

MEETING AGENDA

Committee: Broward County HIV Health Services Planning Council

Date/Time: May 28, 2020, 9:30 a.m. **Location:** WebEx Meeting Room

Chair: Dr. Réquel Lopes, AP **Vice-Chair:** Claudette Grant

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

CALL TO ORDER (10 minutes)

WELCOME AND PUBLIC RECORD REQUIREMENTS

- a. Welcome and Introductions
- b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
- c. Council Member and Guest Introductions
- d. Moment of Silence
- e. Excused Absences and Appointment of Alternates
- f. Approval of 05/28/20 Meeting Agenda
- g. Approval of 02/27/20 Meeting Minutes

PUBLIC COMMENT (Up to 10 minutes)

FEDERAL LEGISLATIVE REPORT – Handout A (Kareem Murphy)

CONSENT ITEMS

- , **Motion to approve Von Biggs to join the HIV Planning Council**
Justification: Mr. Biggs is an unaffiliated consumer with experience serving on boards and a strong desire to help the community.
PROPOSED BY: Membership/Council Development Committee
- , **Motion to approve David Shamer to join the HIV Planning Council**
Justification: Mr. Shamer is a previous member of the HIVPC who is returning to serve his community in honor of those who have succumbed to HIV/AIDS, those who live with HIV, and those who have not been exposed to HIV.
PROPOSED BY: Membership/Council Development Committee
- , **Motion to approve Irving Wilson to join the HIV Planning Council**
Justification: Mr. Wilson is a community member with a spirit of awareness and advocacy who would like to be part of the fight to help others.
PROPOSED BY: Executive Committee
- , **9 Motion to approve FY2020-2021 CEC Work Plan (Handout B)**
Justification: CEC has updated and approved its Committee Work Plan for FY2020-2021.
PROPOSED BY: Community Empowerment Committee

NEW BUSINESS

- , **Assessment of the Administrative Mechanism (Handout &)**
Justification: To complete the annual process of assessing the efficiency of the administrative mechanism.
PROPOSED BY: Priority Setting & Resource Allocation Committee
- , **PSRA Process Overview (Handout ')**
Justification: To begin the annual Priority Setting & Resource Allocation process.
PROPOSED BY: Priority Setting & Resource Allocation Committee

DISCUSSION ITEMS

None

COMMITTEE REPORTS (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

March 3, 2020

Chair: Dennis, B. V. Chair: A. Ruffner

A. Discussion Item:

CEC Development: Support staff began with a presentation of Ryan White Part A funded services in Broward County. Committee members were educated on the many services that the Part A program provides and discussed criteria for those services. The presentation detailed primary medical care and essential support services available to people living with HIV (PLWH) who are uninsured or underinsured.

HIV Information: A CQM Health Planner presented Broward EMA data, which explored the HIV care continuum throughout the county. Data presented were drilled down by gender, race, and age category and examined the number of clients ever in care, in care, retained in care, on antiretroviral drugs (ARVs), and clients who have achieved viral suppression.

FY2020-2021 CEC Work Plan: The Committee reviewed the draft work plan for the 2020 fiscal year. Support staff read through the objectives and activities to outline recommendations, and the Committee deeply assessed the proposed work plan, which included revisions. Members voted to approve the changes made to the work plan.

B. Data Requests:

None.

C. Rationale for Recommendations:

None.

D. Data Reports/ Data Review Updates:

None.

E. Other Business Items:

None.

F. Agenda Items for Next Meeting:

Finalize education event proposed by the CEC Chair.

G. Next Meeting Date: June 2, 2020 (No meeting held in April or May)

II. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

March 12, 2020

Chair: V. Foster, V. Chair: T. Moragne

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Current Applicants, Interested Parties, and Appointments: The Committee reviewed submissions for current applicants interested in joining the HIV Planning Council. The Planning Council currently has 20 members, however, adding the two interested parties will bring Council membership to 22. The total percentage of unaffiliated consumers for the Planning Council will increase to 32%, which is still below the HRSA-mandated 33%.

Planning Council and Committee Attendance: Members reviewed the Committee and HIVPC attendance report and discussed any changes that have occurred across committees (Handout B on file). There have been no warnings or removals since the last MCDC meeting, but one member has passed away, and another resigned.

Current Applicants, Interested Parties, and Appointments: None.

HIVPC Training & Presentation Plan: Members reviewed the HIVPC Training & Presentation Plan and discussed Robert's Rules of Order Training. After reviewing available training

options, the Committee voted to approve an offsite training for the HIVPC on Robert's Rules, which includes Team Development and Coaching for Chairs.

Review Progress MCDC Work Plan: The Committee reviewed its progress through its FY2019 Work Plan (Handout D1 on file). MCDC completed nearly every task on its Work Plan but had not achieved its goal of 33% PLWHA representation. For the coming fiscal year, members chose to include "to passionately engage 100 community members and recruit seven members to the HIVPC" in their FY2020 goal. Members discussed activities and objectives to serve that goal in the coming year. A sample Work Plan evaluation was shared with the Committee. This evaluation tool will be used throughout the year to track MCDC's progress in completing its objectives. After further revision, the Committee voted to approve its FY2020 Work Plan with the stipulation that activities may change as the Work Plan evaluation tool develops.

C. Data Requests:

None.

D. Rationale for Recommendations:

Members voted to approve two applications for HIVPC membership. This will increase unaffiliated consumer membership from the current 25% to 32%. MCDC also voted to approve its recruitment flyer with the discussed changes. The flyer will serve as a recruitment tool to be used explicitly in agencies to bring awareness to the HIVPC.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

Develop outline to draft a script for the HIVPC Recruitment Video

H. Next Meeting Date: *June 14, 2020 (No meeting held in April or May)*

III. QUALITY MANAGEMENT COMMITTEE (QMC)

No March, April, or May Meeting

Chair: B. Fortune-Evans, V. Chair: Vacant

IV. EXECUTIVE COMMITTEE

May 8, 2020

Chair: R. Lopes, V. Chair: C. Grant

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Recipient Update (HIVPC Next Steps): The Recipient provided an update regarding approval for Broward County Boards to continue meeting virtually during the COVID-19 pandemic. Members provided feedback about the importance of holding Planning Council meetings, to ensure that the work of the Council continues. Planning Council activities could resume as usual except for the PSRA Process, which will have to be on an abbreviated timeline as the process will be beginning later than usual.

C. Data Requests:

None.

D. Rationale for Recommendations:

The Committee voted to approve the event flyer to begin distributing it to community stakeholders.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

Demographic Review, Current HIVPC Applicant, and Meeting & Activities Plan.

H. Next Meeting Date: *May 21, 2020, at 11:30 a.m. Room: WebEx Meeting Room*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

HIVPC Agenda: The Executive Committee voted to approve the HIVPC agenda with the amendment that the Universal Service Delivery Model be removed from the Consent items.

June HIVPC Calendar: The Committee reviewed and approved the June HIV Planning Council calendar.

Demographic Overview: Committee members reviewed the HIVPC membership and demographic status. The Membership/Council Development Committee approved two members at its March meeting, which would increase the Council's total membership as well as its percentage of consumer members.

Current HIVPC Applicant: The Committee reviewed the application of Irving Wilson. Mr. Wilson applied in March. However, he was not able to be approved by MCDC in advance of the next HIVPC meeting. The Executive Committee reviewed the difference that would be made to its membership by adding Mr. Wilson to the Council along with the previously approved applicants. One HIVPC member recently resigned, so three new members would bring the HIVPC to 22 members and 32% consumers. The Committee voted to approve Mr. Wilson's application.

Meeting & Activities Plan: The PCS Team reviewed plans for each Committee moving forward during the COVID-19 pandemic. The Committees whose work plans include increased interfacing with the community are working to create more opportunities for virtual outreach.

C. Data Requests:

None.

D. Rationale for Recommendations:

The Executive Committee voted to approve an applicant to join the HIV Planning Council.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

Get Care Broward Video Launch

H. Next Meeting Date:

June 18, 2020 at 9:00 a.m. Room: WebEx Meeting Room

V. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

May 21, 2020

Chair: L. Robertson, V. Chair: Vacant

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Assessment of the Administrative Mechanism: The PCS Team reviewed the assessment of the administrative mechanism, a process completed each year by the HIVPC to assess the Recipient's fulfillment of allocations. This year, the methodology being used to assess the Administrative Mechanism includes a survey of service providers. The Committee reviewed the proposed surveys and voted to approve them.

FY2021 PSRA Timeline: The HIVPC Manager reviewed proposed changes to the previously approved PSRA Process timeline. Due to the fluidity of the response to COVID-19, the PSRA Process timeframe and the Committee's Timeline was reassessed, thus shortening the overall process. The Committee reviewed and approved the amended PSRA Process Timeline.

PSRA Process Overview: The PSRA Chair reviewed the PSRA Process with the Committee, including the purpose, steps, and Committee and PCS Team involvement.

Part A Service Category Eligibility: The HIVPC Manager reviewed the scope of service for each service category, and clarification about the Emergency Financial Assistance service category was requested. It was noted that the service is exclusively utilized to provide medication.

Ryan White Funder & Stakeholder Presentations: PSRA received presentations from the recipients of Ryan White funding for Parts B, C, and F/AETC. In response to concerns about dental care during COVID-19, dental care has remained open to clients in need of emergency services. Additionally, dentists are limiting the number of aerosol procedures performed. While Broward County Family Health Center has not solidified its plans to reopen for business, the Part F Recipient will speak with them and share any updates with the HIVPC. The Part B Recipient clarified that all-day bus passes are available for six or less medical appointments per month or 31-day bus passes for seven or more medical appointments per month. Lastly, the Part C Recipient noted that COVID-19 has created a paradigm shift for how health care is provided, and the incorporation of telehealth to provide care and treatment coupled with increasing medication refills for clients has resulted in minimal lapses in care.

C. Data Requests:

None.

D. Rationale for Recommendations:

Members voted to approve the surveys to be utilized in the Assessment of the Administrative Mechanism. The Committee voted to approve the amended FY2021 PSRA Process Timeline.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

- *Part D Funder Presentation*
- *HOPWA Funder Presentation*
- *HIV Surveillance Epidemiological Data*
- *Part A Client Health Outcomes Presentation*
- *Review Community Empowerment Committee's Rankings of Part A Services*
- *Priority Setting Process*

H. Next Meeting Date: *June 18, 2020, at 9:00 a.m. Room: WebEx Meeting Room*

VI. SYSTEM OF CARE (SOC)

No March, April, or May Meeting

Chair: A. Ruffner, V. Chair: J. Rodriguez

**** For a detailed discussion on any of the above items, please refer to the meeting minutes. ****
Meeting Packets are available at: [The HIV Planning Council Website](#)

9. RECIPIENT REPORTS (20 minutes)

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. Prevention – Quarterly Update (January, April, July, October)

10. UNFINISHED BUSINESS

11. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: June 25, 2020 **LOCATION:** WebEx Meeting Room

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

CY2020 HIVPC Attendance

Consumer	Absences PLWHA	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date	23	27	C	C									
0	0	0	1	Arencibia, Y.	X	X										
0	1	0	2	Barnes, B.	X	X										
1	1	0	3	Bhrangger, R.	E	X										
0	0	1	4	Cutright, A.	X	A										
1	1	0	5	Dennis, B.	X	X										
0	0	0	6	Fortune-Evans, B.	X	X										
0	0	0	7	Foster, V.	X	X										
0	0	0	8	Grant, C.	X	X										
0	0	0	9	Hayes, M.	X	X										
0	0	1		Holness, Dale V.C. (Mayor)	N - 02/11	A										
1	1	0	10	Katz, H.B.	X	X										
1	1	0	11	Lewis, V.	X	X										
0	0	0	12	Lopes, R. <i>Chair</i>	X	X										
1	1	0	13	Marcoviche, W.	E	X										
0	0	1	14	Moragne, T.	A	X										
0	0	1	15	Moreno, V.	X	A										
0	1	0	16	Robertson, L.	X	X										
0	0	0	17	Rodriguez, J.	E	X										
0	0	0	18	Ruffner, A.	X	X										
0	0	0	19	Schweizer, M.	X	X										
0	0	1		Sharief, B. (Comm)	A							Z - 02/11				
0	0	1	20	Siclari, R.	A	X										
Quorum = 11					15	18	0	0	0	0	0	0	0	0	0	

Legend:	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	R - removal letter
CX - canceled due to quorum	

Update for Broward County HIV Health Services Planning Council

From: Kareem Murphy

Date: May 25, 2020

Federal Funding Update

CARES Act

The CARES Act included an additional \$90 million for the Ryan White Program to address the COVID. Broward was scheduled to receive \$916,388.

Appropriations

Congress is still in the midst of considering its FY 2021 appropriations bills. However, the process has stalled so that leaders focus on addressing the COVID-19 pandemic. Neither the House nor the Senate have introduced draft 2021 Labor-Health and Human Services-Education appropriations bills, which fund Ryan White and other HIV/AIDS-related federal programs. The focus on COVID response lead many to speculate that the Labor-HHS bill may skip a formal process of consideration and come through only as a final agreement on overall 2021 appropriations comes together. That means we would not know funding levels until that time. The prospect of a high-stakes election this fall could push the timeline to late November or December.

If key decisions are pushed to after the election, the outcome will determine the nature of final deals. They could also pass a continuing resolution through to early 2021.

2019 Assessment of the Administrative Mechanism

Broward County Ryan White HIV Health Services
Planning Council

1

Purpose

- The purpose of the Assessment of the Part A Administrative Mechanism for FY 2019 is to fulfill the federal mandate of the Ryan White Part A program.
- This requirement was summarized in the HRSA/HAB Ryan White CARE Act Part A Manual:
 - “Assessment of the Administrative Mechanism and Effectiveness of Services 2602(b)(4)(E) requires planning councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.”

2

How Does the AAM Affects the HIVPC?

- The HIVPC is required to complete the assessment annually:
 - The findings will be presented to the HIV Planning Council.
 - Responses from HIVPC Members will be used to improve the administration of Ryan White Part-A funds locally.
- The full assessment includes surveys of both the Part A Recipient and all HIVPC Members.
- The updates survey only the Recipient.

3

Questions?

2019 Assessment of the Administrative Mechanism

4

*2018-2019 Methodology
Assessment of the
Administrative Mechanism*

**Broward County Ryan White Part A
HIV Health Services Planning Council**

January 2020

This document was created by Planning Council Support Staff (PCS), employed by Broward Regional Health Planning Council.

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For more information about the Broward County HIV Health Services Planning Council, including how to become involved:

Website: <http://www.brhpc.org/programs/hiv-planning-council/>

Mailing address: Attn: HIV Planning Council

200 Oakwood Lane, Suite 100

Hollywood, FL 33020

Phone: (954) 561-9681

Fax: (954) 5691-9685

Email: HIVPC@brhpc.org

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

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2018-2019 Assessment of the Administrative Mechanism Methodology

Introduction

This document reflects the proposed method for completing the 2018-2019 assessment of the efficiency of the administrative mechanism (AEAM) of Broward County’s Ryan White Part A program. The HIV Planning Council support staff (PCS) will lead this process. Staff shall analyze and critically review a comprehensive array of key documents relevant to the administrative mechanism.

The Health Resources and Service Administration/HIV/AIDS Bureau’s (HRSA/HAB) guidance expects each planning council to conduct an AEAM annually, provide a written report with conclusions and recommendations to the recipient, and receive a written response from the recipient¹. Staff will be guided by the recommended AEAM process outlined in the Ryan White CARE Act Title I Manual.

A. Purpose

The AEAM is a review of how quickly and well the RWHAP Part A recipient carries out the processes to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the RWHAP Part A service area are met.

B. Legislation

The purpose of the AEAM is described in the Ryan White Part A legislation² which reads:

“Sec2602. [300ffB12] Administration and Planning Council
(b) HIV HEALTH SERVICES PLANNING COUNCIL...

c (4) Duties: The Planning Council established under paragraph (1) shall:

(E) Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the Planning Council, assess the effectiveness, either directly or through contractual arrangements, of services offered in meeting identified needs”.

¹ <https://www.targethiv.org/sites/default/files/file-upload/resources/5-5.%20Assessing%20the%20Effic%20of%20the%20Admin%20Mech%20Use.pdf>

² <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf>

C. Goals

The AEAM will examine the elements below to ensure the efficient and effective distribution of funds in the eligible area:

- Process for procurement
- Process for the distribution of funds
- Process for contract monitoring
- Communication and assistance between the Recipient and funded providers.

Methodology

A. Timeframe

The assessment will be conducted between March 2020 - September 2020.

B. Tools and Methods to collect qualitative and quantitative data

The PCS will utilize the following tools to complete the stated scope of work.

- Documentation Review/Analysis
- Data Collection/Analysis
- Production of a Final Report

1. *Documentation Review/Analysis*

The PCS will request documentation for a deeper analysis of the AEAM. The documents will represent six (6) key areas: (1) Policies & Procedures; (2) Allocation/Reallocation; (3) Grant Award Documentation; (4) the HIVPC's PSRA process; (5) Service Provider Invoices; and (6) Administrative Agency's Updated Documentation for Monthly Monitoring of Service Provider Expenditures.

The list of documents reviewed exhibits the comprehensiveness of the analysis and the efficiency of tracking and processing monthly invoices:

(Example of documents)

- Notice of Grant Award
- YTD and Year-End Procurement Reports
- Sample contract and explanation for variation in contracts
- Tracking sheets for Ryan White Part A Providers: May and December
- Detailed Spreadsheets for Ryan White Part A Providers for the second quarter

- Monthly expenditure reports for Ryan White Part A Providers for the second quarter
- 2018 -2019 Planned Allocations
- 2018-2019 Final Allocations
- 2018-2019 Reallocation Itemization per service provider per category
- 2018-2019 Unallocated Funds Report
- Request for Proposals
- Annual Contractor Reimbursement Report

2. *Data Collection/Analysis*

The primary data collection method will be electronic surveys for the HIVPC members, the Recipient and funded providers. The survey of funded providers (subrecipients) will reveal their experiences related to procurement, contracting, and reimbursement; this will be done using a combination of multiple-choice or rating-scale questions and a few open-ended questions.

As per the RWHAP Part A Manual³, topics covered in the AEAM surveys will include:

- a. **The procurement process** –outreach to potential new service providers (officially known as “subrecipients”), dissemination of the Request for Proposal (RFP), number of applications received and funded, the review process including use of an external review panels and the composition of that panel, and criteria used in selection of subrecipients as service providers.
- b. **Contracting** –the length of time between Notice of Grant Award to the recipient and completion of fully executed subcontracts with providers.
- c. **Reimbursement of subrecipients** –the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider, as well as obstacles to timely reimbursement.
- d. **Use of funds** – whether contracting and expenditure of RWHAP Part A funds are consistent with allocations made by the planning council and the proportion of formula and supplemental RWHAP Part A funds that are expended by the end of the program year.
- e. **Engagement with the HIVPC in the planning process** – how and how well the recipient and council work together to carry out

³ Available at: www.targetHIV.org/planning-chatt/pcs-compendium

shared and coordinated planning tasks, to meet legislative requirements, the extent to which the HIVPC received the data needed for sound decision making, and evidence of success in maintaining and strengthening the system of HIV care, to desired performance and standards and clinical outcomes are reached.

NOTE: The planning council will not be involved in how the administrative agency monitors providers as this is the sole responsibility of the Recipient. [RWHAP Part A Manual, p 102].

3. Final Report

The final report will address the following areas: a) the extent to which the recipient's office follows the Planning Council's directives regarding the Ways to Best Meet Needs and their spending priorities; b) the renewal and contracting processes; c) the filing/ reimbursement process; d) survey findings based on responses from Providers and Planning Council members; e) interviews with Recipient, Fiscal and Procurement staff; and file reviews of invoices and contracts.

The PCS staff will prepare the report, for submission to the Recipient; it will describe the results of the assessment with findings and gaps in the administrative mechanism. The report will also contain recommendations for general improvements to the administrative mechanism. We will use any identified issues or areas for improvement as the basis for quarterly progress updates.

C. Proposed Timeline

<i>Activity</i>	<i>Proposed Date</i>
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	March 2020
Surveys Distributed to HIVPC, Recipient Staff, and funded providers.	March 26, 2020
Deadline to submit completed surveys.	April 17, 2020
Assessment of the Administrative Mechanism Report due to Recipient	September 30, 2020
Quarterly update report (if necessary)	December 31, 2020
	March 31, 2021
	June 30, 2021
	September 30, 2021

D. Limitations

The PCS team proposes this method to address a limitation observed with the 2017-2018 AEAM. The inclusion of surveys for providers ensure that feedback from funded providers are included as to their assessment of the Recipient's efficiency of the administration mechanism.

Background Information

The Broward County Ryan White Part A HIV Health Services Planning Council (HIVPC) exists to identify populations in Broward County most affected by HIV/AIDS. The Planning Council ensures that Ryan White Part A services are available to meet the needs of people living with or affected by HIV/AIDS in Broward County. Planning Councils exist to strengthen community involvement in decision making about HIV care across the continuum. Planning Councils work to collectively and strategically map out the best decisions for the community and positively impact the service system, which includes improvements in access to and quality of care, and the overall contributions to positive consumer outcomes such as viral suppression.

The HIVPC is required to conduct an annual assessment of the administrative mechanism. This means the HIVPC evaluates how quickly funds are allocated to the areas of greatest need within the eligible area, and at the discretion of the Planning Council, assesses the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs. This survey also asks questions about communication with the Recipient's office and technical assistance (TA).

HIVPC Members are asked to complete the survey by 5:00 p.m. on Friday, May 29, 2020.

Thank you for your continued support and cooperation. Should you have any questions regarding the survey, please contact Planning Council Support Staff at (954) 561-9681 ext. 1343 or 1295.

1. Your Name _____
2. Community needs were evaluated on an ongoing basis effectively
Response Options: Strongly Disagree Disagree Agree Strongly Agree
3. I was given enough notice of HIVPC planned activities and meetings
Response Options: Strongly Disagree Disagree Agree Strongly Agree
4. In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body
Response Options: Strongly Disagree Disagree Agree Strongly Agree
5. I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC.
Response Options: Strongly Disagree Disagree Agree Strongly Agree

Background Information

The Broward County Ryan White Part A HIV Health Services Planning Council (HIVPC) exists to identify populations in Broward County most affected by HIV/AIDS. The Planning Council ensures that Ryan White Part A services are available to meet the needs of people living with or affected by HIV/AIDS in Broward County. Planning Councils exist to strengthen community involvement in decision making about HIV care across the continuum. Planning Councils work to collectively and strategically map out the best decisions for the community and positively impact the service system, which includes improvements in access to and quality of care, and the overall contributions to positive consumer outcomes such as viral suppression.

Ryan White Part A Service Providers are asked to evaluate how quickly contracts with the Recipient's office are signed and how long the Part A Recipient takes to pay providers. This survey also asks questions about communication with the Recipient's office and technical assistance (TA).

Agencies are asked to please complete the survey by 5:00 p.m. on Friday, May 29, 2020.

Thank you for your continued support and cooperation. Should you have any questions regarding the survey, please contact Planning Council Support Staff at (954) 561-9681 ext. 1343 or 1295.

1. Please provide the following contact information:

Name _____
 Job Title _____
 Agency _____
 Phone Number _____
 Email _____

2. My agency is contracted to provide the following Ryan White Part A services:

Outpatient Ambulatory Health Services	Health Insurance Continuation Program	MAI Substance Abuse	Case Management
MAI Outpatient Ambulatory Health Services	Disease Case Management	Substance Abuse	Food Services
Pharmacy	Mental Health	Centralized Intake & Eligibility Determination	Legal Services
Oral Health Care	MAI Mental Health	MAI CIED	MAI Medical Case Management

3. How long has your agency been a Ryan White Part A provider?
 - This is my agency's first year as a provider
 - 2-3 years
 - 4-9 years
 - 10-15 years
 - 16+ years

4. For the current fiscal year (beginning March 1, 2020), on approximately what date was your agency notified that you would be receiving funding for the indicated service?
Calendar date format MM/DD/YYYY _____

5. How were you notified of your award?
 - Award letter (hard copy)
 - Award Letter (electronic)
 - Email
 - Other (please explain)

6. On approximately what date did you receive a fully executed contract for the indicated service?
Calendar date format MM/DD/YYYY _____

7. What additional comments do you have about the Ryan White Part A contracting process?

Section 1: Contracts

1. On what date did the Broward EMA receive its notice of grant award for FY2019 funding?

Date:	
-------	--

2. On what date were award letters sent to funded agencies for FY2019?

Date:	
-------	--

3. How were agencies notified of their award? Please select all that apply:

<input type="checkbox"/>	Award Letter (hard copy)
<input type="checkbox"/>	Award Letter (electronic)
<input type="checkbox"/>	Email
<input type="checkbox"/>	Other (please explain):

4. On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts.

Response:

5. List/describe any obstacles contributing to the delay in executing provider contracts.

Response:

Section 2: Service Provider Reimbursements

6. What procedures, documents, and policies are used to guide the payment of invoices/reimbursements?

Response:

Assessment of the Administrative Mechanism FY 2019
Recipient Survey

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7. Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?

	0-7 days
	8-14 days
	15-21 days
	22-28 days
	29-35 days
	36-42 days
	42+ days

8. List/describe any obstacle contributing to the delay in reimbursement to providers.

Response:

9. Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)?

	Yes
	No

10. If so, how were those discrepancies resolved?

Response:

11. Over the past year, has the Recipient's Office contacted agencies to review utilization and expenditures that were not on target (over or under target for utilization or expenditures)?

	Yes
	No

Assessment of the Administrative Mechanism FY 2019
Recipient Survey

12. If so, did the Recipient provide feedback or solutions to help agencies get back to target utilization and expenditures?

	Yes
	No
Comments:	

Section 3: Recipient Communication and Technical Assistance/Training

13. Over the past 12 months, how would you rate the communication between the Recipient's Office and funded Agencies?

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

14. How would you rate the Recipient's Office in responding to questions and requests for information over the past year?

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

15. Please rate the timeliness of the Recipient's Office in responding to questions or requests for information.

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

16. How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training over the last 12 months?

Assessment of the Administrative Mechanism FY 2019
Recipient Survey

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

Section 4: Procurement and Allocation

17. What percent of the overall award for the last fiscal year was used for Recipient Support, Planning Council Support, and Quality Management?

%:	
----	--

18. What percent of formula funds were unexpended at the end of FY2019? Please explain.

%:	
Comments:	

19. What percent of supplemental funds were unexpended at the end of FY2019? Please explain.

%:	
Comments:	

20. Please provide a final spending report for FY2019

21. Please provide a final allocation report for FY2019

22. Please provide a list of all Part A – funded service providers in the Broward EMA for FY2019 (including contract information), as well as the categories for which each provider is contacted

Priority Setting & Resource Allocation Process Presentation

MAY 28, 2020

1

Presentation Outline

- Overview
- What is PSRA?
- PSRA Goals and Guiding Principles
- Who's Involved?
- PSRA Process
- Required Grant PSRA Documentation
- PSRA Data Resources
- PSRA Process: Step-By-Step
- Ground Rules
- What to Expect



2

Overview

- **HRSA Requirements:** Planning Council's are required by HRSA to "set priorities and allocate resources for service categories, and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
 - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities and resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) for the **disbursement of Ryan White Part A funds** in Broward County.
 - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC.**

3

Priority Setting

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.

4

Resource Allocations

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories. Through resource allocation, the planning council instructs the Part A Recipient on how to distribute the funds in contracting for different types of services.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award**, since the award is usually higher or lower than the amount requested in the application, and **during the program year**, when funds are underspent in some service categories and additional needs exist in other service categories. The planning council must approve such reallocations.

5

PSRA Goals and Guiding Principles

- Provide access to high quality HIV services for PLWHA in Broward County
- Optimize the HIV Care Continuum's impact
- Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- Maintain a commitment to ending health disparities
- Provide client centered and coordinated services
- Integrate Prevention and Care
- Maintain and require collaborative partnerships among service providers
- Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- Engage continuous training, capacity building, and leadership development
- Provide culturally and linguistically appropriate services

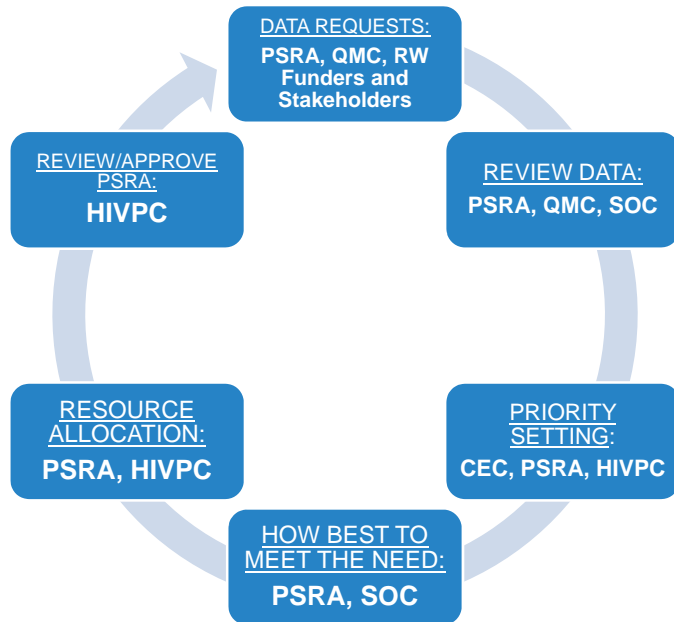
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Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



7

Who's Involved?



8

PLWHA Involvement in the PSRA Process

PLWHA Serve as Committee

Members: CEC

- Data Collection (focus groups/feedback forums) & Presentation
 - Rank Core Services Priorities
 - Rank Support Service Priorities
- PSRA
- Priority Setting & Resource Allocation
- HIVPC
- Approves All PSRA Decisions

Community Feedback Through Needs Assessment

Activities: 2019 Needs Assessment

9

The PSRA Process



- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

- Committee and Community Data Presentations
- Develop Language On How Best To Meet The Need
- Committee Reviews Data/Factors to Consider & Sets Priorities
- Committee Reviews Data/Factors to Consider & Allocates Resources

10

Required Part A Grant PSRA Documentation

Each year, the Part A Grant Application requires documentation regarding the PSRA process, including how the process was conducted and specifically addressing how the needs of those not in care and those from historically underserved populations were considered in this process. Additional documentation of the process includes:

- How PLWHA were involved in the PSRA process and how their priorities are considered in the process
- How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
- How changes and trends in HIV/AIDS epidemiology data were used in the PSRA process
- How cost data were used by the Planning Council in making funding allocation decisions
- How unmet need data were used by the Planning Council in making priority and allocation decisions
- How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award

11

PSRA Data Sources

Priorities and allocations are data based. **Decisions are based on the data**, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision-making process.

The data collected includes:

- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Others Funder's Data/Presentation

12

PSRA Data Sources (cont'd)

Other factors to consider are:

- Funding from other sources such as Medicaid and Medicare
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers
- Changes in legislative requirements
- National HIV/AIDS Strategy
- Affordable Care Act

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Other Resources

- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2017
- FY2019 Other Funders Table
- FY2019 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Activities Report
- FY2020 CEC Rankings Table
- FY2020 Part A Allocations Table

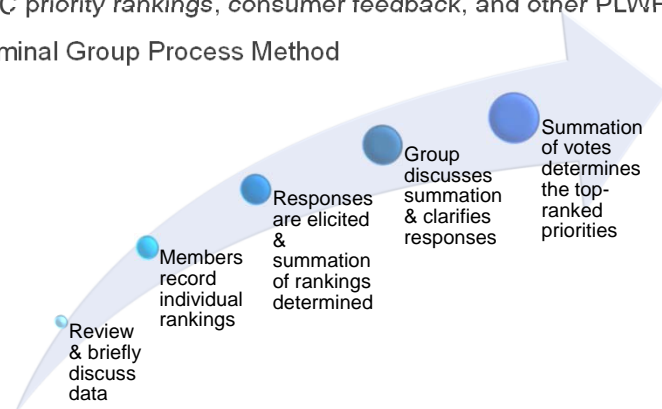
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PSRA Process: Step-By-Step

15

Priority Setting

- Prioritize all service categories included in Legislation
- Utilize CEC *priority rankings*, *consumer feedback*, and other PLWHA data provided
- Utilize Nominal Group Process Method



16

Priority Setting: Core Services

- | | |
|---|--|
| 1. Outpatient/Ambulatory Health Services | 8. AIDS Drugs Assistance Program Treatments (ADAP) |
| 2. AIDS Pharmaceutical Assistance (Local) | 9. Medical Nutrition Therapy |
| 3. Health Insurance Premium & Cost-Sharing Assistance (HICP) | 10. Early Intervention Services |
| 4. Medical Case Management (Disease) | 11. Home and Community-Based Health Services |
| 5. Mental Health Services | 12. Home Health Care |
| 6. Oral Health Care (Dental) | 13. Hospice Services |
| 7. Substance Abuse Services - Outpatient | |

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Priority Setting: Support Services

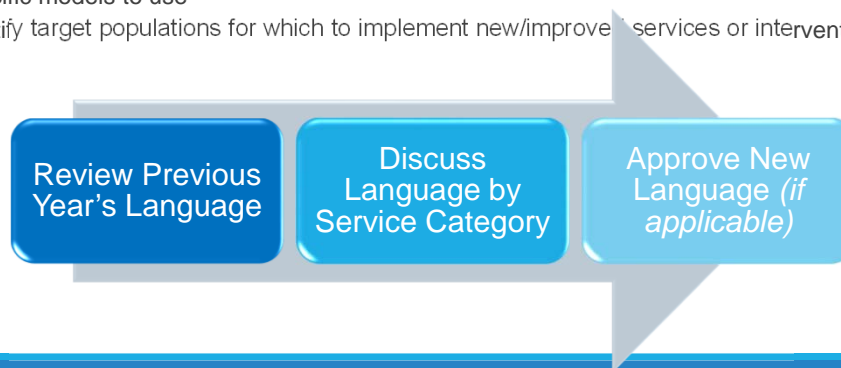
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|--|--|
| 1. Food Bank/Home-Delivered Meals | 11. Referral for Health Care/Supportive Services |
| 2. Emergency Financial Assistance | 12. Linguistics Services (Integration and Translation) |
| 3. Legal Services | 13. Other Professional Services |
| 4. Non-Medical Case Management (CIED) | 14. Child Care Services |
| 5. Housing Services | 15. Rehabilitation Services |
| 6. Medical Transportation Services | 16. Permanency Planning |
| 7. Substance Abuse Services - Residential | 17. Respite Care |
| 8. Psychosocial Support Services | |
| 9. Outreach Services | |
| 10. Health Education/Risk Reduction | |

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Language on How Best to Meet the Need

Directives to the Part A Recipient on how best to meet the service priorities identified, such as:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improve services or interventions



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Additional Priorities & Language Considerations

Priorities and HBTMTN Language should be based on:

- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources

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Resource Allocations

- Decide how much funding will be used for each service category



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Reallocations (Sweeps)

The PSRA Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Recipient.

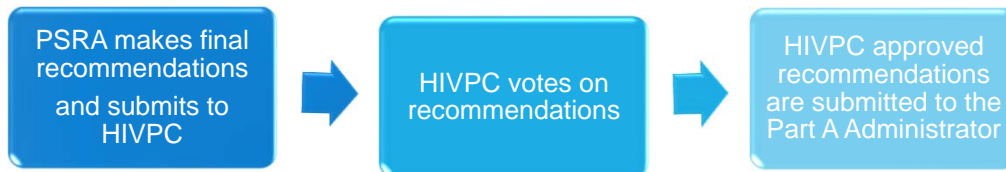
Periodic Reallocation: The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less than 10% of the funding award and that there are less than 120 days left in the fiscal year.

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PSRA Approval

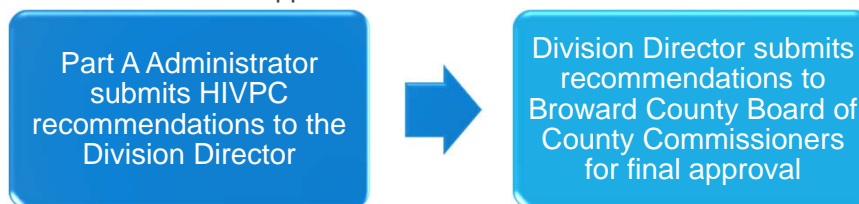
- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.



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PSRA Approval

- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.



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Ground Rules

- Every member will treat every other member with the courtesy and respect resulting from his or her legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be no personal attacks and disagreements will focus on issues, not upon individuals.
- Once decisions are made, every member of the Committee will support the decision, regardless of his or her personal position.
- A member will behave in a manner that reflects recognition of his or her responsibility to present and consider the concerns of specific communities, or population groups, while considering the overall needs of PLWHA, and act on their behalf, not to benefit him- or herself.
- Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Recipient outside of the meeting.
- Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that all members abide by them.

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PSRA Committee: What to Expect

- The Planning Council support staff will provide the essential materials needed for all activities. **All Committee members will be given a PSRA resource book, guided by HRSA PSRA standards, that will provide background and support to all presentations as it pertains to an informed decision-making process.**
- **An immense amount of information will be distributed and presented within a short period of time:** Since a tremendous amount of information needs to be considered in order for members to prioritize services and allocate funds, each member is obligated to familiarize him- or herself with how to read the data being presented and to use the information to make informed decisions.

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Questions?
Discussion

