

**Ryan White Program
Service Delivery Guidelines
Fiscal Year 2019
(Year 29)**

**Section XIV –
Test & Treat / Rapid Access
(TTRA) Protocol**



***Miami-Dade County
Office of Management and Budget
Grants Coordination***

INTRODUCTION

The Florida Department of Health (FDOH) has a plan with Four Key Components to eliminate HIV Transmission and Reduce HIV related Deaths; Test & Treat (T&T) / Rapid Access (RA) (i.e., retention in care) is one of the four key components. T&T / RA is a clinical initiative providing immediate linkage to HIV care and initiation of ART at the time of HIV diagnosis and/or at the time of returning to care after a gap in services. The program benefits the patient's health and the community by providing initial antiretroviral therapy (ART) while working through the issues of eligibility and linkage to and retention in ongoing HIV care.

Miami-Dade County has renamed the program Test & Treat / Rapid Access to separate new to HIV care versus clients who are returning to care. Test & Treat / Rapid Access meaning same-day medical visit and access to antiretroviral medications for newly diagnosed and returned to care clients.

SDIS processing: All new patients and all returned to care clients will be enrolled in the Test & Treat / Rapid Access Contract whether or not they agree to immediate treatment. If the patient doesn't want immediate treatment the system will automatically disenroll the patient once the reason for not starting immediate treatment is entered into the system.

Newly diagnosed patients who agree to participate will be enrolled in a Test & Treat / Rapid Access (TTRA) Contract. Newly diagnosed patients who do not want to participate in Test & Treat will be classified as Newly Identified Clients (NIC). Patients choosing to opt-out of this process will be asked to provide a reason, for reporting purposes (see paragraph above). These programs (TTRA and NIC) are mutually exclusive. The SDIS will not allow providers to bill NIC services for a Test & Treat/Rapid Access client nor Test & Treat/Rapid Access services for anyone who is not enrolled in the Test & Treat/Rapid Access contract.

Patients who are returning to care after a gap in services who receive immediate treatment will also be enrolled in Test & Treat / Rapid Access Contract.

Test & Treat/Rapid Access data is handled through data collection screens accessed through the Contract Enrollment Function.

SDIS Service rules: There will be one Test & Treat / Rapid Access (TTRA) service, one Medical Office Visit, and one mental health counseling session (TTRAMH) that is valid for thirty (30) calendar days from the date of initial enrollment or immediate return to care. Any program-allowable lab test can be done at this time, and will be paid for regardless of eligibility enrollment status. Once the medical case manager has completed the Comprehensive Health Assessment and the Financial Assessment the client becomes an eligible Part A client.

Please Note: Ryan White Part A will cover the medical visit, labs, and medical case management services during this TTRA process. FDOH will cover the medications. However, in order to have FDOH pay for the medications, the medical visit and filled prescription must occur within seven (7) calendar days of the client entering the Test & Treat / Rapid Access Program (TTRA).

ELIGIBILITY FOR TEST & TREAT (T&T)

Preliminary reactive (presumptive positive) HIV test result; or

Newly diagnosed HIV patients defined as:

- Acute HIV Infection: antibody (-)/RNA (+).
- Newly Diagnosed HIV Infection: antibody (+) with last documented antibody (-) within prior 6 months.
- Patients previously diagnosed with HIV, returning to care: antibody positive with no prior HIV test result or last documented antibody (-) > 6 months ago.

No available clinical trial to which the patient can be enrolled, or patient declines clinical trial enrollment.

ELIGIBILITY FOR RAPID ACCESS (RA)

Locally defined “Lost to Care” patients defined as:

- HIV+ formerly in care, currently not receiving medical care;
- Previously diagnosed as HIV+, but not currently on ART.

THE GOAL

The goal of the T&T/RA process is for a newly diagnosed patient and a returning to care patient to see an HIV clinician, be offered ART, receive counseling, and agree on a sustainable care plan on the day of diagnosis/re-engagement, or within 2 to 3 days if same-day initiation is not possible.

Day 1 (or within 2-3 days)	Day 1 (or within 2-3 days)	Day 5-10 Follow Up	Linkage to Care
<ul style="list-style-type: none">• New HIV+ diagnosis or chronic HIV infection, including clients returning to care• Clinician visit to assess/start ART• Clinician prescribes ART;	<ul style="list-style-type: none">• Conduct medical/psycho-social evaluation• Begin eligibility assessment for RW Part A or for other payer source• Provide HIV counseling	<ul style="list-style-type: none">• HIV primary care provider follows up with client to review baseline lab test results• Medical provider and/or medical case manager call to check on patient (to provide adherence	<ul style="list-style-type: none">• Monitor/assure compliance with follow up lab tests and appointments• Transition patient to long term primary HIV Care and medical case manager of the patient's choice

March 30, 2018

Day 1 (or within 2-3 days)	Day 1 (or within 2-3 days)	Day 5-10 Follow Up	Linkage to Care
<p>prescription filled by FDOH funds</p> <ul style="list-style-type: none"> Obtain baseline labs before or same day ART started; medical visit and program-allowable labs billable to Part A 	<ul style="list-style-type: none"> Link client to HIV primary care provider & medical case manager of the patient's choice 	<p>counseling, answer questions, provide guidance and supportive information, etc.) (recommend this step at 2-3 days post-ART start)</p> <ul style="list-style-type: none"> Adjust ART as needed/indicated 	

DATA OUTCOMES

Time to specific milestones: The T&T/RA program tracks dates at which each patient achieves specific care milestones. This allows analysis of the time delays that occur at each step of the disclosure (diagnosis), referral, linkage and engagement process. Dates for the following milestones are collected through manual data entry or by the SDIS calculating the dates based on information entered in the SDIS.

This information is entered/displayed on the Test & Treat / Rapid Access Contract Enrollment screens:

- ❖ First positive diagnostic test [for returning to care patients, this information can be obtained from FDOH's Patient Reporting Investigation Surveillance Manager (PRISM)]
- ❖ Test result disclosure:
 - Last negative HIV test result, if available
- ❖ Clinic contact/referral
- ❖ First clinic visit
- ❖ First clinic medical provider visit
- ❖ First ART prescription date (after diagnosis of infection)
- ❖ First viral load suppression <200 cells/mm³
- ❖ Linkage to primary HIV care within 30 days and documentation patient maintained in care, through data collection over 12-month period
- ❖ Engagement in care at 12 months
- ❖ Viral suppression <200 cells/mm³ and lowest limit of detection defined by lab, through data collection over 12-month period

SDIS PROCESSING – REGISTRATION / CONTRACT ENROLLMENT

L/Name F/Name M/Init
DOB Agency ID#

1) Dade County Ryan White *
2) Contract Enrollment *
3) Informed Consent *

When selecting a Topic, use the number to the left of the Topic Name.
You may select a single number, a range of numbers, or ALL.
Select a Topic:

AFTER REGISTERING THE CLIENT THROUGH OPTION 1, GO TO CONTRACT ENROLLMENT.

Save	Exit
Prev	Next
Cancel	OK

L/Name F/Name Agency ID# Page

Enroll/
Disenroll Effective Branch?

Contract / Grant Name
TEST & TREAT/RAPID ACCESS

ENTER E FOR ENROLL

ENTER THE DATE OF ENROLLMENT. THIS SHOULD BE THE DATE A NEW CLIENT IS REGISTERED OR A RETURN TO CARE CLIENT'S CASE WAS RE-OPENED.

Save	Exit
Prev	Next
Cancel	Save

March 30, 2018

Page

L/Name: FOSTER F/Name: JODIE Agency ID: 0000024

Enroll/

Contract / Grant Name: TEST & TREAT/RAPID ACCESS

Disenroll Effective Branch?

Enroll

WHEN THE DATE IS ENTERED, THE SYSTEM IMMEDIATELY BRANCHES TO THE SPECIAL DATA

Save Exit Prev Next Cancel Save

Casewatch

File Edit Menu Preferences Help

TEST & TREAT / RAPID ACCESS Andy Corrigan @ Borinquen Health Care Center, Inc. (TESTTREAT) (14584) PRODUCTION

Agency ID: 0000032 CIS: CISO00011

Client Name: TESTING, KELLY D.O.B.: 01/01/1989

Okay to complete enrollment in Test & Treat / Rapid Access?

If NO, why not

Other reason

The client has to have one of these as YES to be enrolled in Test & Treat / Rapid Access

☐ Acute Infection: antibody (-)/RNA (+).

☐ Recent Infection: antibody (+) with last documented antibody (-) within prior 6 months.

☐ Chronic Infection: antibody positive with no prior HIV test result or last documented antibody (-) > 6 months ago (inclusive of clients lost to follow up and returning to care).

The client has to have one of these as YES to be enrolled in Test & Treat / Rapid Access

New to HIV Care?

New to RW Care?

Return to Test & Treat HIV Care?

IF THE CLIENT DOESN'T WANT IMMEDIATE TREATMENT ENTER NO HERE, FOLLOWED BY THE REASON. THE SYSTEM AUTOMATICALLY DIS-ENROLLS THE CLIENT FROM THE PROGRAM AFTER YOU SAVE THE

Preliminary positive (presumptive positive) HIV test result

Save Exit Prev Next Cancel Save

1:20 PM 3/30/2018

March 30, 2018

THIS

Agency ID# 0000034 CIS# CIS000016
Client Name FOSTER, JODIE D.O.B. 02/09/1989
Okay to complete enrollment in Test & Treat / Rapid Access? ☒ YES
If NO, why not ☐
Other reason

ENTER YES IF THE CLIENT AGREES TO IMMEDIATE TREATMENT.

The client has to have one of these as YES to be enrolled in Test & Treat / Rapid Access

☐ Acute Infection: antibody (-)/RNA (+).
☐ Recent Infection: antibody (+) with last documented antibody (-) within prior 6 months.
☐ Chronic Infection: antibody positive with no prior HIV test result or last documented antibody (-) > 6 months ago (inclusive of clients lost to follow up and returning to care).

PLEASE NOTE THE CRITERIA FOR ENROLLMENT. THIS SCREEN MUST BE COMPLETED TO ENROLL THE CLIENT.

The client has to have one of these as YES to be enrolled in Test & Treat / Rapid Access

New to HIV Care? ☐
New to RW Care? ☐
Return to Test & Treat HIV Care? ☐

Save Exit
Dev Test
Cancel Save

March 30, 2018

RECORDING TEST AND TREAT INFORMATION AS YOU MANAGE THE CASE:

L/Name BUDD F/Name ZOLA M/Init
DOB 06/20/1997 Agency ID# 0000022

1) Dade County Ryan White
2) Contract Enrollment
3) Informed Consent *

When selecting a Topic, use the number to the left of the Topic Name.
You may select a single number, a range of numbers, or ALL.
Select a Topic

WHENEVER YOU WANT TO UPDATE THE CLIENT'S TEST & TREAT INFORMATION GO BACK TO REGISTRATION, SELECT CONTRACT ENROLLMENT.

Same
Prev
Cancel

L/Name BUDD F/Name ZOLA Agency ID# 0000022 Page
Enroll/
Contract / Grant Name Disenroll Effective Branch?
TEST & TREAT/RAPID ACCESS Enroll 03/06/2018

ENTER YES TO UPDATE THE DATA COLLECTION SCREENS AS YOU MANAGE THE CASE.

Same Exit
Prev Next
Cancel Save

March 30, 2018

Agency ID# 0000022 CIS# CIS000125
 Client Name BUDD, ZOLA D.O.B. 06/20/1997

11/06/2018 First positive diagnostic test
 Test result disclosure
 Last negative HIV test result

Clinic Contact/Referral:
 Person doing the test
 Case Manager
 Provider

First clinic visit
 First clinic medical provider visit
 First ART prescription date (after diagnosis of infection)
 Date meds first picked up
 First viral load suppression <200 cells/mm3 Result
 Linkage to primary HIV care within 30 days and documentation
 client maintained in care, through data collection over
 12-month period
 Engagement in care at 12 months
 Viral suppression <200 cells/mm3 and <lowest limit of detection
 defined by lab, through data collection over 12-month period

THE SDIS WILL POPULATE DATA WHEREVER POSSIBLE. YOU MUST MANUALLY ENTER INFORMATION THE SDIS DOES NOT HAVE. THE RED ARROWS INDICATE MANUAL ENTRY.

IF YOU HAVE DATES OLDER THAN THE DATES THE SDIS FILLED IN, YOU CAN ENTER THEM MANUALLY.

Save Exit
 Prev Next
 Cancel Save

Agency ID# 0000022 CIS# CIS000125
 Client Name BUDD, ZOLA D.O.B. 06/20/1997

CD4 Count Baseline Date Results
 Viral Load Baseline Date Results
 CD4 Count Current Date Results
 Viral Load Current Date Results

CD4 Date CD4 Result VL Date VL Result Office Visit

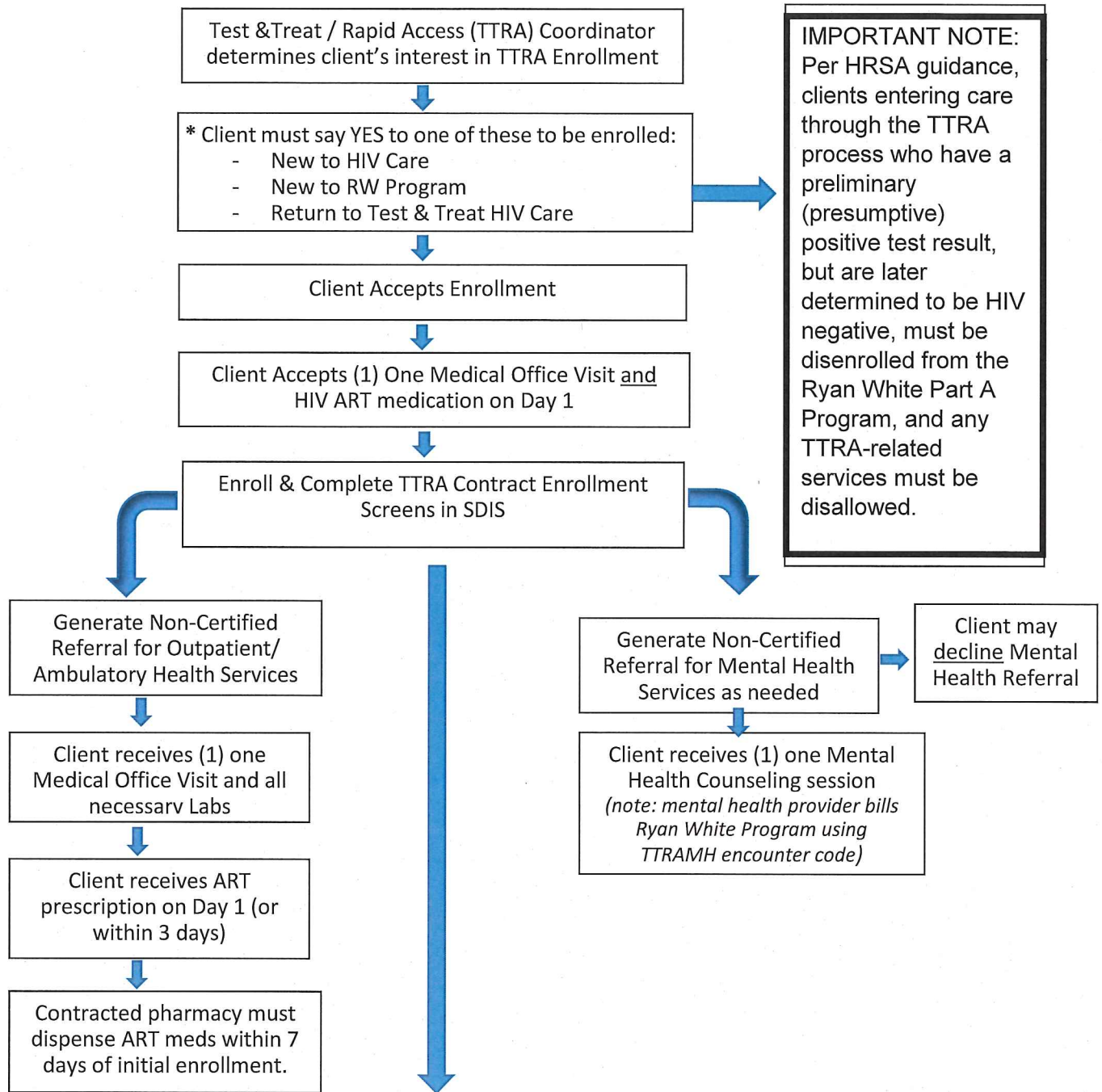
LAB RESULTS CAN BE MANUALLY ENTERED HERE OR THROUGH THE LAB RESULT SCREENS.

THE CLIENT'S LAB RESULTS AND OFFICE VISIT HISTORY WILL BE SUMMARIZED HERE.

Save Exit
 Prev Next
 Cancel Save

March 30, 2018

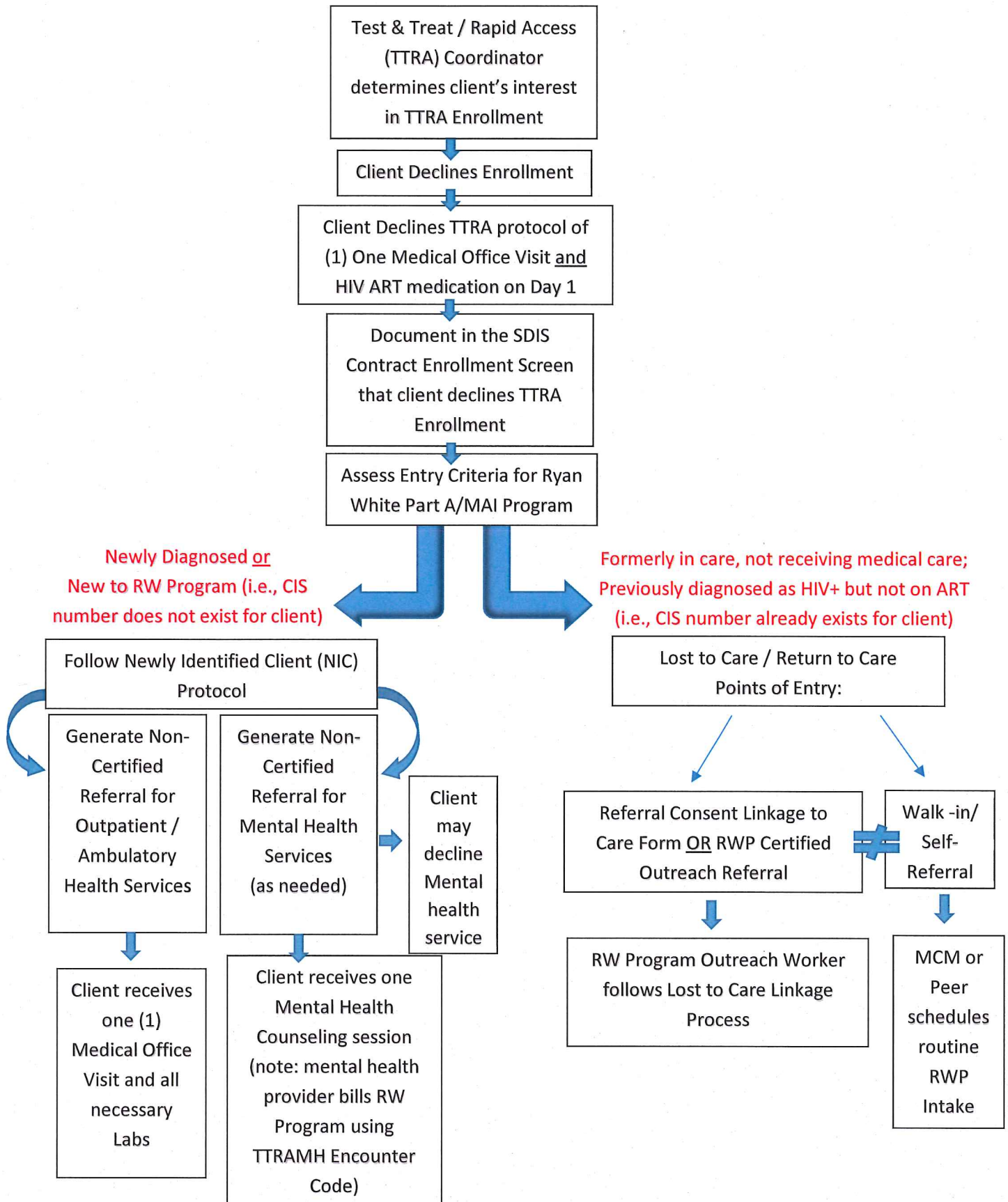
RYAN WHITE PART A/MAI PROGRAM – TEST & TREAT/RAPID ACCESS ENROLLMENT PROCESS



The "TTRA" encounter code must be used to document the TTRA linkage to care activity. A total of up to three (3) visits (encounters) with a medical case manager (MCM) and /or peer educator/counselor (PESN) may be billed to the RWP within thirty (30) days from the date of the initial TTRA enrollment or immediate return to care.

**Guidance on Florida's Test and Treat Program for ART Initiation: Newly diagnosed HIV patients defined as: (1) Acute HIV infection: antibody (-)/RNA (+); (2) Newly diagnosed HIV Infection: antibody (+) with last document antibody (-) within prior 6 months; (3) Patients previously diagnosed with HIV, returning to care, antibody positive with no prior HIV test result or last documented antibody (-) >6 months ago. Out of Care/Lost to Care clients are defined as: (1) HIV+ formerly in care, currently not receiving medical care; (2) Previously diagnosed as HIV+, but not currently on ART. In addition, the local Ryan White Program allows a client with a preliminary reactive (presumptive positive) HV test result to access the Test & Treat protocol.*

RYAN WHITE PART A/MAI PROGRAM – TEST & TREAT/RAPID ACCESS DECLINE ENROLLMENT PROCESS





Identifier
- Test and
Treat (T+T)

Track by:
- new to care
- returned to care

Guidance on Florida's Test and Treat Program for Antiretroviral (ART) Initiation HIV/AIDS Section HIV Program Component 03

INTRODUCTION

Florida has a plan with Four Key Components to eliminate HIV Transmission and Reduce HIV-related Deaths; Test and Treat (T&T) is one of the four key components. T&T is a clinical program providing immediate linkage to HIV care and initiation of ART at the time of HIV diagnosis and/or at the time of returning to care after a gap in services. The program benefits the patient's health and the community by providing initial ART while working through the issues of eligibility and linkage to ongoing HIV care.

PURPOSE OF THIS GUIDANCE

- To provide the medical and public health rationale for T&T.
- To serve as a practical guide for the medical, counseling and care planning components of the statewide program.

RATIONALE FOR TEST AND TREAT PROGRAM FOR ART INITIATION

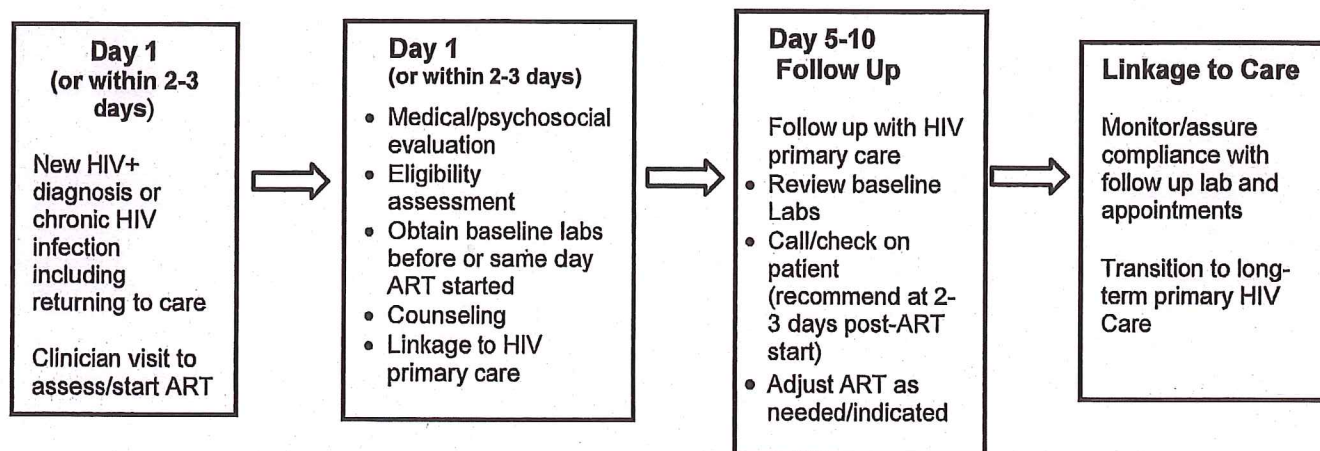
The HIV Department of Health and Human Services (DHHS) Guidelines currently recommend universal ART for all people living with HIV regardless of CD4 count as soon as possible. Increasing data show a medical benefit to the patient when immediate ART is initiated, particularly during acute/early HIV infection. There is also a community-level public health benefit of reduced HIV transmission. Many patients report that the decision to start ART and the rapid achievement of viral suppression provides them with the first experience of empowerment to live successfully with HIV.

ELIGIBILITY FOR TEST AND TREAT

Newly diagnosed HIV patients defined as:

- Acute Infection: antibody (-)/RNA (+).
- Recent Infection: antibody (+) with last documented antibody (-) within prior 6 months.
- Chronic Infection: antibody positive with no prior HIV test result or last documented antibody (-) > 6 months ago (inclusive of patients lost to follow up and returning to care).

No available clinical trial to which the patient can be enrolled, or patient declines clinical trial enrollment.





Note: The goal of the T&T Program is for a newly diagnosed patient or a patient newly re-engaged into HIV care to see an HIV clinician, be offered ART, receive counseling and agree on a sustainable care plan on the day of diagnosis/re-engagement, or within 2 to 3 days if same-day initiation is not possible.

TEST AND TREAT PROGRAM CONSISTS OF 3 BASIC STEPS FOLLOWING CONFIRMATION OF HIV DIAGNOSIS:

1. Communication of a new diagnosis from the testing site to a T&T team member (a single point of contact—such as a dedicated staff person(s) with a cell phone/pager/other).
2. The initial T&T visit with ART initiation or, if ART cannot be provided, immediate navigation to a clinic where ART is available.
3. Expedited linkage to ongoing HIV primary care (which may continue at T&T site if available, or at another HIV primary care site appropriate for and acceptable to the patient and/or required by insured status). Some details of the process will differ depending on where the patient is diagnosed with HIV infection and where he or she can receive immediate ART.

STEP ONE: TEST AND TREAT – PATIENT REFERRAL

- A. Patients who test HIV positive at a testing site and receive post-test counseling can be referred to a T&T clinic site. The T&T team is contacted during hours of operation and informed of the HIV-positive test result. Determination of whether the diagnosis is a new chronic diagnosis or whether it is likely to be an acute infection is then made.
- B. Upon arrival, the patient is welcomed by a clinical team member and then will see a clinician for assessment and determination for starting ART. After seeing the clinician, there will be additional post-test counseling and education, assessment of eligibility and insurance/coverage and linkage to ongoing care planning. The T&T team members will vary by County Health Department (CHD) based on available staffing/resources. The team may include a nurse, case manager, Disease Intervention Specialist (DIS), eligibility staff, clinician and other staff who will assist with linking the patient to care services. If not already done, counseling for Partner Services (PS) should occur during this visit.
- C. Advice on making T&T work is for the receiving clinic to designate a “TEST AND TREAT DESIGNEE of the DAY,” a team member who will be the single point of contact for receiving the referral and will organize the rapid response. This person may be a case manager, clinic designee or other staff who will call upon the personnel needed to treat the patient that day (medical evaluation, counseling on starting ART, phlebotomy, eligibility and benefits counseling, navigation, scheduling and notification of PS).

Instead of performing the majority of the counseling up front before therapy starts, counseling begins after diagnosis and continues after a patient is started on treatment. With this approach, all standard individualized counseling components are covered, initiation of ART is not delayed and there is an opportunity to continue counseling while the patient is initiating therapy.



- D. A sustainable, long-term care plan should be established. Successful outcomes in HIV depend not only on the rapid initiation of therapy but also upon the establishment of a sustainable HIV-care plan. Based on the initial assessment of potential barriers for successful linkage to care, a plan is put in place with the HIV staff/case manager to address both immediate and long-term barriers. This may include emergency housing, immediate access to insurance and drug benefits, expedited access to mental health services or residential drug treatment programs, counseling and referrals to deal with other concerns.
- E. Based on the identification of barriers to linkage and retention in care, a contingency plan is identified for potential problems such as missed appointments, missed doses of ART and inability to fill medications at the pharmacy. Patients are given clear guidance on how to get help, support and remain connected to the clinic.

STEP TWO: INITIAL TEST AND TREAT CLINIC VISIT

A. Medical Evaluation:

HIV history: An HIV risk/prevention history will be taken and recorded, including:

- Date of last negative HIV test and prior HIV test(s)/result(s)
- PrEP use
- PEP use
- Sexual practices and serostatus of partners, if known

B. Psychosocial Evaluation:

- Substance abuse/mental health assessment
- Housing/food
- Readiness to start ART

C. Medical history/targeted exam:

A quick medical history/targeted exam will be taken, particularly since patients will be started on ART before most laboratory test results have returned:

- Co-morbidities (especially renal/liver problems)
- Medications
- Drug allergies
- Review of systems (to alert for the presence of opportunistic infections (OIs) or HIV-seroconversion symptoms) and targeted clinical exam for HIV-related signs (for example, thrush, lymphadenopathy and skin lesions)

D. Counseling on the risks and benefits of immediate ART:

A full discussion occurs with the patient regarding the risks and benefits of immediate ART. The role of viral load monitoring will also be included in this discussion to introduce the concept of ongoing monitoring and therapy goals. The patient is informed about the possibility of developing an immune-reconstitution syndrome. The patient is also reminded about the importance of being in close contact with the health system during early months of treatment should any complications arise related to medication or HIV disease. Emphasis is placed upon listening to patient concerns and conveying to the patient that he or she will likely have additional questions through this process and the team is available to address these.



E. Initiation of immediate ART:

The provider reviews the patient's plan for long-term ART and follow-up care.

If there is no clear contraindication and the patient does not decline, the provider offers, selects (in consultation with the patient) and prescribes/dispenses immediate ART.

Selection of ART: The selection of a particular ART regimen for an individual patient will depend upon the patient's preferences, co-morbidities, potential drug interactions and drug allergy history.

Because most patients will be initiated on ART before the results of laboratory tests are available (in particular the HIV viral load, genotype, creatinine, liver function tests and HLA-B*5701 test for predisposition to abacavir hypersensitivity), the following are recommended T&T ART regimens.

The T&T regimens outlined below have been purchased and are available for CHDs from Central Pharmacy in 30-day starter packs. ***The attached CHD order form must be completed to request the ART regimens to be shipped from Central Pharmacy to your CHD site.***

RECOMMENDED 30-DAY ART REGIMENS FOR TEST AND TREAT:

- Dolutegravir 50 mg once daily (Tivicay®) + tenofovir alafenamide/emtricitabine (Descovy®) one (1) tab once daily or
- Darunavir/cobicistat (Prezcobix®) once daily + tenofovir alafenamide/emtricitabine (Descovy®) one (1) tab once daily or
- ~~Tenofovir alafenamide/emtricitabine/elvitegravir/cobicistat (Genvoya®) one (1) tab once daily with food~~

replaced by Biktarvy, per FDOH guidance

F. Laboratory studies: See AIDSinfo Laboratory Testing for initial assessment and monitoring of HIV-infected patients on ART at

<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/3/tests-for-initial-assessment-and-follow-up>

G. Prescribing and/or Dispensing Initial ART

Medication Available On-Site

- Once an ART regimen has been selected, the clinician/health care team dispenses a 30-day supply of medication. The goal is to provide sufficient ART until the patient's AIDS Drugs Assistance Program (ADAP)/insurance/coverage is able to supply continuing medication.
- The patient is encouraged to take the first dose of ART during the initial visit.
- CHDs must maintain medication logs showing drug was dispensed to qualified patients for the T&T Program.
- **NOTE:** If an additional 30-day supply of ART medication is required (additional 30-day starter pack), documentation should be provided as to why there was a delay over 30 days for the patient's medication coverage.
- DHHS HIV/AIDS Treatment Guidelines may be accessed at <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0>



STEP THREE: LINKAGE TO CARE/FOLLOW UP

Day one to three days after ART Initiation: A member of the health care team assesses/provides medical/psychosocial support, arranges for eligibility assessment and obtaining baseline labs and/or referring for initial lab work. Provide resources/support for the patient to coordinate filling their ART prescription. Any medical symptoms or questions are conveyed to the provider for the appropriate follow up.

Day 5 through 10: The patient has an appointment with the medical provider to follow up on clinical care and laboratory tests. At that visit, lab results are reviewed with the patient. An assessment is done for HIV and any medication side effects. Treatment may be adjusted as appropriate. If the CHD or clinic that initiated T&T will be following the patient for their ongoing HIV care, appointments can be made accordingly. If the patient will be following up with another HIV medical provider, the case manager should assist with arranging a clinic appointment for follow up on days 5 through 10. Care resumes with the provider for routine primary HIV care with an emphasis on retention in long-term care.

Ongoing: Access to a medical case manager is provided during this time period and over the next three or more months to continue with the stabilization plan, to provide ongoing support and education for coping with stigma, partners/family/friends' disclosure and other barriers.

Appointment reminders are made and immediate follow up is completed for any missed appointment(s), including outreach and home visits.

For medication adherence, the Care4Today website is one resource you may share with patients including a mobile technology application for use. The link is <https://www.care4today.com/mhm>.

For patients at risk for poor retention in care, make referrals to case managers and provide overlapping support until the patient has established a relationship with the case manager.

Test and Treat Intervention Components

- Facilitation of same day/next day appointments
- Flexible scheduling for providers (on call/back up)
- ART regimens pre-approved for use prior to genotyping or lab testing
- Available onsite ART
- Accelerated process for Ryan White eligibility/health insurance coverage
- Recommendation for first dose to be taken observed in the clinic

Data Outcomes

Time to specific milestones: The T&T program tracks dates at which each patient achieves specific care milestones. This allows analysis of the time delays that occur at each step of the disclosure, referral, linkage and engagement process. Dates for the following milestones are collected (they need not occur in order):

- First positive diagnostic test
- Test result disclosure
- Last negative HIV test result
- Clinic contact/referral



- First clinic visit
- First clinic medical provider visit
- First ART prescription date (after diagnosis of infection)
- First viral load suppression <200 cells/mm³
- Linkage to primary HIV care within 30 days and documentation patient maintained in care, through data collection over 12-month period
- Engagement in care at 12 months
- Viral suppression <200 cells/mm³ and $<$ lowest limit of detection defined by lab, through data collection over 12-month period

Technical Assistance, Training and Resources

Technical assistance and training may be requested by calling the HIV/AIDS Section Medical Team at (850) 245-4334 or email Annie.Farlin@flhealth.gov

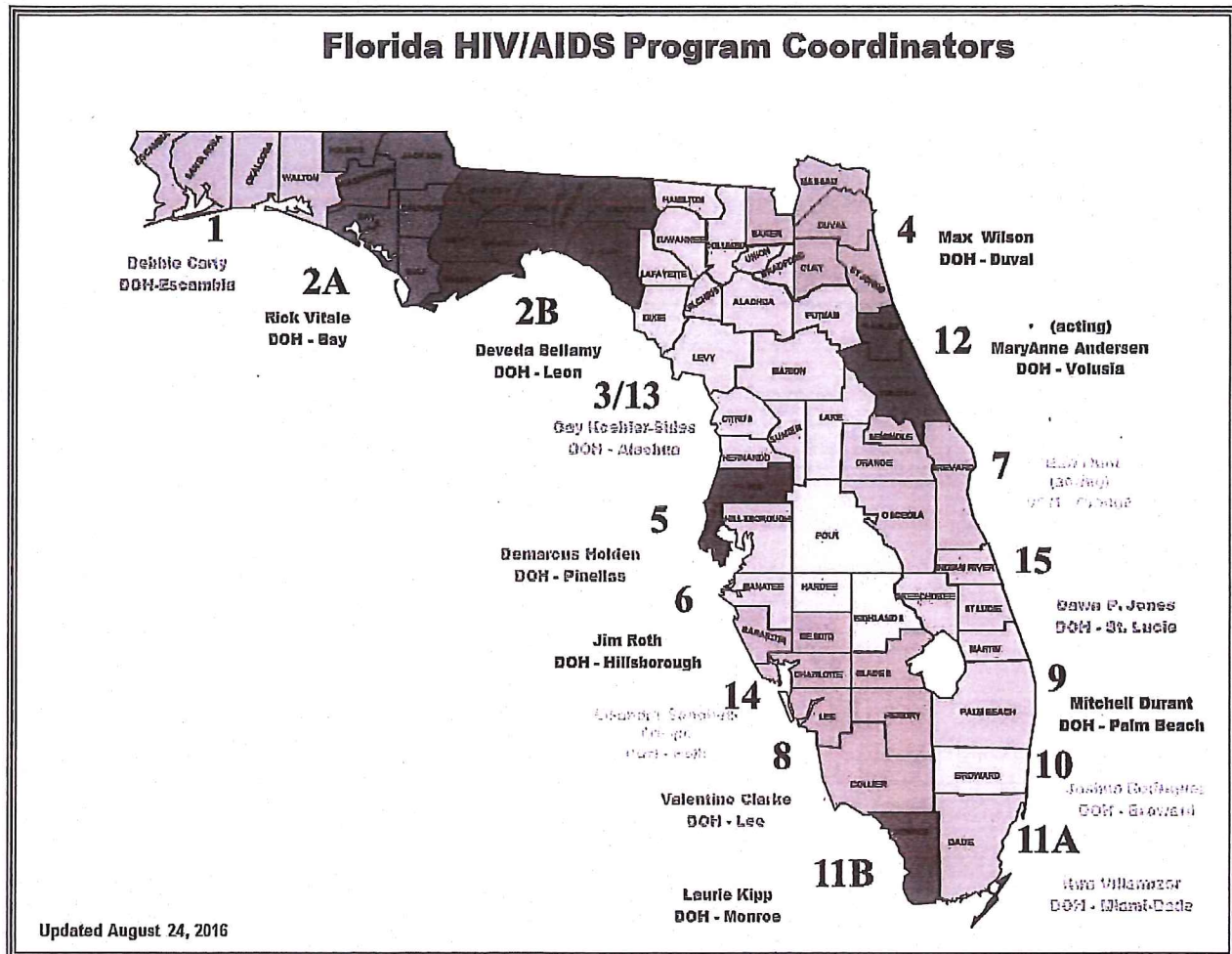
Test and Treat ART medications: Central Office in Tallahassee has arranged a stable supply of starter packs available to the CHDs through Central Pharmacy. See the T&T order form.

Training is available through the Southeast AIDS Education and Training Center (SE AETC) <http://aidsetc.org/directory/regional/southeast-aids-education-and-training-center> through the following SE AETC Florida Partner Sites:

- North Florida AETC: call (352) 273-7845 or <http://aetc.medicine.ufl.edu/>
- South Florida AETC: Martia West, MHP, Administrator (305) 582-2233 or Lissette Lahoz, MPH, Program Manager (610) 248-2776

Phone consultation on HIV/AIDS management is available to clinicians at the Clinician Consultation Center (CCC) at (800) 933-9413, Monday–Friday, 9:00 a.m.–8:00 p.m. EST. The website link to CCC is <http://nccc.ucsf.edu/clinician-consultation/hiv-aids-management/>

For the Florida Department of Health HIV/AIDS Program Coordinators statewide contact information, please call Debbie Norberto at (850) 245-4444, ext. 2515 or email Debbie.Norberto@flhealth.gov





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Area 2B
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Liberty
Taylor

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Columbia
Gothart
Lafayette
Putnam
Union

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(352) 335-3045 fax

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St. Johns

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Area 6
Hillsborough
Hernando

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Area 7
Bravard
Osceola

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De Soto
Hardy
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Area 9
Palm Beach

Mitchell J. Durant, Ph.D.
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Broward

Joshua Rodriguez*
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Ft. Lauderdale, FL 33315
(954) 407-4700, Ext. 5011

Area 11A
Dade

Kira Villamilzar
DOH-Miami-Dade
STD/HIV Prevention and Control Program
2515 W Flagler St
Miami, FL 33135
(305) 575-5424

Area 11B
Monroe

Laurie Kipp
DOH-Monroe
10205 Overseas Highway
Key Largo, FL 33037
(305) 453-8757

Area 12
Flagler
Volusia

MaryAnne Andersen
DOH-Volusia
P.O. Box 9190
Daytona Beach, FL 32120-9190
(386) 274-0994

Area 13
Citrus
Marion

Gay Koehler-Sides
DOH-Alachua
P.O. Box 1327
Gainesville, FL 32602-1327
(352) 334-7985

Area 14
Hendee
Polk

Lisandra Sanchez-Crespo
DOH-Polk
1255 Bree Boulevard
Barrow, FL 33830-6735
(803) 519-5242 ext 11191

Area 15
Indian River
Okeechobee

Dawn P. Jones
DOH-St. Lucie
5150 NW 11th Drive
Port St. Lucie, FL 34953
(772) 462-3925

MIAMI-DADE COUNTY
TTIRA PROVIDERS CONTACT INFORMATION

AGENCY	ADDRESS	TTIRA ACCEPTANCE HOURS	CONTACT	EMAIL	PHONE #	CUT OFF TIME	TRANSPORTATION OFFERED (not Part A bus passes)	EXTENDED HOURS / WEEKENDS
AIDS HEALTHCARE FOUNDATION (AHF)	Jackson North: 100 NW 170th St., Suite 208 N.M.I.B. FL 33169 Liberty City: 1498 NW 54 Street, Ste. C, Miami, FL 33142 AHF - Sober: 4308 Alton Rd, Ste. 950, Miami, FL 33140 AHF - Kinder Grp: 3661 South Miami Ave, Ste. 806, Miami, FL 33133 Homestead: 925 NE 30th Terrace, #310, Homestead, FL 33033	Call Contacts for Appointment confirmation	JACQUELYN HOLMES KATIE HAMPTON MONIET CREESBURG CELY ROSALYS	jacquelyn.crockett@ahfhealth.org katie.hampton@ahfhealth.org moniet.creesburg@ahfhealth.org celi.rosalys@ahfhealth.org	(954)96-9323 Press Option #2 for Miami Dade	TO BE DETERMINED BY LTC COORDINATOR	Y	Y
CITRUS HEALTH NETWORK	60 East 3rd Street Suite 102C Hialeah, FL 33010	9AM - 1:30PM	THOMAS JARDON JOEL DE LA TORRE	thomasj@citrushealth.com joeld@citrushealth.com	786-441-5353 305-926-5674	1:30PM	N	N
BORINQUEN HEALTH CARE CENTER	100 NE 38th Street, Suite #5, Miami, Florida 33137	REGULAR HOURS MON-THU: 8AM - 7PM FRI: 8AM - 4PM SAT: 8AM - 2PM ON CALL MON-THU: 7PM - 9PM FRI: 4PM - 5PM	JUAN SOTO DIEGO SHMUELS ROSEMONDE FRANCS	jsoto@borinquenhealth.org dshmuelis@borinquenhealth.org francis@borinquenhealth.org	305-576-6611 xt. 1707	MON/THU: 5P FRI: 5PM SAT: 1PM	Y	Y
CARE RESOURCE COMMUNITY HEALTH CENTERS (CARE RESOURCE)	3801 Biscayne Blvd., Miami, FL 33137	MON-FRI: 8AM - 2PM	GEORGE BARROSO JAMES LECOUNTE	gbarroso@careresource.org jlecunte@careresource.org	786-442-96024 305-576-1234 xt. 245	2P	Y	N
COMMUNITY HEALTH OF SOUTH FLORIDA (CH)	10300 SW 216th Street, Miami, FL 33130	MON-FRI: 8AM - 3PM	TABITHA HUNTER ROKECIA CONLEY	thunter@chsouthfla.org rconley@chsouthfla.org	305-252-4890 305-970-6798	3P	Y	N
EMPOWER U COMMUNITY HEALTH CENTER	7900 NW 27th Ave., Ste. E12, Miami, FL 33147	MON/THU/FRI: 8AM - 3PM TUE & WED: 8AM - 5PM	KIRK PALMER TRILLION INGRAM DALEEN MICHAEL GREENE	kpalmer@empower-u-miami.org tigram@empower-u-miami.org mgreene@empower-u-miami.org	754-465-6217 786-707-4250 305-788-5456	3P	Y	Y
MIAMI BEACH COMMUNITY HEALTH CENTER (MBCHC)	North Miami Beach: 11645 Biscayne Boulevard, Suite 207, N. Miami, FL 33181 Stanley C. Myers Center - South Beach: 710 Alton Road, Miami Beach, FL 33139 Beverly Press Health Center: 1221 - 71st Street, Miami Beach, FL 33141	MON-FRI: 8AM - 2PM	ILEANA LULO JOSE ORTEGA	ileana@mbchc.com joseo@mbchc.com	305-538-8835	2	N	N
SOUTH FLORIDA AIDS NETWORK (SFAN)	JACKSON MEMORIAL HOSPITAL/JACKSON HEALTH SYSTEM (JMH/JHS): 1611 NW 12th Avenue, Miami, FL 33136	MON-FRI: 8AM - 1:30PM	LAURA VAN SANT TANAR CONVERS LAQUANNA LIGHTFOOT	LVanSant@jhs-miami.org Tanar.convers@jhs-miami.org laquanma.scott@jhs-miami.org	305-585-7047 305-585-6212 305-585-5246	1P	N	N
UNIVERSITY OF MIAMI (UM) (medical practitioners through UM; TTIRA meds provided through Jackson Pharmacy)	See JMH/JHS above.	MON-FRI: 8AM - 1:30PM	MARSHA VIDAL	mvidal22@med.miami.edu	305-243-8434	1P	N	N
FDCH	1350 NW 14 St, Miami FL 33125	MON-FRI: 8AM - 5PM	DAVID GOLDBERG CARLOS GARCIA	david.goldberg@fthealth.gov carlos.garcia@fthealth.gov	305-575-3888 786-535-8846			

MIAMI-DADE COUNTY
TEST & TREAT / RAPID ACCESS (TTRA) PROVIDERS ACCEPTED INSURANCE INFORMATION

AGENCY	ADDRESS	AETNA	AMBETTER	AMERI-GROUP	AVMED	BLUE CROSS / BLUE SHIELD (BCBS) - FLORIDA BLUE	CARE PLUS	CIGNA	CLEAR HEALTH	COVENTRY	EDEN HEALTH	HEALTHSUN	HUMANA
AIDS HEALTHCARE FOUNDATION (AHF)	<u>Jackson North</u> : 100 NW 170th St., Ste. 208, N.M.B, FL 33169 <u>Liberty City</u> : 1498 NW 54 Street, Ste. C, Miami, 33142 <u>AHF - SoBe</u> : 4308 Alton Rd, Ste. 950, Miami, 33140 <u>AHF - Kinder Grp</u> : 3661 South Miami Ave, Ste. 806, Miami, 33133 <u>Homestead</u> : 925 NE 30th Terrace, #310, Homestead, 33033	✓		✓	✓	✓		✓		✓	✓		✓
CITRUS HEALTH NETWORK	60 East 3rd Street, Suite 102C, Hialeah, FL 33010	✓	✓						✓				
BORINQUEN HEALTH CARE CENTER	100 NE 38th Street, Suite #5, Miami, Florida 33137	✓	✓	✓	✓	✓		✓	✓	✓		✓	
CARE RESOURCE COMMUNITY HEALTH CENTERS (CARE RESOURCE)	3801 Biscayne Blvd., Miami, FL 33137	✓		✓	✓	✓		✓	✓	✓			✓
COMMUNITY HEALTH OF SOUTH FLORIDA (CHI)	10300 SW 216th Street, Miami, FL 33190	✓	✓	✓	✓	✓	✓	✓	✓				✓
EMPOWER U COMMUNITY HEALTH CENTER (EU)	7900 NW 27th Ave., Ste. E12, Miami, FL 33147	✓	✓	✓		✓			✓				✓
MIAMI BEACH COMMUNITY HEALTH CENTER (MBCHC)	North Miami Beach: 11645 Biscayne Blvd., Ste. 207, N. Miami, FL 33181 Stanley C. Myers - SoBe: 710 Alton Road, Miami Beach, Florida 33139	✓	✓		✓	✓		✓	✓				✓
SOUTH FLORIDA AIDS NETWORK (SFAN) (Special Immunology)	JACKSON MEMORIAL HOSPITAL/JACKSON HEALTH SYSTEM (JMH/JHS): 1611 NW 12th Avenue, Miami, FL 33136	✓	✓	✓	✓	✓		✓	✓	✓			✓
UNIVERSITY OF MIAMI (UM) (medical practitioners)	See SFAN above.	✓	✓	✓	✓	✓		✓	✓	✓			✓

MIAMI-DADE COUNTY
TEST & TREAT / RAPID ACCESS (TTRA) PROVIDERS ACCEPTED INSURANCE INFORMATION

AGENCY	ADDRESS	MAGELLAN	MEDICAID	MEDICARE	MOLINA	POSITIVE HEALTH CARE	PREFERRED CARE	PRESTIGE	SIMPLY HEALTH	STAYWELL	SUNSHINE	UNITED	WELLCARE
AIDS HEALTHCARE FOUNDATION (AHF)	<u>Jackson North</u> : 100 NW 170th St., Ste. 208, N.M.B, FL 33169 <u>Liberty City</u> : 1498 NW 54 Street, Ste. C, Miami, 33142 <u>AHF - SoBe</u> : 4308 Alton Rd, Ste. 950, Miami, 33140 <u>AHF - Kinder Grp</u> : 3661 South Miami Ave, Ste. 806, Miami, 33133 <u>Homestead</u> : 925 NE 30th Terrace, #310, Homestead, 33033		✓	✓	✓	✓		✓			✓	✓	✓
CITRUS HEALTH NETWORK	60 East 3rd Street, Suite 102C, Hialeah, FL 33010	✓	✓	✓			✓	✓	✓			✓	✓
BORINQUEN HEALTH CARE CENTER	100 NE 38th Street, Suite #5, Miami, Florida 33137		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CARE RESOURCE COMMUNITY HEALTH CENTERS (CARE RESOURCE)	3801 Biscayne Blvd., Miami, FL 33137	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
COMMUNITY HEALTH OF SOUTH FLORIDA (CHI)	10300 SW 216th Street, Miami, FL 33190	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
EMPOWER U COMMUNITY HEALTH CENTER (EU)	7900 NW 27th Ave., Ste. E12, Miami, FL 33147	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
MIAMI BEACH COMMUNITY HEALTH CENTER (MBCHC)	North Miami Beach: 11645 Biscayne Blvd., Ste. 207, N. Miami, FL 33181 Stanley C. Myers - SoBe: 710 Alton Road, Miami Beach, Florida 33139	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SOUTH FLORIDA AIDS NETWORK (SFAN) (Special Immunology)	JACKSON MEMORIAL HOSPITAL/JACKSON HEALTH SYSTEM (JMH/JHS): 1611 NW 12th Avenue, Miami, FL 33136	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UNIVERSITY OF MIAMI (UM) (medical practitioners)	See SFAN above.		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓

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TEST & TREAT/RAPID ACCESS Analyses of Miami-Dade County Data

May 30, 2019

Prepared by Behavioral Science Research Corporation and the Miami-Dade County Ryan White Part A/Minority AIDS Initiative (MAI) Program, May 2019. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 - HIV Emergency Relief Project Grants, as part of a Fiscal Year 2019 award totaling \$26,596,944, as of January 23, 2019, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.



World Health Organization

Recommendations

“WHO [World Health Organization] recommends ART for all people with HIV as soon as possible after diagnosis.. Huge reductions have been seen in rates of death and infections [from HIV/AIDS] when use is made of a potent ARV [antiretroviral] regimen, particularly in the early stages of disease” (World Health Organization, 2019, para. 1).

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Test & Treat / Rapid Access Goal for Miami-Dade County

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For all HIV+ persons who are not in care, facilitate immediate access to HIV medical care and antiretroviral therapy (ART) to improve client health outcomes, reduce viral load in the community, and get the number of new HIV infections to zero.

Why is Test & Treat/Rapid Access Important?

- **Shortens** the lag time between diagnosis and engagement in care for treatment-naïve (newly diagnosed) persons with HIV (Crowley & Bland, 2018)
- **Facilitates** rapid re-engagement of PLWH who had been in care before (Berger et al., 2015)
- **Immediately acts to reduce viral load levels** to suppress further infections, while allowing refinements in treatment strategy if subsequent analyses suggests more appropriate ARVs would be preferable (Crowley & Bland, 2018)

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- *Note: since 2012, updated federal treatment guidelines recommend offering ART immediately upon diagnosis, and several randomized trials have validated this recommendation (see N Engl J Med., 2015, 795-807)*

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Miami-Dade County Test & Treat/Rapid Access Data

- The data in these graphics represent 513 persons living with HIV/AIDS (PLWHA) who were linked to Ryan White Program care through the local TTRA process from July 1, 2018 through March 31, 2019.

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- All TTRA patients (clients) included in this analysis had a recorded baseline viral load measurement, and were prescribed HIV ART as part of the TTRA protocol.
- Some PLWHA declined to participate in TTRA (see next slide).

Miami-Dade County

Test & Treat/Rapid Access Data - Decline Reasons

- Thirty-three (33) PLWHA were offered TTRA, but declined to participate:
 - 6 stated they were not ready to start Tx immediately;
 - 12 were not true lost-to-care clients (i.e., they had prescriptions or remaining medications and went through the regular RW enrollment process;
 - 4 were referred to General Revenue for non-TTRA formulary/protocol medications;
 - 2 were determined to be ineligible for the local RWP;
 - 2 had insurance, and used that resource;
 - 1 requested counseling before starting ARVs;
 - 2 declined, but the given reasons were unclear
 - 4 refused, no reason given

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Definitions of the TTRA Clients in this Analysis

- **New to HIV Care:** completely new diagnosis.
- **New to RWP Care:** previously diagnosed HIV positive, but had never received services from the Miami-Dade County Ryan White Part A/MAI Program (RWP).

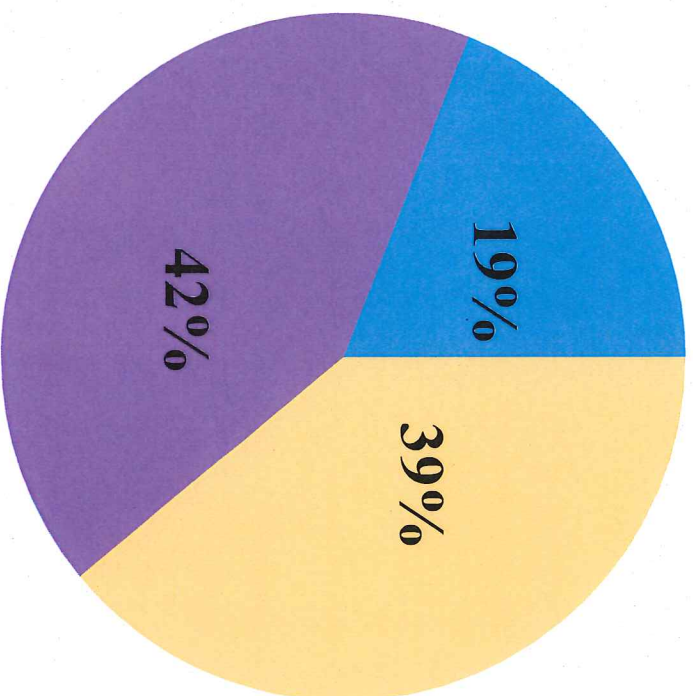
- **Returned to RWP Care:** previously in local RWP care, had been lost to RWP care for some period of time, and are now returning to care through TTRA.

➤ *Note: the “lost to care” timeframe is not specified. Clients may be considered lost to care if they had missed multiple medical appointments in a row or had been off medications for a few months. This category is not used for clients who are already adherent to RWP care and simply do not wish to wait for a regularly-scheduled appointment.*

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Distribution of PLWH Entering TTRA *

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- New to HIV Care
- Returned to RWP Care
- New to RWP Care

*Some clients were not categorized

Viral Load of Clients at TTRA Enrollment

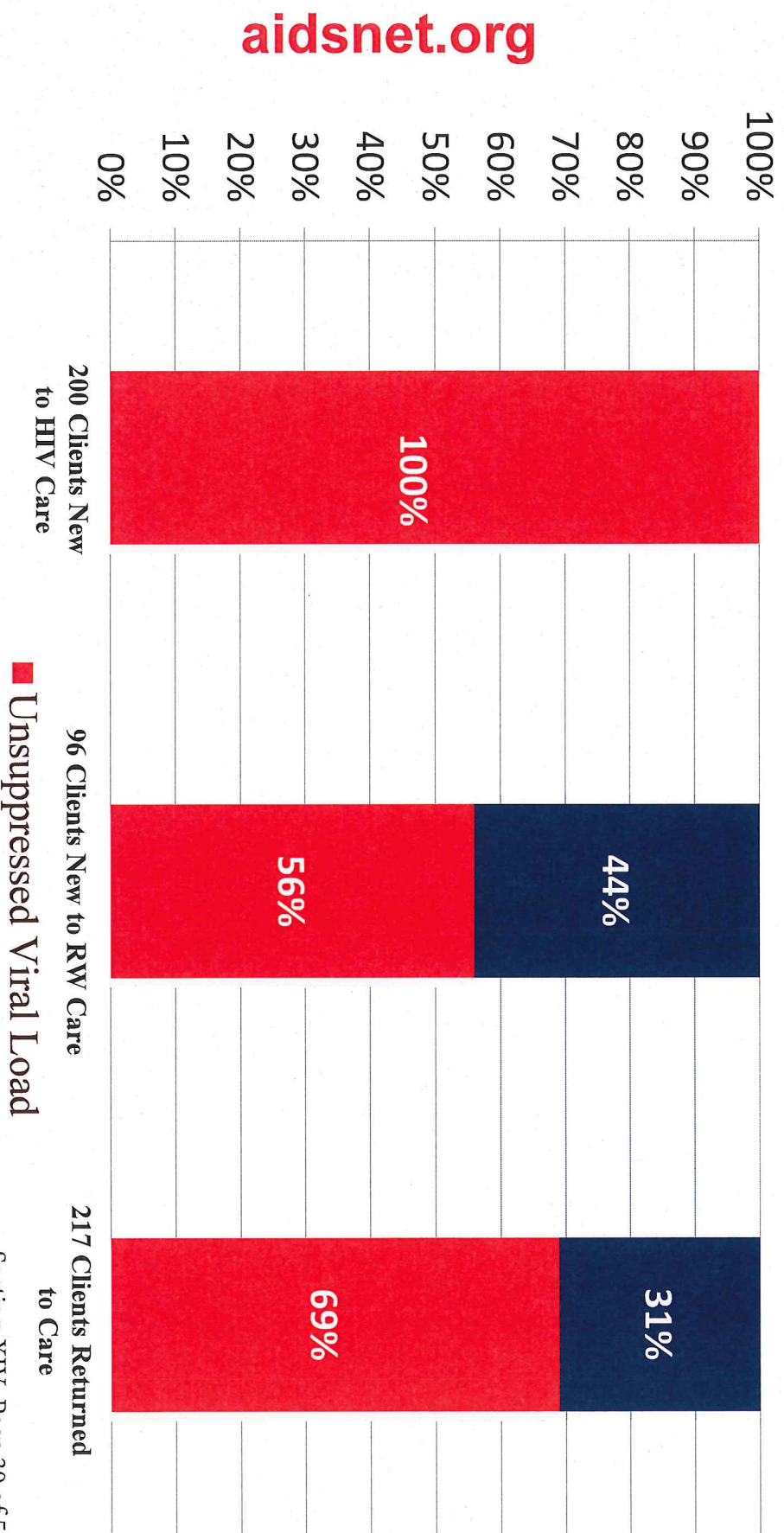
- **New to HIV Care:** 200 of the 513 clients tested and enrolled in TTRA (39%) were newly-diagnosed (treatment-naïve). Of these, **100% were virally unsuppressed** at the time of their first viral load lab test after enrollment.
- **New to RWP Care:** 96 of the 513 clients entering through TTRA were previously diagnosed, but had not received services through the RWP (19%). Of these, **56% were virally unsuppressed** at the time of their first viral load lab test after enrollment.

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- **Returned to RWP Care:** 217 of the 513 were local RWP clients who had been lost to care (42%). Of these, **69% were virally unsuppressed** when they were re-engaged through TTRA. Four months after their enrollment in TTRA, 50% were reportedly virally suppressed.

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% Unsuppressed Viral Loads At TTRA Baseline



Immediate Treatment With ART Produces Rapid Viral Load (VL) Suppression

(see graph on next slide)

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- Among the 200 clients who were **New to HIV Care**, the percentage of clients with suppressed VL increased from 0% at baseline to **11% within one month of beginning the TTRA protocol** (see chart on following slide). By 90 days after initiation of ARVs under the TTRA protocol, the percentage of clients with suppressed VL increased to 28%.
- Among the 217 clients who were **Returned To RWP Care**, the percentage with suppressed VL increased from 31% at baseline to **35% within one month of beginning the TTRA protocol**, a relative increase of 13%. By 90 days, clients with suppressed VL represented 48% of this population.
- Among the 96 clients who were previously diagnosed but were **New to RWP Care**, the percentage of clients with suppressed VL rose from 44% at baseline to **51% within one month** (16% increase), and rose to 54% at 90 days.

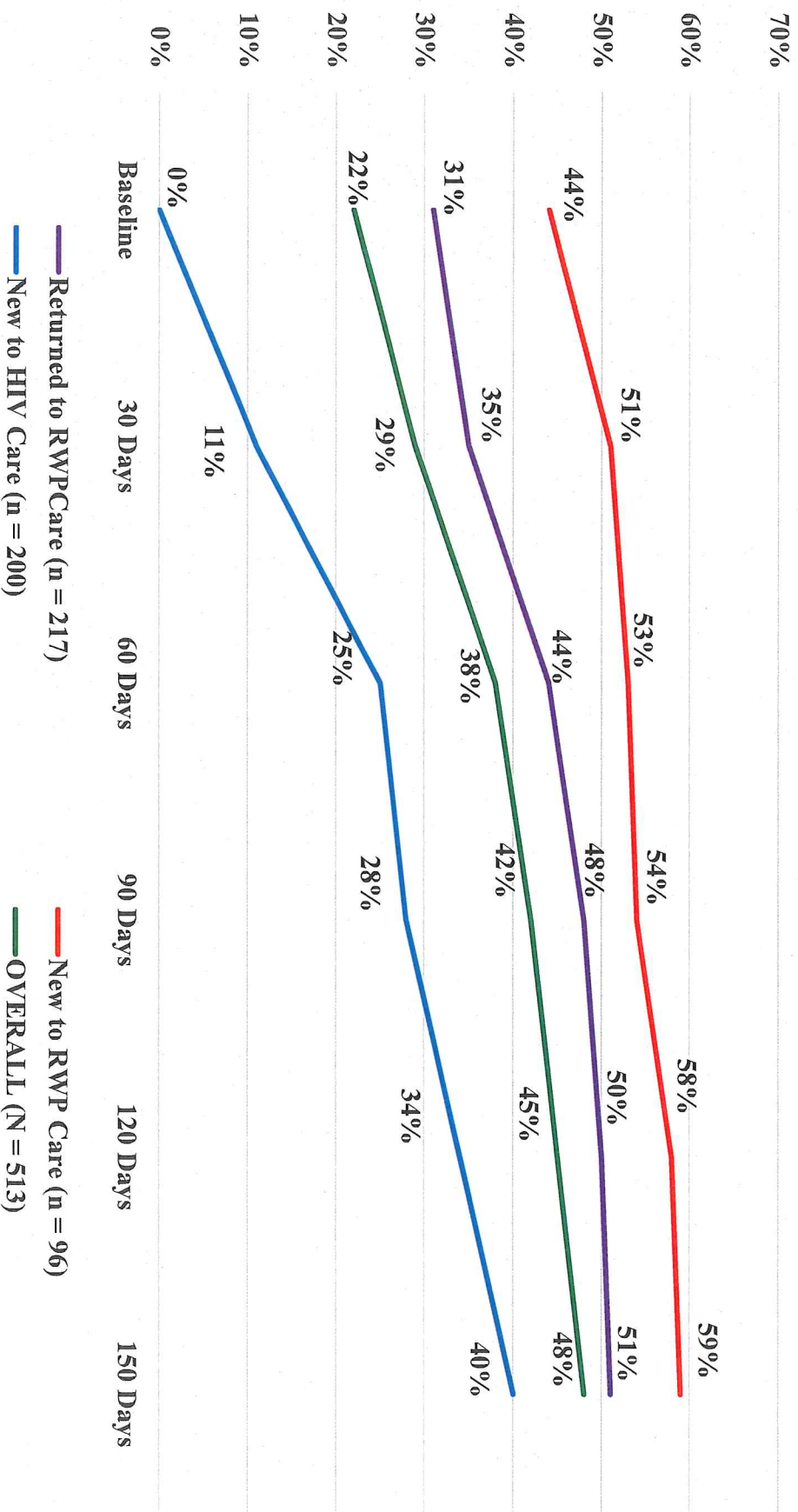
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Viral Load Suppression Across Time

After Date of First TTRA Prescription

(7/1/18-3/31/19)

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TTRA Impact on Client Health

- The following three elements of the TTRA process in Miami-Dade County have a demonstrated impact on client health:
 1. Diagnosis with an immediate path to medical care;
 2. Medical care with an immediate path to ARV medication;
 3. ARV medication with an immediate path to viral load suppression.

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- Especially among the newly-diagnosed, the sooner the clients are placed on ART, the sooner viral loads are suppressed and the greater the number of clients who are unable to transmit HIV to others.

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TTRA Impact on Client Health (continued)

“The probability of a transmitted mutation impacting negatively on a first current regimen success is low, and if identified early through genotyping has relatively low probability of affecting a second regimen choice.”

-- Michael A. Kolber, Ph.D., M.D.

Professor of Medicine; Vice Chair for Clinical Affairs,
Department of Medicine; Director, Comprehensive
AIDS Program; Director, Adult HIV
Services, Department of Medicine
University of Miami Miller School of Medicine

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- To date, there has been no evidence of harm to a treatment-naïve PLWHA when a client who is started on a **recommended regimen for rapid initiation** is switched to another regimen due to tolerance, simplification or genotypic concerns within 30-60 days.

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Appendix: The Test & Treat/Rapid Access Protocol

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Test & Treat/Rapid Access Protocol

- Conduct abbreviated, first medical visit with focus on treating the client's HIV within 3 days of TTRA enrollment date; preferably same day, but not more than 7 days later
 - *NOTE: Part A/MAI services to TTRA clients with a preliminary positive test result who are ultimately determined to be HIV negative will need to be disallowed from Part A/MAI reimbursement.*
- Order **appropriate, initial labs (see slides #15 & 16)**
- Prescribe ART within 3 days of TTRA enrollment date, preferably same day, but not more than 7 days later
 - Available medications for TTRA (as of 4/30/2019)*:
 - Biktarvy[®], or
 - Tivicay[®] + Descovy[®], or
 - Prezcoibix[®] + Descovy[®]

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**To prescribe another ARV medication, please use the General Revenue Short-Term Medication Assistance referral process.*

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Test & Treat/Rapid Access Protocol (cont'd)

- ART picked up at pharmacy by client and treatment starts, within 7 days of TTRA enrollment, preferably same day as initial medical visit or next day
- Client coordinates with medical case management staff to establish eligibility for RWP Part A and ADAP as soon as possible, preferably within 14 days of initial TTRA enrollment
 - Timely ADAP enrollment is critical to ensure on-going access to ART;
 - Timely Part A enrollment is necessary for access to on-going medical care and other core medical and support services.

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- Schedule additional follow-up medical visits, labs and diagnostics, as needed, AFTER Part A/MAI program eligibility and on-going payer source is determined

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Allowable Lab Tests Under TTRA

- HIV 1,2 Ag/Ab, preferred (CPT 87389), if HIV diagnosis is not confirmed
- Complete Blood Count (CPT 85025 or 85027)
- Comprehensive Metabolic Panel (ALT, AST, creatinine [eGFR] (CPT 80053),
- CD4 count (CPT 86360 or 86361),
- HIV-1 RNA PCR (viral load) (CPT 87536),
- HIV-1 genotype resistance test (CPT 87900 and 87901),
- Hepatitis B surface antigen (if indicated, CPT 87340),
 - Note: if HBV vaccine verified, do not need to order HBsAg
 - Also recommended: HBsAg (87341), HBsAb (86706), and HBcAb (86705)
- urinalysis (CPT 81000),
- pregnancy test (if indicated, CPT 81025)

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Possible Additional Labs under TTRA

Order the following labs under TTRA, ONLY IF the client is symptomatic or Part A eligibility has been confirmed:

- RPR (rapid plasma reagin) test for syphilis (CPT 86592 qualitative, or 86593 quantitative)
- Gonorrhea (CPT 87590 – 87592; and 87850)
- Chlamydia (CPT 87486 or 87491 NAAT; 87485 or 87490 DNA probe)

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References

- Berger, M. E., Sullivan, K. A., Parnell, H. E., Keller, J., Pollard, A., Cox, M. E., Clymore, J. M., & Quinlivan, E. B. (2015). Barriers and facilitators to retaining and reengaging HIV clients in care: A case study of North Carolina. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, 15(6), 486-493.
- Crowley, J. S., & Bland, S. E. (2018). *Leveraging the Ryan White Program to make rapid start of HIV therapy standard practice*. Washington D.C.: O'Neill Institute for National and Global Health Law.
- World Health Organization (WHO). (2019). *HIV/AIDS: Treatment and care*. [web page]. Retrieved February 27, 2019 at <https://www.who.int/hiv/topics/treatment/en/>.

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TTRA Champions in Miami-Dade County

Part A Subrecipients:

- AIDS Healthcare Foundation
- Borinquen Health Care Center
- Care Resource Community Health Centers
- Citrus Health Network
- Community Health of South Florida
- Empower U Community Health Center
- Jessie Trice Community Health System
- Miami Beach Community Health Center
- Public Health Trust/Jackson Health System
- University of Miami

Other Stakeholders:

- Florida Department of Health (in Tallahassee and in Miami-Dade County)
- Miami-Dade County Office of Management & Budget (Part A/MAI Recipient)
- Miami-Dade HIV/AIDS Partnership (local HIV/AIDS planning council)

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Questions? Please contact:

- **Clinical:**

Dr. Jeffrey Beal, M.D., AAHIVS
Medical Director, HIV/AIDS Section
Florida Department of Health
83 Pondella Road; Room 158c
Fort Myers, Florida 33903
850-519-3734 Cell (preferred)
Jeff.Beal@flhealth.gov

- **FDOH Process – Access to HIV testing**

and medications:

Kira Villamizar, B.S., M.P.H.
STD/HIV Prevention Program Director
Florida Dept. of Health in Miami-Dade
1350 NW 14th Street, 4th Floor, Rm. 401
Miami, FL 33125
(305) 575-5424

Kira.Villamizar@flhealth.gov

- **Part A Process: Access to Part A,**

incl. medical visit, labs & mental
health services:

Carla Valle-Schwenk
Program Administrator
Miami-Dade County
Ryan White Part A Program
111 NW 1st Street, 22nd Floor
Miami, FL 33128
(305) 375-3546

Carla.ValleSchwenk@miamidade.gov

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RYAN WHITE PART A PROGRAM TTRA COVERAGE AND EXPECTATIONS UPDATE

Carla Valle-Schwenk
Program Administrator



"Delivering Excellence Every Day"

April 30, 2019
(with
highlighted
updates -
6/4/2019)

TEST & TREAT / RAPID ACCESS (TTTRA) GOAL FOR MIAMI-DADE COUNTY

**For all HIV+ persons who are not in care,
facilitate immediate access
to HIV medical care and
antiretroviral therapy (ART)
to improve client health outcomes,
reduce viral load in the community,
and get the number of
new HIV infections to zero.**



DEFINITIONS OF TTRA ENROLLMENT TYPE

- **New to HIV Care:** completely new **HIV** diagnosis
- **New to RWP Care:** previously diagnosed, but never received services from the local Ryan White Part A Program
- **Returned to RWP Care:** lost to local RWP care and is now returning to care
 - NOTE: the timeframe for this category is not specified, but consider client as Return to Care if client has missed multiple medical appointments in a row or has been off medications for a few months; do NOT use this enrollment type for clients who are already adherent to care and simply don't want to wait for a regularly scheduled appointment



TTRA EXPECTED TIMEFRAMES

■ ENROLLED IN TTRA

- Same day as client is newly diagnosed with HIV, new client shows up to local Ryan White Program, or same day as clients first Return to Care encounter, but not more than 7 days later

■ MEDICAL VISIT, LABS, AND WRITTEN PRESCRIPTION

- Same day as TTRA Enrollment date, but not more than 7 days later

■ FILLED PRESCRIPTION FOR ARV MEDICATION

- Same day as TTRA Enrollment date, but not more than 7 days later



TTRA EXPECTED TIMEFRAMES (continued)

■ ENROLLED IN PART A

- Same day as TTRA Enrollment date, but not more than 14 days later (30 days should be the exception, NOT the norm)

■ ENROLLED IN ADAP

- Same day as TTRA Enrollment date, but not more than 14 days later (30 days should be the exception, NOT the norm)

■ FOLLOW UP BY MCM, PEER OR OUTREACH WORKER

- Regularly and as appropriate to ensure client is connected to care and is taking medications as prescribed



PRE-SCREEN FOR PART A ELIGIBILITY

■ Ask pre-screening questions BEFORE enrolling client in TTRA process:

- ✓ Are they HIV+ (confirmatory test, preliminary positive test, etc.)?
- ✓ Do they live in Miami-Dade County full-time?
- ✓ Are they low-income (e.g., less than \$50,084 for a household of one in 2019)?

NOTES:

- If “NO” to any of the above, do not provide Part A/MAI assistance. Connect the client to other resources in the community where they live, such as a FQHC, private insurance, etc.
- *Part A/MAI services provided to TTRA clients who enrolled based on a preliminary positive test result but are ultimately determined to be HIV negative will need to be disallowed from Part A/MAI reimbursement.*



PRE-SCREEN FOR PART A ELIGIBILITY (continued)

- ✓ Does the client have private insurance, Medicaid or Medicare?
 - If NO, enroll as TTRA and follow protocol.
 - If YES:
- ✓ Does your agency accept the client's private insurance, Medicaid or Medicare? (see list of insurance accepted by Part A providers, as prepared by FDOH)
 - If YES, bill the insurance, Medicaid or Medicare; not Part A
 - If NO, refer the client to an agency (e.g., Part A provider) that accepts the client's insurance, Medicaid or Medicare
- ✓ Does the client have prior authorization requirements that delay access to medical visit for more than one week?
 - If YES, use Part A process for initial medical visit and TTRA-allowable labs; and document the barrier
 - If NO, use client's insurance to access medical visit and labs; do NOT use the Part A TTRA process
- ✓ Does the client have prior authorization requirements that delay access to ARV medications for more than one week?
 - If YES, use Part A process for initial medical visit and TTRA-allowable labs, **ONLY IF NEEDED**; use FDOH TTRA pharmacy for immediate access to ARVs; and document the barrier
 - If NO, use client's insurance to access the ARV medications; do NOT use the Part A and FDOH TTRA process



FIRST MEDICAL VISIT

- One, abbreviated medical exam focusing on HIV, appropriate labs, and client's need for ARV prescription
- Order appropriate, initial labs:
 - HIV 1,2 Ag/Ab preferred, if HIV diagnosis is not confirmed
 - Comprehensive Metabolic Panel (ALT, AST, creatinine [eGFR],
 - CD4 count,
 - HIV-1 RNA PCR (viral load),
 - HIV-1 genotype resistance test,
 - Hepatitis B surface antigen (if indicated),
 - Note: if HBV vaccine verified, do not need to order HBSAg
 - Also recommended: HBSAg, HBsAb and HBcAb
- urinalysis,
- pregnancy test (if indicated)



FIRST MEDICAL VISIT (continued)

- Possible additional labs to order (ONLY IF patient is symptomatic OR Part A eligibility is confirmed):
 - RPR (test for syphilis); Gonorrhea; and Chlamydia
 - Medical practitioner should write TWO prescriptions:
 - ✓ ONE for ARV Rx to be filled by TTRA-participating pharmacy
 - ✓ ONE for ARV Rx to accompany ADAP application – written for 11 refills
 - **NO** diagnostics (X-rays, MRIs, CT scans, etc.) or immunizations until client is fully enrolled in the Part A Program; no other payer source
 - Additional medical visits and follow-up care require full eligibility review and enrollment in Part A –
- **GET ELIGIBLE CLIENTS ENROLLED WITHIN 14 DAYS OF TTRA START****



COVERAGE OF MEDICATION NOT IN TTRA PROTOCOL FORMULARY

- Other Resources to Access ARV medications that are not in the TTRA Protocol (Formulary):
- Patient Assistance Programs
- General Revenue Short-term Medication Assistance
- Any others?



MENTAL HEALTH VISIT

- One visit with a mental health provider is allowable under Part A within the first 30 days of TTRA Enrollment.
- Once local Part A Eligibility is confirmed, a diagnosis of mental illness is required to access on-going services under Part A Mental Health Services.



QUESTIONS?

- Related to the Part A Process - Access to Part A services, incl. medical visit, labs & mental health services:

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