mental health services in the past year, but one out of four of these clients were frustrated in getting an appointment and did not get the help they needed. Satisfaction levels could use some improvement.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Special Populations Objective 2.9: Improve health outcomes for adults over age 50 with HIV.

Strategy: Improve health outcomes for adults over age 50 with HIV.

Activity 2.9.1: Examine client outcome data specifically for persons over 50 in order to identify potential QI opportunities to improve service to this population.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Special Populations Objective 2.9: Improve health outcomes for adults over age 50 with HIV.

Strategy: Improve health outcomes for adults over age 50 with HIV.

Activity 2.9.4: Determine the need for Medicare transition assistance for RWP clients aged 65 and older.

Integrated Plan Updates - People with HIV Over Age 50 Presented to the Medical Care Subcommittee, April 25 2025

	Clients Eligible for Medicare						
Activity #	Activity	Measurement P1:	Measurement P2:	Measurement P3:	Measurement P4:	Measurement P5:	Measurement P6:
		Jan 1, 2022-Jun	Jul 1, 2022-Dec	Jan 1, 2023-Jun	Jul 1, 2023-Dec	Jan 1, 2024-Jun	Jul 1, 2024-Dec
		30, 2022	31, 2022	30, 2023	31, 2023	30, 2024	31, 2024
2.9.5.1	Number of MCM clients eligible for Medicare	422	238	447	461	590	602
2.9.5.2	Number of clients eligible for Medicare with a Medicare marker in PE Miami	190	201	204	205	235	242
2.9.5.3	Percent of clients eligible for Medicare with a Medicare marker in PE Miami	45%	46%	46%	44%	40%	40%
2.9.5.4	Address deficiencies in Medicare enrollment with individual subrecipients						

	Clients Receiving Ryan White Program (RWP) Outpatient/Ambulatory Health Services (OAHS)						
Activity #	Activity	Measurement P1:	Measurement P2:	Measurement P3:	Measurement P4:	Measurement P5:	Measurement P6:
		Jan 1, 2022-Jun	Jul 1, 2022-Dec	Jan 1, 2023-Jun	Jul 1, 2023-Dec	Jan 1, 2024-Jun	Jul 1, 2024-Dec
		30, 2022	31, 2022	30, 2023	31, 2023	30, 2024	31, 2024
2.9.2.1	Number of RWP OAHS clients over age 50	2006	2083	2192	2250	2307	2313
2.9.2.2	Percent of OAHS clients over age 50 RiMC	91%	91%	91%	92%	93%	93%
2.9.2.3	Percent of OAHS clients over age 50 virally suppressed	91%	91%	92%	94%	93%	93%
2.9.2.4	Number of RWP OAHS providers with clients over age 50 with RiMC rates below RWP system target rates.	10	11	8	11	9	5
2.9.2.5	Identify potential QI opportunities to improve client health outcomes						





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Meeting Announcement!

Miami-Dade HIV/AIDS Partnership

Monday, May 12, 2025

10:00 a.m. - 12:00 p.m.

Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130

Featuring

- **2025 Annual Miami CFAR Symposium Report**Alecia Tramel-McIntyre, Chair, Miami-Dade HIV/AIDS Partnership
- HIV Prevention Update
 Kira Villamizar, Public Health Services Manager, Florida Department
 of Health in Miami-Dade County
- Ryan White Program Updates
 Daniel T. Wall, Assistant Director, Office of Management and Budget,
 Miami-Dade County



Scan for details and to RSVP idsnet.org/the-partnership/





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

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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 March 28, 2025	All
VII.	Reports	
	Ryan White Program	Carla Valle-Schwenk
	ADAP Program	Dr. Javier Romero
	Vacancy Report	Marlen Meizoso
VIII.	Standing Business	
	Allowable Conditions List Review	All
	• Special Projects Discussion	All
	➤ Implementation Plan Goals	
	Client Satisfaction Results	
IX.	New Business	
	• None	All
X.	Announcements and Open Discussion	All
	• New Member Orientation May 7, 2025	All
XI.	Next Meeting: May 23, 2025 at BSR	Cristhian Ysea
XII.	Adjournment	James Dougherty

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