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

Statement of Intent: *All local Ryan White Program—funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (PHS) Guidelines. These standards serve as the minimum standards by which practitioners will be measured. All clients, regardless of viral load levels, must have viral load tests at a* ***minimum every 6 months*** *per the DHHS/HRSA standards or more frequently as medically necessary.*

I. Requirements

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

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

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

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

Practitioner must:

- Be a Physician (MD or DO), Advanced Practice Registered Nurse, or Physician Assistant/Associates with current and valid license to practice medicine within the State of Florida.
- Have a minimum experience treating 20 HIV+ clients over the past two years or currently working and under supervision of a practitioner meeting these qualifications.
- Treat and monitor patients in adherence with current DHHS Guidelines and other standards of care, to include, but not limited to:
  a. **American College of Cardiology/American Heart Association Guideline on the Treatment of Blood Cholesterol**
  https://www.ahajournals.org/doi/10.1161/CIR.0000000000001172
  b. **Adult Immunization Schedule**
  https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

*These standards are current as of 5/12/25 and are subject to change to be in compliance with EXECUTIVE ORDERS.

c. **American Association for the Study of Liver Diseases**
https://www.aasld.org/practice-guidelines
d. **American Cancer Society Guidelines for the Early Detection of Cancer**
https://www.cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html
e. **American Medical Association Telehealth Quick Guide**
https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide
f. **Department of Health and Human Services (DHHS) Clinical Guidelines**
https://clinicalinfo.hiv.gov/en/guidelines
g. **Hepatitis (HEP) Drug Interactions University of Liverpool**
https://www.hep-druginteractions.org/
h. **HIV Drug Interactions University of Liverpool**
https://hiv-druginteractions.org/
i. ~~**HIV Prevention with Adults and Adolescents with HIV in the US**~~
~~https://www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html~~
HIV Nexus: CDC Resources for Clinicians (includes PrEP, nPEP and PEP guidelines-Although not paid for by the Ryan White Program)
https://www.cdc.gov/hivnexus/hcp/guidelines/index.html
j. **Health Resources and Service Administration (HRSA) HIV Care for People Aging with HIV**
https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-hiv-and-older
~~https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-new-elements.pdf~~
~~https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-best-team.pdf~~
k. **Infectious Disease Society of America Primary Care Guidance for Persons with HIV**
https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/
l. **Miami—Dade County Ryan White Program (including Telehealth Policy and Test and Treat/Rapid Access [TTRA] program)**
https://www.miamidade.gov/global/service.page?Mduid_service=ser1482944607068715
m. **Florida Telehealth Registration and Licensing**
https://flhealthsource.gov/telehealth
n. **National HIV Curriculum**
https://www.hiv.uw.edu/alternate
o. ~~**PrEP, nPEP and PEP guidelines below (Although not paid for by the Ryan White Program):**~~
~~https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf~~
~~https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf~~
~~https://www.cdc.gov/hivnexus/hcp/resources/?CDC_AAref_Val=https://www.cdc.gov/hiv/clinicians/materials/prevention.html~~
~~q.~~ **United States (US) Preventive Taskforce**
https://uspreventiveservicestaskforce.org/uspstf/home

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

All items under sections II and III are arranged alphabetically

II. Assessments and Referrals

1. Annual – At each annual visit:

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

Assess and document health education on:

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

2. Additional Charting/Documentation at least annually:

a. Allergies list complete and up to date
b. Immunization list complete and up to date
c. Medications list complete with start and stop dates, dosages
d. Problem list complete and up to date

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

3. **Initial –** At initial visit:
   a. Access to stable housing, food, and transportation
   b. Adherence to medications
   c. Age-appropriate cancer screening
   d. Behavioral risk reduction
   e. Comprehensive initial history
   f. Dates of last: mammogram, bone density, colonoscopy, abnormal aortic aneurysm screening, dental visit, and dilated eye exam
   g. Education that they should never run out of ART medications and need to call the FDOH—MDC clinic if they cannot obtain ART
   h. Gynecological exam per guidance for females
   i. If enrolled as Test and Treat/Rapid Access (TTRA) client (patient), follow TTRA protocol for visit
   j. Mental health and substance abuse assessment
   k. Physical examination, including review of systems
   l. Pregnancy Planning:
      1) Preconception counseling for men and women
      2) Contraceptive counseling for men and women including assessment and type of birth control method
   m. Rectal examination
   n. Safer sex practices — discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
   o. Sexually transmitted infection assessment as appropriate including at a minimum GC, Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions.
   p. Social supports and disclosure history
   q. Targeted initial history and physical examination with expectation that a complete history and physical examination will be completed within 3 months.
   r. Vital signs, including weight, BMI, height (no shoes)
   s. Wellness exam for females

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

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

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

III. Assessments at Incremental Visits

General Health, including Labs

Laboratory testing schedule monitoring before and after ARV initiation.

1. **ALT, AST, Total Bilirubin** [i] – At entry into care; at ART initiation or modification; at 4-8 weeks for people with preexisting conditions, at risk for laboratory changes after ART initiation, or with HBV coinfection ~~or modification~~; every 6-12 months; ~~or if ART initiation is delayed, every 6-12 months~~; or if clinically indicated.

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

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

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

5. **CBC w/ differential** [i] – At entry into care; at ART initiation or modification; every 3-4 months when monitoring CD4 court (if required by lab); every 6 months when monitoring CD4 court (if required by lab); every 12 months ~~if monitoring CD4 count (if required by lab)~~when no longer monitoring CD4 count; or when clinically indicated. CBC with differential should be done when a CD4 count is performed. When CD4 count is no longer being monitored, the recommended frequency of CBC with differential is once a year. More frequent monitoring may be indicated for persons receiving medications that potentially cause cytopenia [e.g., trimethoprim-sulfamethoxazole (TMP-SMX)].