

Broward County HIV Health Services Planning Council



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
Hollywood, Florida 33020

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Joint Client/Community Relations Committee

Meeting Agenda

May 1, 2012 at 1:00 P.M.

Karen Creary, Part A Co-Chair

Leslie Washington, Part B Co-Chair

1. **Call to Order**
2. **Welcome and Introductions**
3. **Moment of Silence**
4. **Ground Rules and Approvals**
 - A. Review Meeting Ground Rules and Statement of Sunshine
 - B. Review Public Comment Requirements (Please Sign-in)
 - C. Excused Absences
 - D. Approval of Today's Agenda
 - E. Approval of 04/03/12 Meeting Minutes
5. **Testimonials**
6. **Public Comment**
7. **Grantee Reports**
 - A. Part A Update
 - i. Update on Part A Grievances
 - ii. Newsletter Update and Topic Requests
 - B. Part B Update
 - C. ADAP Update
8. **Review and Update Committee Work Plan**
 - ⇒ Special Populations Report from Members
9. **Old Business/New Business**
 - A. Review Committee's
 - i. Policies/Procedures/By-Laws/Mission Statement
 - ii. Grievance Policy/Procedures & Grievance Form
 - iii. Social Marketing
 - B. Community Outreach Event
10. **Resources and Announcements**
11. **Public Comment**
12. **Reminder:** Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
13. **Request for Information/Directives**
14. **Agenda Items for Next Meeting**
15. **Next Meeting Date: Tuesday, June 5, 2012 at 1:00 p.m.**
16. **Adjournment**

IMPORTANT NOTICE Please be aware this meeting and all information stated thereof is a matter of public record under FL's Government in the Sunshine Law (Florida Chapter 119.01). Acknowledgement of HIV status is not required, and if disclosed becomes a part of the public record





Joint Client/Community Relations Committee
 200 Oakwood Lane, Suite 100, Hollywood, FL 33020
 April 3, 2012 at 1:00 p.m.
Meeting Minutes



Attendance					
	Members	Present	Absent	Guests	Grantee Staff
1	Creary, K. Part A Co-Chair		E*	Gammell, B.	Jones, L. (Part A)
2	Washington, L. Part B Co-Chair	X		Jackson, R.	Strong, K. (Part A)
3	Franks, H.	X		Kenny, K.	Mercer, A. (Part B)
4	Katz, H.B.		E	LaMendola, B.	Moore, P. (Part B)
5	Hernandez, R.	X		Myers, K.	HIVPC Support Staff
6	Marcoviche, W.	X		Parker-Maysnet, P.	Desa, G.
7	Perigny, W. J.	X		Wilkins, D	Eshel, A.
8	Stoakley, M.		E		Hosein, F.
	Quorum = 5	5	3		Rosiere, M.
*Member was unwell and unable to inform staff prior to meeting date. Doctor's note submitted post meeting.					

1. Call to Order

The Part B Co-Chair called the meeting to order at 1:15 p.m. without quorum. The Part A Co-Chair was absent; the HIVPC Vice Chair was present and co-chaired the meeting. Quorum was achieved at 1:25 p.m. after which the Agenda and Minutes were approved.

2. Welcome and Introductions. The Part B Co-Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

3. Moment of Silence. A moment of silence was observed.

4. Ground Rules and Approvals. It was reminded that meeting ground rules were present for reference.

Motion #1	To “approve 04/03/12 Meeting Agenda				
Proposed by:	W. James Perigny	Seconded by:	Herb Franks	Action:	Passed Unanimously

Motion #2	To “approve 03/06/12 Meeting Minutes				
Proposed by:	William Marcoviche	Seconded by:	W. James Perigny	Action:	Passed Unanimously

5. Testimonials. There were no testimonials.

6. Public Comment. On Wednesday, April 11, 2012 from 9:00 p.m. – 12:00 midnight, Youth Services of Miami will be conducting mobile HIV Testing.

7. Grantee Reports

A. Part A. The Part A Grantee reported the that FY 12/13 Grant Award of approximately \$15,390,658 was received; a 2.6% increase (\$384,397). There was an \$11,000 reduction in formula (based on number of HIV cases in EMA). Grantee has requested the funding formula from HRSA. There was a \$12,786 increase in the Minority AIDS Initiative (MAI) formula award. This award figure takes us back to the FY 2010 award, less \$5,000, which is quite good. HRSA mandates numerous conditions that must the EMA must comply with in order to receive Part A funds. One such condition is that client eligibility must be conducted every six months. Currently, client’s second annual eligible certification is conducted monthly through an electronic ‘third party’ Medicaid query. However, in the FY 2012/13 Notice of Grant Award, HRSA included determination of ‘medical necessity’ as part of the eligibility process. The Grantee has requested further clarification from the Project Officer regarding this requirement, but is anticipating that the current protocol may need to be expanded. The Part A and B Grantees have started conversations regarding merging eligibility processes to reduce the number of client eligibility certifications which can total up to four per year.

A member stated that requiring re-certification twice per year is burdensome, but especially regarding the HIV status

documentation. The member stated that this requirement does not make sense because a client is always going to be HIV+. The ADAP Grantee representative responded that this recertification is required to determine viral load which is needed for each ADAP re-certification. The Part B Grantee added that when the initial Part B core eligibility requires a detectable viral load, and once core eligibility is completed the lab results are scanned into the system and do not have to be provided every time the client re-certifies.

The Part A Grantee reported on the EMA's retention efforts through participation in the National Quality Center's In+Care Campaign. The Grantee reported that in the Part A system there are about 60% of clients with a medical appointment every six months and the 40% that do not adhere to medical appointments. Based on these reports, clients need to be educated regarding the significance of keeping medical appointments.

- i. **Update on Grievances.** One grievance was filed in March 2012 and is currently being processed.
- ii. **Newsletter Update.** The Part A Grantee reported that the fifth volume of the Ryan White Part A Newsletter was released in early March. He stated that additional paper copies or electronic copies can be requested by contacting Kim Strong (kstrong@broward.org) at the Ryan White Part A Program Office. The Grantee expressed interest in the Newsletter becoming a standing agenda item for JCCR Committee meetings to discuss the types of articles that the Committee would like to see in upcoming editions of the newsletter.

B. Part B Grantee Report. The Part B Grantee report was provided on expenditures up to February 2012: Non Medical Case Management conducted 448 eligibility interviews in February of which 101 were new clients. Medication co-payment served 307 clients including 7 new clients. There were 298 clients served in February for Med Co-Pay and 9 clients served through mail orders. Cost avoidance for the Med Co-Pay program is \$39,655. Total cost avoidance from April 2011- February 2012 is \$213,732 which was utilized to add the Medical Transportation service category.

The Grantee provided a follow-up to a complaint made at last month's meeting regarding the lack of confidentiality provided during an appointment at the Paul Hughes Clinic. This was investigated and found to be a training issue which has now been addressed. Going forward, when clients arrive, they will be escorted to a private office for triage.

The no-show rate for appointments was very high and new appointments are not being scheduled. Adherence was looked into and presently only clients who show up regularly for their appointments are given appointments for their next visit. New *Truvada* cards will be issued for each client as the current cards which were previously extended for 3 months (December 2011 – March 2012) have expired. Clients will not be turned away because their *Truvada* cards have expired. There is still no card for *Norvir* and this is being followed up.

The Grantee announced that there are now evening hours for Part B core eligibility on Tuesdays, Wednesday and Thursdays at the BCHD, SR 84 in the Operations Building.

A member reported that the new automated prescription refill system does not seem to be working for all Spanish speaking clients. The Grantee will follow up on this.

ADAP Report. The ADAP report through March 30, 2012 was provided: The total ADAP "open" enrollment was 2,312 with 1,525 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 171 clients and the total ADAP/Medicare Part D Enrollment was 187. There were 771 appointments of which 272 (35%) were missed. Clients Served are defined as having at least one "pickup" in the period. The category definitions and the clients served by category are as follows:

Category A Clients Served = 8 (CD4 < 200 cells/mm³ and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)

Category B Clients Served = 64 (CD4 cell count between 201-350 cells/ mm³: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)

Category C Clients Served = 97 (Treatment naïve clients with CD4 cell count > 350 cells/mm³)

Category D Clients Served = 9 (Unknown/Other)

Clients are removed from the Wait List by medical category in the order of earliest enrollment. This serves as a reminder that clients MUST recertify every 6 months or they will lose their position on the Wait List.

8. Review and Update Committee Work Plan. The Work Plan was reviewed. The Part A Grantee recommended that when the committee goes out into the community it should not be a business meeting. The true sense of a community meeting can be lost as the purpose of going into the community is to reduce barriers and encourage participation.

The summary of the last two retreats (Joint Executive and HIVPC) as it relates to JCCR was reviewed:

- Change structure of Joint Client/Community Relations (JCCR) Committee
- Communication → Consumers → Community events
- Rebuild system trust by providing information (difference between Parts & ADAP etc.) to improve navigation
- Review legislation pertaining to disclosure of status
- Broaden committees’ peer approach by using consumers’ education & experience.

The Part A Grantee noted that these points have to be decided as a committee and that the current members need to show the new members and prospective members how to steer the committee. The Grantee also noted that there need not be one large event but a few small events as this will be more manageable.

A Member noted that Pride Fest is an event where the committee can start marketing.

The Part B Co-Chair asked the members to choose a special population which they were passionate about to target for the next event. Four categories were identified:

- (i) MSM
- (ii) Adolescent
- (iii) Women
- (iv) Latinos

Each member was asked to bring feedback to the May 2012 meeting from each of these communities as to what their needs are, what they would like to see happen in their communities with respect to e.g. a youth social media strategy, a Hispanic evening event with a medical/expert guest to answer questions (AETC as an example) or training on adherence and retention that they can pass on to others.

9. Old Business/New Business

Four guests expressed a desire to join the JCCR committee. The following motion was made:

Motion #3	To “appoint <i>Kristopher Kenny, Kathleen Myers, Patricia Parker-Maysnet and Debbie Wilkins to the JCCR Committee</i> ”.				
Proposed by:	Herb Franks	Seconded by:	W. James Perigny	Action:	Passed Unanimously

10. Resources and Announcements

- April 6, 2012 - Red Hispana will be raising funds for Broward House at a dance benefit at Boom.
- April 14, 2012 - Moving Forward Life Coaching Group Session. Information will be forwarded.
- August 18, 2012 (tentatively) - Black Youth event with the Church of Living Waters at Red Hispana Auditorium. Information will be forwarded as this event is confirmed.

11. Public Comment.

There was no public comment.

12. Agenda Items for Next Meeting

- Ryan White Part A Newsletter Topic Requests
- Special Populations (MSM, Youth, Women, Latinos)
- Community Event

13. Next Meeting Date. Tuesday, 5/1/12 @ 1:00 p.m. Venue: BRHPC, 200 Oakwood Lane #100, Hollywood FL 33020

14. Adjournment.

Meeting was adjourned at 3:15 p.m.

**Ryan White Part B
Expenditure Report
March 2012**

Service Category	Part B 2011-2012 Allocated	Part B 2011-2012 (March Spent/ Encumbered)	Part B 2011-2012 Monthly Average Left	Part B 2011-2012 (YTD Spent/ Encumbered)	Part B 2011-2012 (% Left)	Part B 2011-2012 (Balance)
Home Delivered Meals	\$ 2,479	\$ 315	\$ 1,429	\$ 1,050	58%	\$ 1,429
Home Health Care Services	\$ 13,018	\$ 1,242	\$ 8,587	\$ 4,431	66%	\$ 8,587
Medication Co Pay	\$ 647,309	\$ 54,806	\$ 87,351	\$ 559,958	13%	\$ 87,351
Case Management (non-medical)	\$ 179,001	\$ 20,388	\$ 38,241	\$ 140,760	21%	\$ 38,241
Medical Transportation	\$ 149,930	\$ -	\$ -	\$ 149,930	0%	\$ -
Administration	\$ 110,192	\$ 17,072	\$ -	\$ 110,192	0%	\$ -
TOTALS	\$ 1,101,929	\$ 93,823	\$ 67,804	\$ 966,321	12% 88%	\$ 135,608

Non-Medical Case Management conducted 521 eligibility interviews in March of which 130 were new clients.

Medication Co Payment served 314 clients in March in which 10 were new to the program.

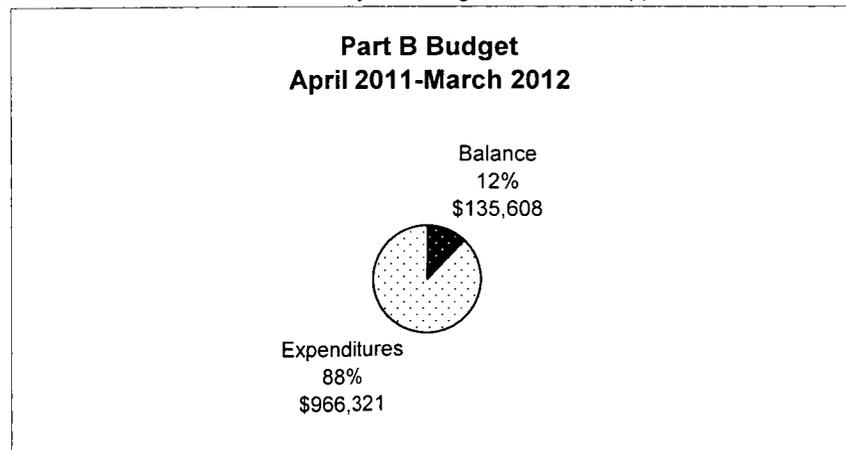
307 Clients served in March Med Co Pay

7 Clients served in March Mail Order

There are approximately \$42,000 in invoices being processed that will be reflected in the final end of year close out report.

Funds to be returned estimated between \$85-\$95,000 approximately 7-8%.

Cost Avoidance for Medication Co Payment Program for March approx. \$34,432 . Total cost avoidance from April-March is approximately \$ 248,000.



This report reflects all invoices received and paid as of 3/31/12

Broward County Health Department ADAP Report as of 4/25/12

Total ADAP "Open" Enrollment	2,469
Total ADAP Clients Served in Last 30 Days*	1,526
Total ADAP Waitlist Enrollment**	111
Category A	2
Category B	51
Category C	58
Category D	0
Total ADAP/Medicare Part D Enrollment	187
Number of Appointments in April	606
Number of Missed Appointment in April	187
Percentage of April Appointments Missed	31%

*"Clients Served" defined as having at least one "pickup" in the period.

** Category Definitions:

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm³ and/or CD4% < 14%
 Diagnosis of active opportunistic infection
 Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy
 Persons who were previously on ARV therapy but therapy was interrupted
 Treatment naïve clients with CD4 cell count between 201-350 cells/ mm³

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm³

CATEGORY D

Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it. This serves as a reminder to people that if they are on the wait list they **MUST** recertify at 6 month they will loose their position on the Wait List.

**Joint Client/Community Relations Committee FY2011-2012 Work Plan
March 6, 2012**

HANDOUT A

1. Develop Annual JCCR Plan						
	Objectives	Accountability	Outcome	Target Date	Due Date	Status
A.	Decide on Committee Tasks and goals for the Fiscal year	JCCR	JCCR work plan	3/2011	3/2011	Completed 3/1/11
2. Develop and Implement JCCR Committee Policies and Procedures						
A.	Update Policies and Procedures	JCCR	Current JCCR P&P	3/2011	3/2011	Approved 6/23/11; To be reviewed 2/7/12
3. Recommend Policies to increase PLWHA participation at all levels of Council activities.						
A.	Discuss and recommend policies to increase PLWHA Participation.	JCCR	Increased PLWHA participation	Ongoing	Ongoing	Ongoing; Old/New Business 2/7/12
4. Hold at least 3 business meetings in the community to increase awareness of the Council and encourage PLWHA participation						
JCCR Community Business Meeting #1						
A.	Develop meeting #1 agenda; identify location, and materials needed.	JCCR, HIVPC Staff	Meeting preparedness	5/2011	5/2011	
B.	Hold meeting #1	JCCR, HIVPC Staff	Meeting held	6/2011	6/2011	CHOOSE PROVIDER LOCATION
C.	Analyze effectiveness of meeting and make future recommendations.	JCCR	Increased meeting efficiency and effectiveness	7/2011	7/2011	
JCCR Community Business Meeting #2						
A.	Develop meeting #1 agenda; identify location, and materials needed.	JCCR, HIVPC Staff	Meeting preparedness	9/2011	9/2011	07/12/11: Special Agenda items: CIED and ADAP Eligibility; location: CDTC; materials: PowerPoint presentations (flowcharts)
B.	Hold meeting #2.	JCCR, HIVPC Staff	Meeting held	10/2011	10/2011	09/06/11: CDTC
C.	Analyze effectiveness of meeting and make future recommendations.	JCCR	Increased meeting efficiency and effectiveness.	11/2011	11/2011	07/12/11: Recommended: Hollywood Beach Culture & Community Center and Memorial Community Access Center 09/06/11: Discussion of strategies for increased PLWHA participation and appropriate venues for maximizing attendance
JCCR Community Business Meeting #3						
A.	Develop meeting #1 agenda; identify location, and materials needed.	JCCR, HIVPC Staff	Meeting preparedness	1/2012	1/2012	10/04/11: Broward House selected

B.	Hold meeting #2.	JCCR, HIVPC Staff	Meeting held	2/2012	2/2012	11/01/11: Meeting held at Broward House
C.	Analyze effectiveness of meeting and make future recommendations.	JCCR	Increased meeting efficiency and effectiveness.	3/2012	3/2012	01/03/12: Recommended sites for future meetings: Broward House, Red Hispana, Pride Center where meetings before 4:00 p.m. are cost-free, Mount Olive Development Corporation (MODCO), and the African American Cultural Center, Broward County parks, Broward County Library, CDTC
5. Conduct at least one public event in the community to increase awareness of the Council's purpose and activities and encourage the participation of PLWHA. (Meeting will consist of the annual Community PSRA Presentation)						
	Objectives	Accountability	Outcome	Target Date	Due Date	Status
A.	Develop event #1 objectives, focal areas, and outcomes; identify speakers, location, and materials needed.	JCCR, HIVPC Staff	Meeting preparedness	3/2011	3/2011	3/1 - Developed Objective Mizell is available Tues. and Wed.
B.	Implement social marketing strategy to achieve attendance goals.	JCCR, HIVPC Staff	Increased PLWHA attendance	4/2011	4/2011	April – May: Emailed Flyers, Plasma TV display at Government Center, Sun Sentinel Article (?), Displayed Flyers at Agencies, Distributed Flyers at HIVPC Meetings
C.	Hold event	JCCR, HIVPC Staff	Meeting held	5/2011	5/2011	5/10/11 at Mizell Center at 6:00 P.M.
D.	Analyze effectiveness of event #1 and make future recommendations.	JCCR	Increased meeting efficiency and effectiveness	6/2011	6/2011	06/07/11: Committee received report on event evaluation
6. Assist with Quality Improvement Training for Consumers						
A.	Assist with marketing/outreach for QI Trainings for Consumers	JCCR, HIVPC Staff	Consumer involvement	Ongoing	Ongoing	Strategies for increased PWLHA participation on agenda for 2/7/12
7. Conduct Annual JCCR Work Plan Evaluation						
A.	Review progress towards completion of annual JCCR Work Plan	JCCR	Identify barriers	Ongoing	Ongoing	Ongoing; to be reviewed at 2/7/12 meeting

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE

Policies and Procedures

Policies

The Joint Client/Community Relations Committee shall inform and empower the community, and particularly individuals with HIV disease, to become involved in the decision making of HIV policies and processes, quality assurance programs and grievance procedures with Broward County.

The Committee shall actively recruit and encourage the public, and particularly people with HIV disease, to take a more active role in the decision making process of the Broward County HIV Health Services Planning Council (Council) and South Florida AIDS Network (SFAN).

The Committee shall provide a forum for the discussion of Council agenda items and items of concern. This will provide an opportunity to gain a better understanding of issues.

The Committee will develop policies to encourage participation of consumers in Council and SFAN activities.

The Committee will function as a clearinghouse and second level of appeal for individuals or community groups with unresolved grievances relative to the Council's decisions regarding Ryan White Part A and Part B funding (to include comprehensive planning, nominations, needs assessment, priority setting and funding allocation). All attempts to resolve grievances will be made in an impartial, open, inclusive and non-discriminatory manner, through voluntary mediation, emphasizing negotiation and compromise. Unresolved grievances will be referred through the Executive Committee of Part A or Part B as appropriate for binding arbitration according to the policies and procedures of the committee. The members of the committee shall include representatives of Part A and Part B.

To avoid conflict of interest issues and in accordance with the Act, grievances relative to the process of selecting service providers, provider performance and grants management shall be referred to the Director, Broward County Human Services Department, and be addressed in accordance with Broward County Administrative Code.

Procedures

The Committee will utilize its Social Marketing Manual to promote and market Council and SFAN activities and events.

Utilizing the Social Marketing Manual, the Committee will host community outreach meetings and community events as outlined in the annual work plan.

The Committee will solicit, review and provide a consumer perspective to Council and SFAN on policies, processes and documents.

The Committee will process grievances in accordance with the published Grievance function.

meet jointly with the Consortium Executive Committee on quarterly basis to discuss mutual planning issues and to plan how the two bodies can work together to meet the needs of the EMA. Any consensus recommendations from this Joint Executive Committee shall be brought to the respective planning bodies by their corresponding Chairs for discussion and/or action.

SECTION 5: There shall be a Joint Client/Community Relations Committee.

- A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and the Consortium. No less than 51% of the Council committee members shall be unaffiliated individuals living with HIV.
- B. Chair. The Council Committee Chair or Co-Chair shall be an unaffiliated individual with HIV.
- C. Purpose. The Committee shall inform and solicit the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. The Committee will function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A and Part B funding.

SECTION 6: There shall be a Joint Planning Committee.

- A. Membership. The members of the committee shall include, but is not limited to, representatives of the Council and the Consortium. Members of the Joint Planning Committee shall include but is not limited to representatives of Part A and Part B, Part C, Part D, Part F, and Consumers.
- B. Purpose. The Committee shall have responsibility for developing and updating annual needs assessment and other planning activities to ensure quality core medical services are integrated in the Broward County EMA System of Care. The Committee shall plan and address coordinated care across diverse groups by engaging community resources in order to eliminate disparities in access to services. The Committee shall identify strategies for engaging and retaining individuals in care. The Committee shall discuss and incorporate Clinical Quality Measures in the Planning Process.

SECTION 7: There shall be a Joint Priorities Committee.

- A. Membership. The Members of the Committee shall include, but is not limited to, representatives of the Council and the Consortium.
- B. Purpose. The Committee shall recommend to the Council and Consortium priorities and allocation of Ryan White Part A. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for reallocation and/or possible reprioritization. The Committee will

GRIEVANCE POLICY AND PROCEDURE

The Joint Client/Community Relations Committee will provide a clearinghouse and facilitate resolution of grievances in an open, inclusive, non-discriminatory and impartial manner. Pre-dispute activities (such as publicly announcing all Broward County HIV Health Services Planning Council (Council), South Florida AIDS Network (SFAN) and Committee meetings, encouraging participation and feedback from members of the community at all Council, SFAN and Committee meetings, establishment of policies for attendance-related expense reimbursement for the infected community, development and distribution of outreach materials, including Grievance and Membership flyers, offering technical assistance, and informing the public of decision making procedures) have been enacted which assist in preventing potential grievances. The Committee is responsible for ensuring that consumer groups, affected individuals with direct interest, service providers, Council and SFAN members are aware of and have access to operating procedures available to address grievances. The Committee operates in accordance with applicable State and County conflict of interest statutes and ordinances.

The Committee will address grievances by individuals, community groups and providers eligible to receive Ryan White Part A and/or Part B funding which have been adversely affected by any actions of the Council or SFAN involving the following: the needs assessment process, the comprehensive planning process, the priority setting process (including language regarding how best to meet such priorities), the clinical outcome/cost effectiveness determination process and allocation (as well as any possible reallocation) of funds to service categories process. For a grievance to be eligible for consideration, deviation from established, written processes or policies must be stated within the claim. All appeals from an initial action must be filed within two weeks of any decision, deviation or incident, and all resolutions or remedies are meant to apply prospectively. To avoid conflict of interest, grievances relative to the process used to select Part A service providers shall be in accordance with the Broward County Administrative Code. To avoid conflict of interest, grievances relative to the process used to select Part B service providers shall be in accordance with the department of Health Contract Management System Manual for Contractual Services.

Policies

1. A grievance will be addressed by the Committee only after all other internal avenues to resolve the grievance have been exhausted.
2. All members of the Committee will sign and abide by a strict policy of confidentiality as to individuals' HIV status.
3. The standard grievance form (or written statement) may be completed by the client or a person acting on the client's behalf.
4. The form contains a statement of understanding which includes permission to gather information and a release of information waiver.
5. Once the form (or written statement) has been completed, it can be delivered to the Council and/or SFAN staff support office by the client where it will be forwarded to the Chairperson(s) of the Committee. The Chairperson(s) will determine grievant eligibility, whether grievance is within the scope of the Committee, and whether internal grievance procedures have been accessed. Ineligible grievances or grievants will be referred to the appropriate procedure for satisfaction.
6. For grievances regarding Council and/or SFAN processes, third party mediators will be chosen from the following list by the Executive Director of the agency providing council support services for Part A and/or the Department of Health, HIV/AIDS Program Director for Part B, who will also register all grievances and relay all mediation decisions to the grievant.
 - Nova Southeastern University Conflict Resolution Committee/Dispute Resolution Committee; 3301 College Avenue, Ft. Lauderdale; (954) 475-7018
 - American Arbitration Association; 799 Brickell Plaza, Suite 600, Miami; (305) 358-7777
 - Better Business Bureau; 10291 NW 57th Ave, Miami; (305) 625-0307
 - Florida Arbitration and Mediation Service; P.O. Box 1799, Ft. Lauderdale; (954) 523-8404
7. All fact finding will begin promptly and will be considered at the regular monthly meeting of the Committee with all complaints being addressed within thirty days.
8. Grievances will be evaluated and triaged by the Committee to the appropriate body. The members of the Committee (which includes non-Council/SFAN members of the community) will serve as an outside

resource to facilitate the resolution of grievances. This is an informal process to facilitate discussion emphasizing negotiation and compromise using a mutually agreeable mediator. Any grievance which cannot be resolved by the mediation process will be forwarded to formal binding arbitration by a neutral third party as outlined in the Procedures Section of this document.

9. The Committee will report its findings and recommendations to the Executive Committees of the Council and/or SFAN. Should the voluntary mediation process fail to resolve a grievance, the grievant or aggrieved party may, in accordance with the rules of binding arbitration as issued by the Council and/or SFAN complete the "Request for Binding Arbitration Form" (see attachment 5).

Procedures

1. The Committee Chair(s) will assign a fact finder, within ten working days, mutually agreeable to both parties to gather facts from the concerned parties in an attempt to resolve the problem.
2. The fact finder will notify both parties of the rules of arbitration and mediation and inform both parties of the ramifications of the Sunshine Law as it pertains to confidentiality in the resolution of the grievance.
3. A fact finder will automatically withdraw him/herself from investigations involving a provider with which he/she has an affiliation or direct financial interest, to avoid any possible conflict of interest issue.
4. A summary of information gathered from all concerned parties will be returned to the Committee, during its regularly scheduled monthly meeting, in the conference room of the council support offices, presently Broward Regional Health Planning Council, ~~915 Middle River Drive, Ft. Lauderdale.~~
5. The Committee Chair(s) will schedule a committee meeting, within 30 days, to present summary information and facilitate negotiation and compromise between all concerned parties.
6. The Executive Committee of the Council and/or SFAN will be notified of all interventions.
7. Resolved and unresolved grievances will be reported to the executive committee. Grievance documentation will be maintained in a locked file by council support staff, and be available on a need-to-know basis.
8. Failure of all attempts to resolve a grievance through voluntary mediation, within 6 weeks, may result in the aggrieved parties filing a formal "Request for Binding Arbitration Form" in accordance with the rules for binding arbitration.
9. While the mediation process is voluntary and depends on volunteer time in an effort to minimize costs, the costs of binding arbitration can be considerable. All efforts will be made to secure pro bono arbitrator services, to reduce these costs. However, to preserve client service funds, costs of binding arbitration will be borne by the involved parties. Costs incurred in resolving grievances against the Council and/or SFAN or its processes, will be included in Council support and/or SFAN budget.
10. Grievances against the grantee or its selected providers are the responsibility of the grantee, and handled in accordance with Broward County and/or Broward County Health Department procedures.

Grievance Report Form

Name: _____ Date: _____

Address: _____

City: _____ ZIP Code: _____

Phone: _____

Indicate which process(es) directly affects grievant:

Allocation of Funds to Services: Amount of Ryan White Title I and II dollars set aside for each identified HIV/AIDS service need.	
Comprehensive Planning: Groundwork to thoroughly determine and satisfy PLWHA service needs.	
Needs Assessment: Information collected annually to identify needs of PLWH in County.	
Priority Setting Process: Put the HIV/AIDS service needs in ranked order of importance as determined by PLWH, service providers and the community.	

What is the problem? Please describe in detail the grievance, use additional pages if needed. For each page used, please include name, date and page numbers.

What would you like to happen?

ACKNOWLEDGEMENT OF GRIEVANT

I understand that the Council, SFAN and its Joint Client/Community Relations Committee have no legal authority over the subject of this grievance, but that they can act as an advocate for and make recommendations to service providers in my behalf. I understand a representative from the Joint Client/Community Relations Committee will contact me for assistance. I agree to cooperate with and assist that representative in the resolution of my grievance. I understand that my grievance will be registered by the designated HIVPC Support Staff, who will notify me of any decisions or determinations made, within six (6) weeks. I understand that there is no cost to me for voluntary mediation.

Signature: _____ Date: _____

For Office Use Only

Staff Who Received Form: _____ Position: _____

Date Received: _____ Grievance Number: _____

Date Submitted to Joint Client/Community Relations Committee: _____

Client Rights and Responsibilities

Ryan White Part B Services

RIGHTS

- Courteous and respectful treatment from all providers, with appreciation of an individual's dignity and right to privacy.
- Prompt responses given in a reasonable amount of time to questions or requests for services
- Reasonable explanation of the services and processes which are grievable
- All communications and records pertaining to care and/ or services necessary for the grievance process are treated confidentially and, except when required by law, clients are given the opportunity to approve or refuse their release
- Reasonable access to staff during regular business hours, information about the complaint, grievance processes, and binding arbitration processes
- Written documentation of status of grievance
- Quality of services care is the same for everyone regardless of race, color, national origin, sex, sexual orientation, handicap, religion or political belief
- Grievant may withdraw a grievance at any point in the grievance process

RESPONSIBILITIES

- Sign information release necessary for fact-finding process to occur
- Give accurate, complete information regarding the nature and history of grievance
- Ask questions and obtain information to understand the Grievance Process
- Arrive promptly to appointments or program support staff in advance of your inability to make the appointment
- Be considerate, cooperative and respectful to support staff. Notify service providers when there is dissatisfaction with services
- Demonstrate behavior that is cooperative and respectful of others
- Be free from the influence of alcohol or other non-prescribed drugs; use of alcohol or drugs, unless prescribed by a licensed physician, is not permitted at staff offices.
- Abusive language, threats of violence towards clients, staff or volunteers and weaponry are not tolerated and will result in immediate dismissal of grievance

GRIEVANCE PROCEDURE

Report your concern to the Supervisor. If your concern is unresolved with the Service Provider, you may then report concerns to the Ryan White Part B Administrator, phone number 954-467-4700 ext 5650.

Client's signature

_____/_____/_____
Date



**Broward County Health Department
CLIENT GRIEVANCE FORM**

Client Name: _____ **Date:** _____

Home Address: _____

_____ **Telephone Number** _____

Service: _____

Service Location: _____

Nature of grievance:

Send to: BCHD ADMINISTRATION
QUALITY & RISK MANAGEMENT
780 SW 24 STREET
FORT LAUDERDALE, FL 33315

Distribution:
Quality & Risk Mgmt--- Original
BCHD Section Director-----Copy
Client----- Copy