



**FORT LAUDERDALE/BROWARD EMA**  
**BROWARD HIV HEALTH SERVICES PLANNING COUNCIL**  
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020  
(954) 561-9681 • FAX (954) 561-9685

## **Broward County HIV Health Services Planning Council Meeting**

**Thursday, October 27, 2022 - 9:30 AM**

**Meeting at Broward Regional Health Planning Council and via [WebEx Videoconference](#)**

**Chair: Lorenzo Robertson • Vice Chair: Von Biggs**

**Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 007 3138)**

***This meeting is audio and video recorded.***

Quorum for this meeting is 10

### **DRAFT AGENDA**

#### **ORDER OF BUSINESS**

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
  - a. Meeting Ground Rules
  - b. Statement of Sunshine
  - c. Introductions & Abstentions
  - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for October 27, 2022
5. **ACTION:** Approval of Minutes from July 28, 2022
6. Federal Legislative Report – Kareem Murphy (Handout A)
7. Consent Items
  - a. Motion to approve Irving Wilson to join the Community Empowerment Committee.  
Justification: Mr. Wilson is a community activist and has served on the Planning Council for two years. He has a strong desire to help the community.  
Proposed By: CEC Chair
  - b. Motion to approve Kendra Hayes to join the Community Empowerment Committee.  
Justification: Ms. Hayes is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed.

Proposed By: CEC Chair

8. Discussion Items

**Reallocation/Sweeps from Core & Support Services**

- a. Motion to reallocate \$925,000 from Outpatient Ambulatory Health Services for FY2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- b. Motion to reallocate \$390,000 from Oral Health Care for FY 2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- c. Motion to reallocate \$10,000 from Disease Case Management for FY2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- d. Motion to reallocate \$20,000 from Mental Health for FY2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- e. Motion to reallocate \$115,000 from Substance Abuse for FY2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- f. Motion to reallocate \$260,000 from Centralized Intake and Eligibility Determination for FY2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)

**Total Reallocation/Sweeps from Core & Support Services = (\$1,720,000)**

**Reallocation/Sweeps to Core & Support Services**

- g. Motion to reallocate \$683,000 to Outpatient Ambulatory Health Services for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- h. Motion to reallocate \$100,000 to AIDS Pharmaceutical Assistance for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- i. Motion to reallocate \$70,000 to Oral Health Care for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- j. Motion to reallocate \$283,500 to Medical Case Management for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)

- k. Motion to reallocate \$183,500 to Disease Case Management for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
  - l. Motion to reallocate \$40,000 to Mental Health for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
  - m. Motion to reallocate \$300,000 to Food Bank Services for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
  - n. Motion to reallocate \$60,000 to Food Voucher for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- Total Reallocation/Sweeps to Core & Support Services = \$1,720,000**

**Reallocation/Sweeps from Minority AIDS Initiative (MAI) Core & Support Services**

- o. Motion to reallocate \$34,164 from MAI-Mental Health for FY2022-2023.  
Justification: Provider Voluntary Return and/or Underutilization  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- Total Reallocation/Sweeps from MAI Core & Support Services = (\$34,164)**

**Reallocation/Sweeps to Minority AIDS Initiative (MAI)\* Core & Support Services**

- p. Motion to reallocate \$38,891 to MAI Medical Case Management for FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
  - q. Motion to reallocate \$138,157 to MAI Substance Abuse-Outpatient FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
  - r. Motion to reallocate \$350,000 to MAI Centralized Intake and Eligibility Determination FY2022-2023.  
Justification: Underfunding among providers in this Category  
Proposed by: [Priority Setting & Resource Allocation Committee](#)
- Total Reallocation/Sweeps to MAI Core & Support Services = \$527,048\***

**\* Note: Added additional \$492,884 in MAI service category from FY21-22 carryover.**

- s. Quarterly Review of Meeting Evaluations (Quarter 2: June-August) (Handout B)

9. Old Business

- a. HOWPA Discussion: Status-April 22, 2022, Letter of Support "Increase Rent Standard to 120% Above Fair Market Rate for the City of Fort Lauderdale" (Handout C)

10. New Business

- a. **Action Item:** Discuss the initial MOU draft for review and make recommendations for changes. (Handout D)

- b. **Action Item:** 2021-2022 Assessment of the Administrative Mechanism- Review the results of the 2021-2022 Assessment of Administrative Mechanism and make recommendations. (Handout E)

Workplan Activity 6.4: Distribute the narrative report, including identified areas for improvement, and any necessary steps for action by September 2022.

## 11. Committee Reports

- a. Community Empowerment Committee (CEC)  
Chair: Shawn Jackson • Vice Chair: Andrew Ruffner  
No Meeting Held
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** November 1, 2022, at 3:00 PM at BRHPC and via WebEx Videoconference

- b. System of Care Committee (SOC)  
Chair: Andrew Ruffner • Vice Chair: Jose Castillo  
No Meeting Held
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** November 3, 2022, at 9:30 AM at BRHPC and via WebEx Videoconference

- c. Membership/Council Development Committee (MCDC)  
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne  
No Meeting Held
  - i. **Work Plan Item Update/Status Summary:**
  - ii. **Data Requests:**
  - iii. **Rationale for Recommendations:**
  - iv. **Data Reports/ Data Review Updates:**
  - v. **Other Business Items:**
  - vi. **Agenda Items for Next Meeting:**
  - vii. **Next Meeting date:** January 12, 2022, at 9:30 AM at BRHPC and via WebEx Videoconference

- d. Quality Management Committee (QMC)  
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant  
October 17, 2022.
  - i. **Work Plan Item Update/Status Summary:**  
  
CQM Staff reviewed the progress made in accomplishing tasks in the FY2022-2023 CQM Annal Work Plan CQM Support Staff will continue to update the deliverables as they work through the new workplan. Workplan Activity 1.1 has been completed as *CQM Support Staff* has pulled and shared FY2022-2023 Quarter 2 data with the Ryan White Networks. *CQM Support Staff* analyzed FY2022-2023 Quarter 2 data

and provided the QMC with an analysis under the meeting activities/new business section of the agenda. Overall, the CQM Work Plan progress remains on schedule.

QMC Committee members discussed the idea of meeting virtually to discuss data and go over presentations and all information given to the committee. When it is time to vote, the committee will come together in person to meet quorum and place their votes as indicated by the Sunshine State Law. Members believe this will increase participation and allow for more to get done. The committee inquired if this would be allowed based on the requirements from the Commissioner's Office to which Recipient and Support Staff stated they will follow up with the legalities of this.

*CQM Support Staff* reviewed the health outcomes of the Broward Ryan White Part A program report with the committee. The quarterly data was analyzed and presented by the race/ethnicity, gender, and age subpopulations comparing FY2021 and FY2022-Q2. *CQM Support Staff* went over notable trends with the committee, including that while retention in care seems to be low, viral suppression is not heavily affected by this change. The committee discussed how this could be due to the way quarterly data is pulled, and how providers are inputting their data.

Lastly, *CQM Support Staff* provided updates to the committee regarding the FY 2023-2024 Service Delivery Models. The updates that have been made so far includes CIED, Food Services, and Behavioral Health but they are not permanent until the committee meets again to vote on them.

- ii. **Data Requests:**
- iii. **Rationale for Recommendations:**
- iv. **Data Reports/ Data Review Updates:**
- v. **Other Business Items:**
- vi. **Agenda Items for Next Meeting:**
- vii. **Next Meeting date:** November 21, 2022, at 12:30 PM at BRHPC and via WebEx Videoconference

e. Executive Committee

Chair: Lorenzo Robertson • Vice Chair: Von Biggs  
No Meeting Held

i. **Work Plan Item Update/Status Summary:**

None.

- ii. **Data Requests:**
- iii. **Rationale for Recommendations:**
- iv. **Data Reports/ Data Review Updates:**
- v. **Other Business Items:**
- vi. **Agenda Items for Next Meeting:**
- vii. **Next Meeting date:** November 17, 2022, at 11:30 AM at BRHPC and via WebEx Videoconference

f. Priority Setting & Resource Allocation Committee (PSRA)

Chair: Brad Barnes • Vice Chair: Vacant  
October 20, 2022

i. **Work Plan Item Update/Status Summary:**

The Part A Recipient's Office provided a line-by-line overview of the basis for the recommended allocations. After some discussion, the members voted on funding allocations for FY2022-2023.

A presentation was provided on the results of the FY2021 Assessment of the Administrative Mechanism. The purpose of the Assessment of the Administrative Mechanism is to assess the efficiency of administrative mechanism in allocating funds to the areas of greatest need within the HIV community. The survey is distributed annually to the Recipient, subrecipients and the HIVPC and covers topic related to the procurement process, contracts, reimbursements of subrecipients, use of fund as well as engagement with the HIVPC in the planning process. For FY2021, 20 out of 21 HIVPC members participated, 7 out of 12 providers participated and the Part A Recipient also completed the survey. Overall, the administrative mechanism functions effectively and efficiently with no substantial problems identified through its assessment. Members voted to approve the recommendations from the Assessment of the Administrative Mechanism as presented.

PSRA also participated in their annual retreat. This retreat was interactive and gave insight on the Integrated Plan, PSRA Timeline for 2023 and discussed having collaborated meetings with South Florida AIDS Network (SFAN).

- ii. **Data Requests:**
- iii. **Rationale for Recommendations:**
- iv. **Data Reports/ Data Review Updates:**
- v. **Other Business Items:**
- vi. **Agenda Items for Next Meeting:**
- vii. **Next Meeting date:** November 17, 2022, at 9:00 AM at BRHPC and via WebEx Videoconference

- a. Ad-Hoc By-Laws and Memorandum of Understanding Committee  
Chair: Brad Barnes • Vice Chair: Vacant  
October 11, 2022- **Workshop Notes**

- i. **Work Plan Item Update/Status Summary:**

- Committee members reviewed the initial By-Laws draft and made recommendations for changes. The PCS Staff will make final edits for the next committee meeting.

- ii. **Data Requests:**
    - iii. **Rationale for Recommendations:**
    - iv. **Data Reports/ Data Review Updates:**
    - v. **Other Business Items:**
    - vi. **Agenda Items for Next Meeting:**
    - vii. **Next Meeting date:** TBD at 2:00 PM Location: Poverello and via WebEx

## 12. Recipient Reports

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

## 13. Public Comment

## 14. Agenda Items for Next Meeting

- a. Next Meeting Date: December 1, 2022, at 9:30 a.m. at BRHPC and via WebEx
- b. Agenda Items for next meeting

15. Announcements

16. Adjournment

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

*Please complete your [meeting evaluation](#).*

*Three Guiding Principles of the Broward County HIV Health Services Planning Council*

*• Linkage to Care • Retention in Care • Viral Load Suppression •*

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared  
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[Broward County Website](#)

# HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. 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 Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.



# CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

# KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

## Acronym List

ACA: The Patient Protection and Affordable Care Act 2010  
ADAP: AIDS Drugs Assistance Program  
AETC: AIDS Education and Training Center  
AHF: AIDS Health Care Foundation  
AIDS: Acquired Immuno-Deficiency Syndrome  
ART: Antiretroviral Therapy  
ARV: Antiretrovirals  
BARC: Broward Addiction Recovery Center  
BCFHC: Broward Community and Family Health Centers  
BH: Behavioral Health  
BISS: Benefit Insurance Support Service  
BMSM: Black Men Who Have Sex with Men  
BRHPC: Broward Regional Health Planning Council, Inc.  
CBO: Community-Based Organization  
CDC: Centers for Disease Control and Prevention  
CDTC: Children's Diagnostic and Treatment Center  
CEC: Community Empowerment Committee  
CIED: Client Intake and Eligibility Determination  
CLD: Client Level Data  
CM: Case Management  
CQI: Continuous Quality Improvement  
CQM: Clinical Quality Management  
CTS: Counseling and Testing Site  
DCM: Disease Case Management  
DOH-Broward: Florida Department of Health in Broward County  
eHARS: Electronic HIV/AIDS Reporting System  
EIIHA: Early Intervention of Individuals Living with HIV/AIDS  
EFA: Emergency Financial Assistance  
EMA: Eligible Metropolitan Area  
FDOH: Florida Department of Health

FPL: Federal Poverty Level  
FQHC: Federally Qualified Health Center  
HAB: HIV/AIDS Bureau  
HHS: U.S. Department of Health and Human Services  
HICP: Health Insurance Continuation Program  
HIV: Human Immunodeficiency Virus  
HIVPC: Broward County HIV Planning Council  
HMSM: Hispanic Men who have Sex with Men  
HOPWA: Housing Opportunities for People with AIDS  
HRSA: Health Resources and Service Administration  
HUD: U.S. Department of Housing and Urban Development  
IW: Integrated Workgroup  
IDU: Intravenous Drug User  
JLP: Jail Linkage Program  
LPAP: Local AIDS Pharmaceutical Assistance Program  
MAI: Minority AIDS Initiative  
MCDC: Membership/Council Development Committee  
MCM: Medical Case Management  
MH: Mental Health  
MNT: Medical Nutrition Therapy  
MOU: Memorandum of Understanding  
MSM: Men Who Have Sex with Men  
NBHD: North Broward Hospital District (Broward Health)  
NGA: Notice of Grant Award  
NHAS: National HIV/AIDS Strategy  
NOFO: Notice of Funding Opportunity  
nPEP: Non-Occupational Post Exposure Prophylaxis  
NSU: Nova Southeastern University  
OAHS: Outpatient Ambulatory Health Services  
OHC: Oral Health Care  
PE: Provide Enterprise

PLWH: People Living with HIV  
PLWHA: People Living with HIV/AIDS  
PrEP: Pre-Exposure Prophylaxis  
PRISM: Patient Reporting Investigating Surveillance System  
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*  
PSRA: Priority Setting & Resource Allocations  
QI: Quality Improvement  
QIP: Quality Improvement Project  
QM: Quality Management  
QMC: Quality Management Committee  
RSR: Ryan White Services Report  
RWHAP: Ryan White HIV/AIDS Program  
RWPA: Ryan White Part A  
SA: Substance Abuse  
SBHD: South Broward Hospital District (Memorial Healthcare System)  
SCHIP: State Children's Health Insurance Program  
SDM: Service Delivery Model  
SOC: System of Care  
SPNS: Special Projects of National Significance  
STD/STI: Sexually Transmitted Diseases or Infection  
TA: Technical Assistance  
TB: Tuberculosis  
TGA: Transitional Grant Area  
VA: United States Department of Veteran Affairs  
VL: Viral Load  
VLS: Viral Load Suppression  
WMSM: White Men who have Sex with Men  
WICY: Women, Infants, Children, and Youth

## Frequently Used Terms

**Recipient:** Government department designated to administer Ryan white Part A funds and monitor contracts.

**Planning Council Support (PCS) Staff/‘Staff’:** Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

**Clinical Quality Management (CQM) Support Staff:** Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient’s care, health outcomes and patient satisfaction throughout the system of care.

**Provider/Sub-Recipient:** Agencies contracted to provide HIV Core and Support services to consumers.

**Consumer/Client/Patient:** A person who is an eligible recipient of services under the Ryan White Act.



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## **HIV Health Services Planning Council**

**Thursday, July 28, 2022 - 9:30 AM**  
**Meeting at Broward Regional Health Planning Council and via [WebEx](#)**

### **DRAFT MINUTES**

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster, T. Moragne, J. Castillo, J. Rodriguez, A. Ruffner, B. Fortune-Evans, E. Dsouza, I Wilson, M. Schweizer, S. Jackson-Tinsley, R. Jimenez

Members Excused: J. Casseus, J. Rodriguez, V. Moreno

Ryan White Part A Recipient Staff Present: T. Thompson, G. James, J. Roy, T. Currie.

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams W. Rolle, B. Miller, J. Rohoman

Guests Present: B. Mester, R. Honick, K. Murphy, K. Hayes L. Jones, Q. Cowan, W. Vazquez, A. Abdool, R. Williams.

#### **1. Call to Order, Welcome from the Chair & Public Record Requirements**

The PSRA Chair called the meeting to order at 9:32 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

#### **2. Public Comment**

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

#### **3. Meeting Approvals**

The approval for the agenda of the July 28, 2022, HIVPC meeting with amendments was proposed by J. Castillo, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the May 26, 2022, meeting as

presented, was proposed by V. Biggs, seconded by A. Cutright, and passed unanimously.

**Motion #1: Mr. Castillo, on behalf of HIVPC, made a motion to approve the July 28, 2022, HIV Health Services Planning Council agenda with amendments. The motion was adopted unanimously.**

**Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the May 26, 2022, HIV Health Services Planning Council meeting minutes as presented. The motion was adopted unanimously.**

4. Federal Legislative Report

A written legislative report (Handout A on file) was provided to the Council by Kareem Murphy, Intergovernmental Relations Director (Hennepin County, Minnesota). The report provided an overview of the federal funding updates from Ryan White, Prevention, Health Center Funding, and HOPWA.

5. Consent Items

The motion to approve the consent items was made by B. Barnes, seconded by S. Jackson-Tinsley, and passed unanimously.

**Motion #3: Mr. Barnes, on behalf of HIVPC, made a motion to approve the consent items. The motion was adopted unanimously.**

6. Discussion Items

How Best to Meet The Need

The Council received an overview of the recommended How Best to Meet the Need (HBTMTN) language for FY2023-2024. The System of Care Committee (SOC) did not meet in July and could not provide HBTMTN recommendations to PSRA. As a result, PCS developed recommendations based on input from the 2021-2022 Broward County HIV Community Needs Assessment and the CEC Community Conversations. The motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2023-2024 was proposed by the PSRA Committee, seconded by J. Castillo, and passed unanimously.

**Motion #4: J. Castillo, on behalf of the HIVPC, made a motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2023-2024. The motion passed unanimously.**

FY 2023-2024 PSRA Priority Ranking Results

The Council reviewed FY2023-2024 Core and Support services ranking recommendations from the PSRA Committee. The motion to approve the FY2023-2024 Core and Support Services Ranking was proposed by the PSRA Committee, seconded by A. Cutright, and passed with one rejection.

**Motion #5: Mr. Cutright, on behalf of the HIVPC, made a motion to approve the FY2023-2024 Core and Support services ranking. The Motion was adopted with one rejection.**

FY2023-2024 Resource Allocation

HIVPC members reviewed the discussion items and voted to approve the Core and Support Services allocations proposed by the PSRA Committee.

- **Motion #6: PSRA Committee made a motion to allocate \$5,790,462 to Outpatient Ambulatory Healthcare Services for FY2023-2024. V. Foster seconded the motion. The motion was adopted**



unanimously.

- **Motion #7: PSRA Committee made a motion to allocate \$256,738 to AIDS Pharmaceutical Assistance (LPAP) for FY2023-2024. J. Castillo seconded the motion. The motion was adopted unanimously.**
- **Motion #8: PSRA Committee made a motion to allocate \$2,059,508 to Oral Health Care for FY2023-2024. V. Biggs seconded the motion. The motion was unanimously.**
- **Motion #9: PSRA Committee made a motion to allocate \$701,530 to Health Insurance Premium & Cost Sharing (HICP) for FY2023-2024. A. Cutright seconded the motion. The motion was adopted with two abstentions.**
- **Motion #10: PSRA Committee made a motion to allocate \$643,181 to Medical Case Management – Treatment Adherence/DCM for FY2023-2024. V. Foster seconded the motion. The motion was adopted unanimously.**
- **Motion #11: PSRA Committee made a motion to allocate \$1,604,639 to Medical Case Management – Case Management for FY2023-2024. V. Biggs seconded the motion. The motion was adopted unanimously.**
- **Motion #12: PSRA Committee made a motion to allocate \$119,954 to Mental Health for FY2023-2024. V. Foster seconded the motion. The motion was adopted with two abstentions.**
- **Motion #13: PSRA Committee made a motion to allocate \$296,998 to Substance Abuse – Outpatient for FY2023-2024. V. Biggs seconded the motion. The motion was adopted with two abstentions.**
- **Motion #14: PSRA Committee made a motion to allocate \$407,742 to Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2023-2024. V. Foster seconded the motion. The motion was adopted with two abstentions.**
- **Motion #15: PSRA Committee made a motion to allocate \$115,872 to Emergency Financial Assistance for FY2023-2024. V. Biggs seconded the motion. The motion was adopted unanimously.**
- **Motion #16: PSRA Committee made a motion to allocate \$829,541 to Food Bank/Food Voucher for FY2023-2024. V. Biggs seconded the motion. The motion was adopted with three abstentions.**
- **Motion #17: PSRA Committee made a motion to allocate \$129,151 to Legal Services for FY2023-2024. J. Castillo seconded the motion. The motion was adopted unanimously.**
- **Motion #18: PSRA Committee made a motion to approve the \$12,955,315 in Part A Core and Support Services allocations for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**
- **Motion #19: PSRA Committee made a motion to allocate \$116,092 to MAI Outpatient Ambulatory Healthcare Services for FY2023-2024. V. Biggs seconded the motion. The motion was adopted with two abstentions.**
- **Motion #20: PSRA Committee made a motion to allocate \$140,750 to MAI Medical Case Management – Case Management for FY2023-2024. V. Biggs seconded the motion. The motion was adopted with two abstentions.**
- **Motion #21: PSRA Committee made a motion to allocate \$62,469 to MAI Mental Health for FY2023-2024. V. Biggs seconded the motion. The motion was adopted with two abstentions.**
- **Motion #22: PSRA Committee made a motion to allocate \$519,526 to MAI Substance Abuse – Outpatient for FY2023-2024. R.**

Jimenez seconded the motion. The motion was adopted with Two abstention.

- **Motion #23: PSRA Committee made a motion to allocate \$465,530 to MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2023-2024. T. Moragne seconded the motion. The motion was adopted with two abstentions.**
- **Motion #24: PSRA Committee made a motion to approve the \$1,304,367 MAI Core and Support Services allocations for FY2023-2024. T. Moragne seconded the motion. The motion was adopted unanimously**

7. New Business

Integrated Prevention and Care Plan Update

The Council received a progress update on the 2022-2026 Broward County Integrated HIV Prevention and Care Plan. The Council was given the opportunity to review the new goals and objectives. The Council voted to accept the goals and objectives for the 2022-2026 Broward County Integrated HIV Prevention and Care Plan. The motion to accept the goals and objectives for the 2022-2026 Broward County Integrated HIV Prevention and Care Plan was proposed by A. Ruffner, seconded by S. Jackson-Tinsley, and passed unanimously.

**Motion #25: Mr. Ruffner, on behalf of the HIVPC, made a motion to accept the goals and objectives for the 2022-2026 Broward County Integrated HIV Prevention and Care Plan. The motion passed unanimously.**

HOPWA Discussion

R. Williams, a representative from HOPWA, provided the Council with an overview of HUD fair Market Rent and Rent Standards. Additionally, Ms. Williams advised the Council of HOPWA's intent to submit a request to HUD to change the current rent standards. There was some discussion, and the Council agreed to write a letter of support. The motion for the HIVPC Chair to write a letter of support regarding HOPWA's request to HUD was proposed by B. Barnes, seconded by T. Moragne, and passed unanimously.

**Motion #26: B. Barnes, on behalf of the HIVPC, made a motion for the HIVPC Chair to write a letter of support regarding HOPWA's request to HUD. The motion passed unanimously.**

8. Committee Reports

**a. Community Empowerment Committee – July 5, 2022**

*Chair: S. Jackson, Vice Chair: A. Ruffner*

The report stands.

**b. System of Care Committee – No meeting Held**

*Chair: A. Ruffner, Vice Chair: Jose Castillo*

The report stands.

**c. Membership/Council Development Committee – No Meeting Held**

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

The report stands.

**d. Quality Management Committee – July 18, 2022**

*Chair: B. Fortune-Evans, Vice Chair: Vacant*

The report stands.

**e. Priority Setting & Resource Allocation Committee – July 21, 2022**

*Chair: B. Barnes, Vice Chair: V. Moreno*

The report stands

**f. Executive Committee – July 21, 2022**

*Chair: L. Robertson, Vice Chair: V. Biggs*

The report stands.

**g. Ad-Hoc By-Laws and MOU Committee – No Meeting Held**

*Chair: B. Barnes, Vice Chair: Vacant*

The report stands. The next meeting will be scheduled for September 2022.

**9. Recipient's Report**

- a. **Part A:** There was no Part A report for this meeting.
- b. **Part B:** The Part B Recipient provided a written report showcasing expenditures through May 2022 and the June 2022 ADAP Report. Council members were instructed to send any questions to PCS Staff as the Part B Representative was not available to answer questions at this meeting.
- c. **Part C:** The Part C Representative reported that they served 250 clients for the month of July, ten (10) of which were new to care, and nine (9) of which were test and treat clients.
- d. **Part D:** The Part D representative reported that they have received the notice of Grand Award and funding has been decreased. Additionally, they one adult provider resigned. Fortunately, they will receive assistance from Broward Health while they seek to fill that vacancy.
- e. **Part F:** The Part F representative reported that Part F has received notification that the Part F Grant will be renewed for an additional year. Additionally, they will be continuing their work with Care Resource.
- f. **HOPWA:** There were no further updates from HOPWA following the earlier discussion.
- g. **Prevention:** The Prevention Representative provided a written HAPC Quarterly Report. Council members were instructed to send any questions to PCS Staff as the Part B Representative was not available to answer questions at this meeting.

**10. Public Comment**

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

**11. Agenda Items for Next Meeting**

The next HIVPC meeting will be held on September 22, 2022, at 9:30 a.m. Location: Broward Regional Health Planning Council.

**12. Announcements**

- The World AIDS Museum and Education Center will be opening a new exhibit "Message Received: The Humanity of Prevention" on Thursday, August 25, 2022, 6:00 p.m. - 8:30 p.m. There will be an open reception and interested persons are welcome to attend.
- The next Community Conversation, "My Faith. My Story: Faith HIV Awareness Day 2022", will be held on August 9, 2022, at 7:00 p.m. at the Art Serve Auditorium in collaboration with the World AIDS Museum. The panel will discuss the intersection of faith and HIV.
- "I am a Work of ART" is a community-informed national campaign designed to encourage people with HIV who are not in care for HIV to seek care, stay in care, and achieve viral suppression by taking antiretroviral therapy (ART).

For more information, go to <https://www.hiv.gov/federal-response/campaigns/work-of-art>.

- There will be an LGBTQ 101 Proficiency and Workplace Training presented by Misty Eyez of Sunserve on August 12, 2022, from 10 a.m.-1p.m. at BRHPC. The session is open to providers, consumers, and other interested parties

13. Adjournment

There being no further business, the meeting was adjourned at 11:06 a.m.

HIVPC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
					27	24	24	28	26	C	28						
0	0	0		Arencibia, Y.	X	X	X	E	E								
0	1	0	1	Barnes, B.	X	X	X	X	X		X						
1	1	0	2	Bhrangger, R.	X	X	X	X	X		X						
0	1	0	3	Biggs, V., V.Chair	X	X	X	X	X		X						
0	0	0	4	Cutright, A.	X	X	X	X	X		X						
				Dumas, C.	X	X	X	X									
0	0	0	5	Fortune-Evans, B.	E	X	E	X	X		X						
0	0	0	6	Foster, V.	X	X	X	X	X		X						
				Moskowitz, Jared													
				Lopes, R.	E	X	X	X	E								
1	1	0	7	Marcoviche, W.	X	X	X	X	X		X						
0	0	0	8	Moragne, T.	X	X	X	X	X		X						
0	0	0	9	Moreno, V.	X	E	X	X	X		E						
0	1	0	10	Robertson, L., Chair	X	X	X	X	X		X						
0	0	0	11	Rodriguez, J.	E	X	X	X	X		E						
0	0	0	12	Ruffner, A.	X	X	E	X	X		X						
0	0	0	13	Schweizer, M.	X	X	E	E	E		X						
				Shamer, D.	X	X											
0	0	1	14	Wilson, I.	X	X	X	A	X		X						
0	1	0	15	Jackson-Tinsley, S.	X	X	X	Z-4/7	N-6/7		X						
0	1	0	16	Castillo, J.	X	X	X	X	X		X						
0	0	0	17	Dsouza, E.	E	X	E	X	X		X						
0	0	1	18	Jimenez, R.	X	X	X	X	A		X						
0	0	0	19	Casseus, J.					N- 06/07		E						
				Spencer, S					N- 06/07								
				Lanear, A					N- 06/07								
2	7			<b>Quorum = 11</b>	18	21	17	17	15	0	16	0	0	0	0	0	
11%	37%																

<b>Legend:</b>	
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	

HIV Health Services Planning Council Meeting Minutes – July 28, 2022  
 Minutes prepared by PCS Staff

## Update for Broward County HIV Health Services Planning Council

**From:** Kareem Murphy  
**Date:** October 22, 2022

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### **Federal Funding Update**

#### *Fiscal 2023 Appropriations*

The current federal fiscal year ended September 30. Congress passed a temporary spending bill to keep the government open through December 16. There is speculation that they could pass another if they cannot reach agreement after they return for a post-election lame duck session. This, of course, will impact award decisions from the HIV/AIDS Services Bureau and HUD's administering office for HOPWA. This is an election year with all the House seats and several Senate seats up for re-election. Under similar past circumstances, Congress did not complete its appropriations work until well after the November election.

#### House

Three months ago, the House Appropriations Committee approved its FY 2023 Labor-Health and Human Services-Education Appropriations bill (June 30). The package included funding increases in several areas across the continuum. Overall, it includes a \$200 million increase in the Ryan White program areas. Part A would receive \$691 million (\$20 million increase). Part B would receive \$485.2 million (\$41.3 million increase). ADAP would be level funded. HRSA's portion of the ending the HIV Epidemic Plan would receive \$250 million (\$125 million increase). It is currently unclear if the House will formally take the bill up the Labor-HHS bill on the floor or wrap it into an omnibus package. HOPWA would receive \$600 million (\$170 million increase) and was included in a separate package of bills that passed the House in July 20.

#### Senate

The Senate released a draft Labor-HHS bill on July 28, but it has yet to be marked up by the Appropriations Committee. The Ryan White title totals \$2.63 billion (a \$135 million increase). It would level fund ADAP and fund the Ending the HIV Epidemic Plan at \$260 million (\$135 million increase). The Senate's draft Transportation-HUD bill would fund HOPWA at \$468 million (\$13 million increase).

# HIV PLANNING COUNCIL Meeting Evaluation Report

Quarter 2: June 1, 2022-August 31, 2022



Broward County HIV Health Services Planning Council  
Broward County Health Care Services Ryan White Part A Program  
Broward County Board of County Commissioners  
Presented as of September 15, 2022.

# Purpose

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The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council and its committee to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.

The tool will be utilized by the HIVPC and its committees to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.



# Process

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1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
2. At this time completed Evaluation forms will be collected on a rolling basis.
3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of the quarter.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end at each quarter.
5. "Meeting Evaluation" will be a standing item of the Committee agenda.
6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
7. The Committees will recommend training activities to the Membership/Council development Committee, as necessary.





# Completion Rate

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- 25 meeting evaluations were received.
- There was a 100% completion rate observed for the evaluations that were received.

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## Response Counts



Totals: 25



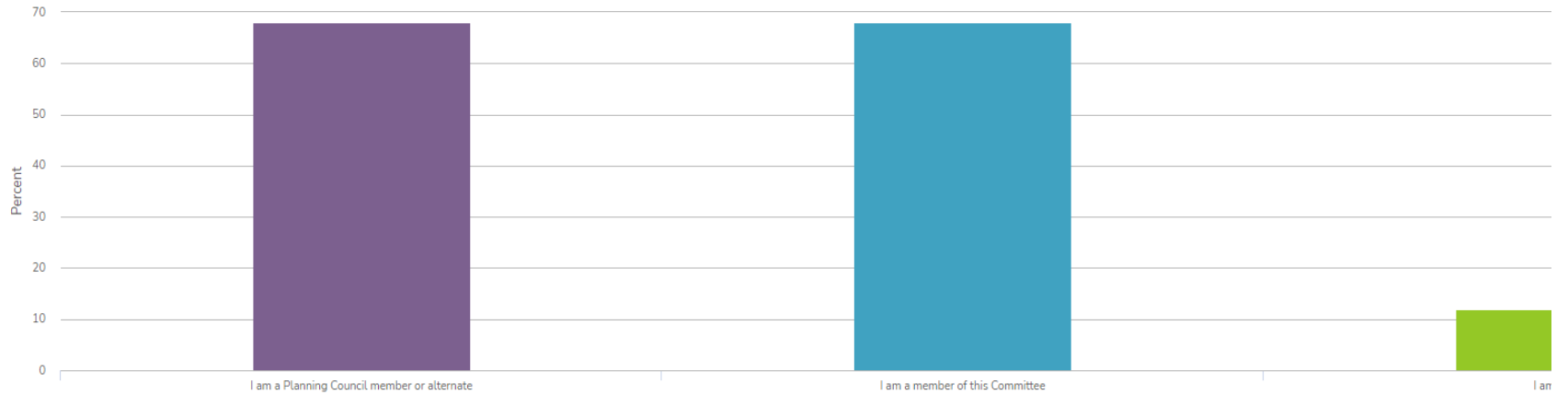
# Meeting Evaluation Affiliation

Community Empowerment Committee Meeting		20.0%	5
Quality Management Committee Meeting		16.0%	4
Priority Setting & Resource Allocation Committee Meeting		20.0%	5
Executive Committee Meeting		12.0%	3
HIV Planning Council Meeting		32.0%	8

Totals: 25



3. Please select all that apply to you:



Value	Percent
I am a Planning Council member or alternate	68.0%
I am a member of this Committee	68.0%
I am a guest	12.0%

# AFFILIATION

## Logistics

Most respondents 'strongly agree' (76.0%) or 'agree' (20%) that the meeting location and times were convenient and meetings were frequent enough to achieve progress towards workplan goals.



Most 'strongly agree' (84.0%) or 'agree' (12.0%) that the meeting space was comfortable, accessible, and appropriate.

# Meeting Content

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- Most (92%) respondents ‘strongly agree’ or ‘agree’ that the purpose and objectives of meetings are clearly outlined.
- Similarly, most respondents ‘strongly agree’ or ‘agree’ that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.
- Most respondents ‘strongly agree’ or ‘agree’ that they left the meeting knowing exactly what is expected of them.



# Preparation

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Most respondents 'strongly agree' (88.0%) or 'agree' (8.0%) at the pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.

Most respondents also 'strongly agree' or 'agree' that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.



# Process/Team-Work

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- Most respondents 'strongly agree' or 'agree' that all attendees were encouraged to participate in meetings discourse and discussions were purposeful and effective use of time.
- Most respondents 'strongly agree' (92.0%) or 'agree' (8.0%) that all attendees participated in healthy debate and were respectful of different viewpoints.
- 4% of respondents 'disagree' that all meeting participants were actively involved.



# Meeting Efficiency

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- Respondents 'strongly agree' (92.0%) or 'agree' (8.0%) that they are satisfied with the way meetings are ran and they are confident in the effectiveness of meetings, and would be comfortable having prospective members, funders, or other guest attend a meeting such as this one.
- Most respondents felt that meetings was a good use of members' time.





# Strengths of the Advisory Board Meeting

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- Shared decision making and working for plan goals.
- Consistent Participation
- Community and Member support
- True feeling of solutions for consumers
- Well prepared informative



# Suggestions for Improvement

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- Recruit consumers.
- Assure that information is shared and to make sure the community is aware of the events.
- More understanding by members of the service delivery guidance and billing in each category.
- Be more vocal about understanding actual funded service categories vs. service categories ranked in the PSRA process.



QUESTIONS?

DISCUSSION





Fort Lauderdale / Broward County EMA  
Broward County HIV Health Services Planning Council  
An Advisory Board of the Broward County Board of County Commissioners  
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685



August 22, 2022

U.S Department of Housing and Urban  
Development, 451 7th Street, S.W,  
Washington, DC 20410,

**RE: City of Fort Lauderdale Housing Opportunity for People living with HIV/AIDS (HOPWA) Request to Increase Rent Standard to 120% Above Fair Market Rate- Letter of Support**

To Whom it May Concern:

Broward County is Florida's (FL) second-largest metropolitan area, with 1.9 million residents. Broward qualifies under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 as an Eligible Metropolitan Area (EMA). Broward County continues to be a county with one of the highest HIV/AIDS populations in the United States. The EMA is also financially overburdened due to increased demand for services, non-expansion of Medicaid, growing numbers of indigent clients living with HIV, and in- migration of individuals living with HIV. In 2020, the FL Department of Health (DOH) reported 20,541 HIV-positive (+)Broward residents, including 467 new HIV cases and 246 AIDS cases. A safe, permanent, and affordable place to live is essential to everyone's quality of life. Housing is vital for persons living with HIV (PWH). Having stable housing, clean water, bathrooms, refrigeration, and food makes it much easier for individuals to adhere to their HIV treatments and stay healthy.

In FY2020, the HOPWA program assisted over 1,800 PWH in accessing safe and affordable housing. However, the housing affordability demands in Broward County and its municipalities have not improved despite the best efforts from HIV Funders across Broward County, as there remains a significant need for housing for PWH. With 53.9% cost-burdened households, Broward County is one of the most unaffordable places to live in the US.

Representatives from the City of FL HOPWA Program met with the Broward County HIV Health Services Planning Council on July 28, 2022, to explain in detail the current policies and their intentions to remedy the housing crisis for PWH in Broward County. On behalf of the Broward County HIV Health Services Planning Council, I am pleased to submit this letter of support for the City of Fort Lauderdale Housing Opportunities for Persons With HIV/AIDS (HOPWA) program' s request to amend the rent standard to 120% above FMR. We stand firm in our belief that increasing the rent standard to 120% above FMR will go a far way in improving the current housing crisis in Broward County for PWH. The Broward County HIV Health Services Planning Council has worked with HOPWA for many years to serve PWH in Broward County.

We look forward to continued collaboration with HOPWA as we continue to service PWH in Broward County, prioritizing quality and quantity of life.

The Planning Council Support staff is available should you have any questions: 954-561-9681 Ext 1250 or 1343, [hivpc@brhpc.org](mailto:hivpc@brhpc.org).

Sincerely,

A handwritten signature in blue ink that reads "Lorenzo Robertson". The signature is fluid and cursive, with the first name being the most prominent.

Lorenzo Robertson  
Chair, HIV Health Services Planning Council



# FY 2023 FAIR MARKET RENT DOCUMENTATION SYSTEM

## The FY 2023 Fort Lauderdale, FL HUD Metro FMR Area FMRs for All Bedroom Sizes

<b>Final FY 2023 &amp; Final FY 2022 FMRs By Unit Bedrooms</b>					
<b>Year</b>	<b>Efficiency</b>	<b>One-Bedroom</b>	<b>Two-Bedroom</b>	<b>Three-Bedroom</b>	<b>Four-Bedroom</b>
<b>FY 2023 FMR</b>	\$1,366	\$1,478	\$1,847	\$2,582	\$3,146
<b>FY 2022 FMR</b>	\$1,127	\$1,240	\$1,556	\$2,207	\$2,663

### Fair Market Rent Calculation Methodology

*Show/Hide Methodology Narrative*

Fair Market Rents for metropolitan areas and non-metropolitan FMR areas are developed as follows:

1. **Calculate the Base Rent:** HUD uses 2016-2020 5-year American Community Survey (ACS) estimates of 2-bedroom adjusted standard quality gross rents calculated for each FMR area as the new basis for FY2023, provided the estimate is statistically reliable. For FY2023, the test for reliability is whether the margin of error for the estimate is less than 50% of the estimate itself and whether the ACS estimate is based on at least 100 survey cases. HUD does not receive the exact number of survey cases, but rather a categorical variable known as the count indicator indicating a range of cases. An estimate based on at least 100 cases corresponds to a count indicator of 4 or higher.

If an area does not have a reliable 2016-2020 5-year estimate, HUD checks whether the area has had at least 2 minimally reliable estimates in the past 3 years, or estimates that meet the 50% margin of error test described above. If so, the FY2023 base rent is the average of the inflated ACS estimates.

If an area has not had a minimally reliable estimate in the past 3 years, HUD uses the estimate for the area's corresponding metropolitan area (if applicable) or State non-metropolitan area as the basis for FY2023.

2. **Calculate the Basis for Recent Mover Adjustment Factor:** HUD has changed the calculation of the FY2023 Recent Mover Factor from previous years due to the unavailability of ACS<sub>2020</sub> 1-year estimates. The Census Bureau did not release standard 1-year estimates from the 2020 American Community Survey (ACS) due to the impacts of the COVID-19 pandemic on data collection. For FY2023, HUD uses a multi-pronged approach that includes private sources of rental data.

In order to calculate rents that are "as of" 2020, HUD takes the average of the recent mover factor from 1-year ACS<sub>2019</sub> recent mover rent inflated by 2019-2020 gross rent change; and the factor from 5-year ACS<sub>2020</sub> recent mover rent. For areas where private data is available, the 2019-2020 gross rent change uses a weighted average of private sources and the Consumer Price Index (CPI) to calculate the annual percentage change in rents plus utilities from annual 2019 to



## Fact Sheet: HUD Releases FY 2023 Fair Market Rents

Today, HUD released its Fair Market Rents (FMRs) for Fiscal Year ("FY") 2023. HUD is required by law to set fair market rents every year, which go into effect on October 1<sup>st</sup>. FMRs are an estimate of the amount of money that would cover gross rents (rent and utility expenses) on 40 percent of the rental housing units in an area. FMRs are used in several HUD programs, including to determine the maximum amount that a Housing Choice Voucher will cover. For FY23, HUD is using private sector data to estimate changes in FMRs to address a temporary data availability challenge and to align with market conditions. The basic methodology that HUD uses to estimate FMRs remains the same.

Nationally, FMRs will increase by an average of approximately 10 percent, but metros with recent large rent spikes will see corresponding increases to FMRs. For example, FMRs will increase by 33 percent in Phoenix, 23 percent in Tampa, and 15 percent in Miami, three of the metros that have seen the fastest rent growth since March 2020. To explore new FMRs in your community, click [here](#).

**Because rents have risen so quickly recently, voucher holders are increasingly unable to find units available to rent within HUD payment standards. The new FMR levels announced today will enable the voucher program to keep up with rent increases in the private market.** These new FMRs will allow voucher holders to access and secure leases in more units so that they can benefit from the housing affordability and stability that vouchers provide.

Since taking office, Biden-Harris Administration has repeatedly acted to help vulnerable renter households attain quality and stable housing. The American Rescue Plan and FY22 budget collectively provided nearly 100,000 new housing choice vouchers, and the President's FY23 budget proposes 200,000 additional housing vouchers. This includes about 20,000 new flexible incremental housing choice vouchers that HUD expects to allocate in the coming weeks via formula to most communities across the country. In June, HUD announced \$43 million in FY21 funding to fund approximately 4,000 new incremental housing choice vouchers, or "Stability Vouchers," focused on people experiencing unsheltered homelessness, including in rural areas. The American Rescue Plan also included \$5 billion to create housing and services for people experiencing or at risk of homelessness, and provided tens-of-billions of dollars for Emergency Rental Assistance, which improved housing stability for over 6 million unique households, including 700,000 HUD-assisted households. Today's action on FMRs will improve the utilization of both the baseline vouchers and the supplemental vouchers created under this Administration.

The COVID-19 pandemic caused significant interruptions in the public data sources that HUD has traditionally used to set FMRs. To address these issues, HUD supplemented public data with data from private sources to ensure the accuracy of the FY 2023 FMRs. Incorporating private sector data is responsive to feedback HUD received, both informally and through a [notice of proposed changes](#), from

tenant advocates, public housing authorities, and other key housing stakeholders. This methodological change is only applicable to FY 2023.

HUD will continue to work with public housing authorities, landlords, tenants, and other stakeholders to improve landlord participation and tenant experience within our assisted housing programs, including through the Department's Moving to Work cohorts.

### **Frequently Asked Questions**

*How much will FMRs increase by nationally? How much are FMRs increasing in places, like in the Sun Belt, that have seen the highest rent growth recently?*

- The national mean increase in FMRs is 10.4 percent.
- Metros with large rent increases recently will have large increases to FMRs. For example, 33 percent in Phoenix; 23 percent in Tampa; 20 percent in Atlanta; 15 percent in Charlotte; 15 percent in Miami.

Why is HUD issuing new FMRs now?

- HUD is required to update FMRs at least once each year, and FY 2023 FMRs must go into effect on October 1, 2022.

*Will this cause inflation to increase?*

- No, this change will not affect rental prices or increase inflation.
- Voucher holders account for roughly 5 percent of the nation's rental market (2.3 million households out of approximately 44 million renter households). Any marginal effect on rents would be concentrated on a narrow swath of the rental market and distributed in sub-geographies across the country.

When will these go into effect?

- The FY2023 FMRs will go into effect on October 1, 2022.
- Once posted, public housing authorities have up to 90 days to incorporate new FMRs into their payment standards.

*Why did HUD change the methodology?*

- HUD usually uses data from the Census Bureau's 1-year American Community Survey (ACS) as the source to estimate recent mover rents. FMRs are determined based on the 40th percentile of rent in a local market, meaning that 40 percent of the units in a market should fall below the level of the fair market rent. Last year, the Census Bureau announced it would not release 1-year estimates from the 2020 ACS due to the impacts of COVID-19 on data collection.
- The local Consumer Price Index (CPI) data HUD uses to adjust ACS rent estimates to current rent levels is only available for a small number of the largest metropolitan areas, while rents measured by private data sources in many smaller metropolitan areas without local CPI data have risen unusually fast in the wake of the pandemic.
- Because of these exceptional circumstances, HUD is supplementing its usual data sources for estimating Fair Market Rents for Fiscal Year 2023.
- HUD's changes narrowly introduce private sector rental data from multiple sources into the FMR calculation process in limited and statistically valid situations where private sector rental data have demonstrated that they more accurately estimate changes in rental markets.

*Is this methodological change permanent?*

- No. This methodological change is only applicable to FY 2023. HUD would need to issue another notice to continue including private sector data in the future.

*Which private data sources are used? How are they used?*

- For FY 2023 FMRs, HUD is using up to 6 private sector rent data sources:
  - RealPage (formerly Axiometrics) average effective rent per unit,
  - Moody's Analytics REIS average gross revenue per unit,
  - CoStar Group average effective rent,
  - CoreLogic, Inc. single-family combined 3-bedroom rent index,
  - ApartmentList Rent Estimates, and
  - Zillow Observed Rent Index.
- HUD is using private sector rent data sources only where there are at least 3 sources covering the FMR area.

*What is HUD's current voucher utilization rate?*

- Eligible households are using about 86 percent of the housing vouchers that PHAs are authorized to administer. This is a decrease of 2 percentage points from pre-pandemic levels, affecting nearly 45,000 families.
- While many factors affect the voucher utilization rate, declining vacancy rates and sharply rising rents have made it more difficult for low-income households to use vouchers.
- Calculating the FY23 FMRs with the methodological change ensures that FMRs accurately reflect recent, steep rent increases in many communities and will make it easier for households in those communities to use their vouchers to rent affordable homes.



**Memorandum of Understanding  
between  
Broward County, Human Services Department,  
Community Partnerships Division  
and the  
Broward County HIV Health Services Planning Council**

**I. Purpose Statement**

- A. The Broward County Human Services Department, Community Partnerships Division, hereinafter referred to as the RECIPIENT, and the Broward County HIV Health Services Planning Council (Planning Council), hereinafter referred to as the PLANNING COUNCIL, have individual and shared responsibilities under Part A of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and need to discharge these responsibilities in the most efficient and effective manner possible. This Memorandum of Understanding (MOU) is designed to:
- 1) Create a shared understanding of the relationship between the Recipient and the Planning Council.
  - 2) Delineate the roles and responsibilities of each entity.
  - 3) Encourage a mutually beneficial relationship between these important partners.
  - 4) Describe each party's legislated responsibilities and roles, the locally defined roles, and expectations for how they will carry out these roles and responsibilities. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of Ryan White Part A and MAI core and support services for persons with HIV (PWH) in the Fort Lauderdale EMA.

**II. Roles and Responsibilities of the Planning Council, Planning Council Support, and the Recipient**

- A. The Planning Council is solely responsible for the following tasks as specified in the Ryan White Program legislation:
- 1) **Planning Council Operations:** Establishing and following Planning Council operating procedures and policies to ensure smooth, efficient, and fair operations. This includes adherence to established bylaws, revising them as needed, orienting and training members, following the established grievance policy and procedures, conducting open meetings, and abiding by conflict-of-interest standards.
  - 2) **Priority Setting and Resource Allocation:** Setting priorities among service categories, allocating funds to those categories, and providing directives to the Recipient on How Best to Meet the Need (HBTMTN) and making recommendations on the eligibility

requirements for service categories. Other duties include acting upon the Recipient's recommendations for reallocating funds as required during the program year.

- 3) **Assessment of the Administrative Mechanism:** Assessing the efficiency of the administrative mechanism entails evaluating how rapidly funds are allocated. This assessment aims to ensure that funds are being contracted quickly in an open process and that providers are paid in a timely manner. The assessment is to be done annually. Before the procurement process begins, the Planning Council and the Recipient may establish a written memorandum of understanding outlining a process and timeline for sharing data necessary to evaluate the administrative mechanism. The Recipient must communicate back to the Planning Council the procurement process results. The Planning Council may then assess the consistency of the procurement process with the stated service priorities and allocations. The assessment should only provide anonymous information without individual providers' identification. If the Planning Council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of service providers. Monitoring individual service providers is a Recipient's responsibility.
- 4) **Conditions of Award and Grant Application Documents:** The Planning Council Chair will submit the following letters to the Recipient staff as required to meet Ryan White Program Part A grant conditions of award and application requirements:
  - a) A letter from the Planning Council Chair assuring that the Planning Council has met its legislative responsibilities, including Planning, PSRA, Training, and Assessment of Administrative Mechanism. This letter will include the year of the most recent comprehensive needs assessment and the date of annual membership training.
  - b) Ryan White Part A and MAI Planned Allocations Table and Planning Council Chair Endorsement Letter. This table reports the priority areas established by the Planning Council and the dollar amount of Ryan White Part A and MAI funds allocated to each prioritized core medical and support services category. The letter from the Planning Council Chair indicates the Council's endorsement of the allocations and program priorities.

B. Planning Council Support staff (PCS) is responsible for supporting the work of the Planning Council and its committees, enabling the Planning Council to meet its responsibilities under the Ryan White Program Part A Legislation. PCS is accountable to the Planning Council for the following activities:

- 1) PCS provides logistical support, research, and coordination for all Planning Council and authorized committee meetings.
- 2) PCS prepares formal correspondence on behalf of the Planning Council, its committees, and committee chairs as requested and in accordance with the Recipient and Planning Council policies and procedures.
- 3) PCS works with the Planning Council to ensure that data for the members to make data-driven health planning decisions are available.
- 4) PCS assists the Planning Council in implementing the annual Administrative Mechanism Assessment.
- 5) PCS works in with the Planning Council to update membership reflectiveness, representation, and attendance records.
- 6) PCS ensures member orientation and training, including developing and implementing a training plan.
- 7) PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines, including Planning Council roles and responsibilities.
- 8) PCS will analyze the impact of policy changes made by the Planning Council and its committees and report any findings to the Planning Council and Recipient as identified in the Annual Work Plan of PCS Activities.
- 9) PCS will research best practices to ensure that the Planning Council's by-laws, governance policies, and procedures are amended.
- 10) PCS will conduct the administrative responsibilities of maintaining copies of all written and electronic records, including meeting notices, monthly calendars, minutes, attendance sheets, and all documents or reports distributed to, written by, or produced on behalf of Recipient and Planning Council.
- 11) PCS will develop and maintain the Planning Council's website and social media accounts.
- 12) PCS will manage activities pertaining to grievance resolution in accordance with Planning Council's grievance procedures.

C. The Recipient is solely responsible for the following tasks as set forth in the Ryan White Program legislation:

- 1) **Procurement:** Managing the process for awarding contracts to specific service providers
- 2) **Contracting:** Distributing funds according to the priorities, allocations, and directives of the Planning Council.
- 3) **Contract monitoring:** Monitoring contracts to be sure that providers meet their contracted responsibilities in compliance with established standards of care. Recommending re-allocations during the grant year based on service category performance.
- 4) **Grant Application:** Preparing and submitting the EMA's Ryan White Program Part A grant application.
- 5) **Expenditure Reporting:** Reporting Ryan White Part A and MAI expenditures monthly to the Planning Council.
- 6) **Assessment of the Administrative Mechanism Response:** Providing information in response to the measurement objectives developed by the Planning Council for the Recipient evaluation component of the Assessment of the Administrative Mechanism.
- 7) **Requests for Technical Assistance:** Submitting requests for technical assistance to HRSA when the Planning Council desires Technical Assistance. Provide technical Assistance to service providers on an as-needed basis to build capacity and improve contract compliance and service delivery.
- 8) **Relay of Communications from HRSA:** Providing the Planning Council with HRSA Ryan White Program policy and guidance communications.
- 9) **Consumer Grievances:** Establishing and carrying out a mechanism to assist consumers with grievances about their services.

D. The Recipient and the Planning Council share the following legislative responsibilities, with one entity having the lead role for each as stated below:

- 1) **Needs Assessment:** Determining the size and demographics of the population of PWH in the EMA and their service needs. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing the Planning Council with information such as service utilization data and expenditures by service category
- 2) **Comprehensive Planning:** Developing an Integrated HIV Prevention and Care plan to deliver core and support service within the EMA. The Planning Council takes the lead in developing the plan, with the Recipient providing information, input, and other assistance. The Recipient can review and suggest changes to the draft plan. The plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB)
- 3) **Evaluation:** The Recipient is responsible for monitoring the Ryan White Part A and MAI programs' success in meeting performance

measures provided by HRSA, determining the impact services have on overall client health outcomes, and evaluating the cost effectiveness of services. In addition, both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient, which may incorporate the findings of special studies.

- 4) **Standards of Care:** Developing and maintaining standards of care indicators in accordance with best practice standards for relevant service categories. Recommendations from a committee of experts will be sought when developing the standards of care. The Planning Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. **Administrative Responsibilities-** In addition to these legislative roles, the Planning Council will share the following responsibilities related to Part A planning and management with the Recipient:

- 1) **Fiscal Management of PCS Funds:** The Recipient provides fiscal management of PCS funds. The annual PCS budget is part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PCS staff monitors Planning Council expenditures based on fiscal reports provided by the PCS provider agency. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines and Broward County financial management regulations.
- 2) **Contract for Planning Council Consultants or Services:** The PCS provider agency provides contracting services when the Planning Council needs to hire consultants or other contractors. The Planning Council makes the decisions about the provider's qualifications and the scope of work required of the consultants and other contractors paid through Planning Council funds. The Planning Council must consult the Recipient in this process to meet Broward County procurement requirements and Ryan White guidelines. The process, including oversight, is managed by PCS.
- 3) **Office Space:** Where possible, the Recipient and the PCS will maintain separate, distinct office spaces. The Recipient takes the lead in providing appropriate office space for both entities. PCS office space must meet all Americans with Disabilities Act (ADA) requirements.
- 4) **Operational Support:** The Recipient and PCS will provide operational support for the Planning Council, including, but not limited to, office space, computers, software, telephones, copier,

printing services, fax machine, and office supplies; meeting space for Planning Council meetings.

- 5) **Hiring of Planning Council Support Staff:** PCS is hired by the PCS provider agency contracted by the Ryan White Part A program to maintain the independence of Planning Council activities based on legislative responsibilities. Broward County procedures should be followed when PCS positions are advertised.
- 6) **Annual Application Process:** The Recipient is primarily responsible for preparing and submitting the Part A application. PCS provides information for the application sections related to Planning Council membership and responsibilities (such as PSRA). The Planning Council approves the action by the Chair to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives.

### **III. Information/Document Sharing and Reports/Deliverables**

- A. Overview: This MOU encourages the regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for sensitive or confidential information. The responsibilities of the Planning Council are used as the framework for structuring Section III of this MOU. This section clarifies both parties' deliverables as they relate to the roles and responsibilities defined in the previous section. Further, in its role as Grantee, the Recipient recognizes that the Planning Council is responsible for determining priorities and allocations during the priority-setting process. During the grants administration process, the Recipient also recognizes that any potential deviation from the Planning Council allocations, directives, or changes in the current process must be brought to the Planning Council for approval ninety (90) days before implementation.
- B. The Planning Council will provide the Recipient with the following information and materials:
  - 1) A dated list of Council members and their terms of office, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with current RWPA Grant Notice of Award (NoA) guidelines.
  - 2) Notifying the Recipient of the Planning Council's monthly meetings, retreats, orientation, training sessions, and other Planning Council events while simultaneously notifying Planning Council members.
  - 3) The meeting notice, agenda, and meeting packet for each Planning Council meeting, are to be provided at the same time they are provided to Planning Council members.
  - 4) The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the

Recipient or edits to existing directives on how best to meet these priorities. This is the same information submitted to HRSA/HAB as part of the Part A application. This information will be provided within two weeks after the Planning Council has approved these priorities, allocations, and directives.

- 5) Copies of final planning documents prepared for the Planning Council.
  - 6) Information or documents to complete sections of the Part A grant application related to the Planning Council and its functions are to be provided on a mutually agreed upon schedule.
- C. The Recipient will provide the PCS Coordinator with the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year.
- 1) A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
  - 2) Utilization report by service category, including client numbers and demographics to be provided monthly.
  - 3) An oral and written financial report to the PSRA Committee providing information on contracted amounts by service category, the amount spent to date, over- and under-expenditures, unobligated balances by service category, and unspent provider billables. The Recipient will recommend reallocations to the PSRA Committee when it's determined that reallocating funds between categories is necessary.
  - 4) Information and recommendations requested by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those categories and providing HBTMTN language to the Recipient. The content and format for this information will be mutually agreed upon each year. The report will typically include epidemiological data, cost and utilization data, and an estimate of unmet need for primary health care among people with HIV in Broward County. In addition to providing the information in written form, the Recipient will attend data presentations with the Planning Council at mutually agreed upon dates and times.
  - 5) Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but it will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.

- 6) Carryover information from the Financial Status Report and the approved carryover plan submitted to HRSA/HAB. The document will be provided to the Planning Council at the next business meeting following submission.
  - 7) The Final Allocations report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
  - 8) When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be in writing to the PCS Health Planner. Requests must come from the subcommittee Chairperson.
- D. PCS, on behalf of the Planning Council, is responsible for submitting reports and deliverables to the Recipient as follows:
- 1) **Monthly Progress Report:** Prepare a detailed monthly report of Planning Council and sub-committee meetings and activities, including a detailed Annual Work Plan of PCS Activities.
  - 2) **Quarterly Reports:** Prepare a detailed update on all Planning Council meetings, the attendance, the work plan, and the data points that affect the Broward County Ryan White system of care. The quarterly reports should include a Quarterly Planning and Evaluation Report, Priorities Report, Outreach Report, Survey Summary, Training and Development Summary, Community Empowerment Survey Summary, and Evaluation of Meetings Summary Report.
  - 3) **Program Evaluation:** Prepare the Planning Council Annual Report with a comparative analysis of all funded services utilizing the results of clinical quality management activities, outcome information, and client satisfaction survey results. The report should be presented to the Recipient and the Planning Council.
  - 4) **Marketing Plan:** Develop an annual marketing plan for Planning Council meetings and activities with timelines for activities.
  - 5) **Communication Plan:** Prepare a plan for timely and effective communication between PCS, Planning Council, and Recipient.
  - 6) **EMA Benchmarking Report:** Develop an annual report using HIV/AIDS population data from Broward County and other comparable eligible metropolitan areas to assess and develop benchmarks. This report must include demographic data, service utilization, and service delivery methods.
  - 7) **Recipient's Annual Progress Report:** Prepare a client-level data report that analyzes clients' health outcomes. This report must, at a minimum, assess the capacity and determine the impact of the Broward County Ryan White system of care.
  - 8) **Calendar of Monthly Activities:** Provide a calendar of the monthly Planning Council meetings and activities for the upcoming month by the 15<sup>th</sup> of each month.



#### IV. Communication

- A. In working together, the Recipient and the Planning Council will establish and maintain open and regular communications and a mutually respectful and efficient working relationship. The Planning Council and the Recipient are committed to the following principles of communication:
- 1) **Establishing and maintaining open communication:** Recipient staff, PCS, and Planning Council members will share information in a timely fashion and review shared information when it is received.
  - 2) **Recipient attendance at Planning Council meetings:** At least one Recipient staff member will attend all full Planning Council and Committee meetings. Each standing committee will have an assigned Recipient staff member who attends meetings regularly. Recipient staff attending meetings will be responsible for all communications and information requests related to their assigned committee. Requests with a timeline for information from the Planning Council to the Recipient will be recorded in the meeting minutes.
  - 3) **Designated Liaisons:** The Recipient and Planning Council will have designated liaisons for information requests, questions, or concerns outside of the Planning Council meetings. The Human Services Administrator will be the designated liaison for the Recipient and the Planning Council Chairs, or their designees will be the designated liaisons for the Planning Council. In the absence of the Human Services Administrator, the Recipient will designate a representative to act as the liaison.
- B. **Confidentiality:** Planning Council and Committee meetings are operated under Florida's Government-in-the-Sunshine Law. This means that meetings and any information shared at meetings are open to the public and recorded so that members of the public can access information about meetings. However, to maintain the confidentiality of sensitive information, the Planning Council will not share:
- 1) The HIV status of Planning Council members who have not publicly disclosed that they are HIV positive.
  - 2) The Recipient will not disclose information about applicants for funding or the performance of individual vendors contracted to provide services. Information will be provided only by service area and activity.
  - 3) Information about the individual salaries of the Recipient and PCS will not be shared. The Planning Council will not have access to the Recipient's detailed budget. The Part A Administrator will have access to the Planning Council's detailed budget.
- C. **Clarification:** The Planning Council and the Recipient will work together to clarify and revise policies and procedures that are confusing or problematic.

## **V. Special Requests**

- A. All parties agree that all non-routine special requests other than those identified within this MOU must be in writing and submitted by the Recipient's office or a Planning Council Committee Chair. Each party shall have five (5) business days from the date of request to notify the requestor if it can or cannot respond to the request and when they can fulfill the request. During the five (5) business day period, the party to whom the request is being made will consider the following factors when deciding whether to respond to a request: the amount of information, the financial costs of gathering the information, how the request relates to the committee workplans, and how the request affects the operations of the Planning Council.

Where a Planning Council Committee does not agree with a decision not to respond to a request such decision may be appealed through the Executive Committee which will then decide whether the issue should be brought before the full Planning Council for a vote.

## **VI. Settling Disputes of Conflicts**

- A. If conflicts or disputes arise regarding the roles and responsibilities specified in Section II of this MOU, the signatories will pursue the following procedures to resolve them:
- 1) Begin with a meeting between the signatories to attempt to resolve the situation within five working days after the issue or dispute arises.
  - 2) If the situation cannot be resolved, hold a meeting of representatives of the signatories with the Chief Elected Official (CEO) or their representative within five working days after the initial meeting between the signatories to resolve the situation. The CEO's decision will be final unless the conflict arises from legislative responsibility issues.
  - 3) If the meeting with the CEO does not result in a resolution, the parties involved will identify a mutually acceptable independent mediator who will attempt to facilitate a resolution between the parties. The meeting with the mediator will occur within ten working days of the meeting with the CEO.
  - 4) If the meeting with the mediator does not result resolve the dispute or conflict, the parties may begin a process of binding arbitration. The parties will select and retain an arbitrator who is acceptable to all involved and agree to accept the arbitrator's decision as final. The parties will select the arbitrator within ten working days of the meeting with the mediator, and the first arbitration meeting will be held within 20 working days after selection. The Planning Council and the Recipient will split the costs of the mediation and arbitration equally.

- 5) The time for each of the above steps to settle disagreements may be extended by mutual agreement of the parties involved.

## **VII. Responsible Parties and Contact Information**

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time this MOU was adopted and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.

- 1) **For the Planning Council**

Planning Council Chair  
c/o Planning Council Support Provider currently:  
Broward Regional Health Planning Council, Inc.  
200 Oakwood Lane, Suite 100,  
Fort Lauderdale, FL 33020  
Tel: 954-561-9681  
Fax: 954-564-1885  
E-mail: [hivpc@brhpc.org](mailto:hivpc@brhpc.org)

- 2) **For the Ryan White Administrative Agency**

\_\_\_\_\_  
Director Community Partnerships Division  
Broward County Human Services department  
115 S. Andrews Ave,  
Fort Lauderdale, FL 33301  
Tel: 954-357-\_\_\_\_\_  
Fax: 954-357-5897  
E-mail: \_\_\_\_\_

## **VIII. MOU Duration and Review**

- A. **Effective Date:** This MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.
- B. **Duration:** This MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the Recipient of Part A funding for the EMA.
- C. **Process for reviewing and revising the MOU:** This MOU will be reviewed periodically, with the involvement and approval of all parties. Reviews will occur:
  - 1) Following each reauthorization or revision of the Ryan White legislation by the U.S. Congress, ensure that the MOU remains wholly appropriate, updated, and reflective of the Act.
  - 2) At least once every year, at the first meeting of the parties to this MOU.

D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

**IX. Signatures**

\_\_\_\_\_  
Ryan White Part A Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Council Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Council Support

\_\_\_\_\_  
Date

DRAFT

HANDOUT E

# FY2021-2022 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM



Broward County HIV Health Services Planning Council  
Broward County Health Care Services Ryan White Part A Program  
Broward County Board of County Commissioners  
Presented as of October 20, 2022

# PURPOSE

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- The Assessment of the Part A Administrative Mechanism for FY 2021-2022 is to fulfill the federal mandate of the Ryan White Part A program.
- This requirement is 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.”



# Topics Covered

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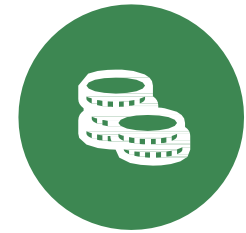
THE PROCUREMENT  
PROCESS



CONTRACTING



REIMBURSEMENT  
OF SUBRECIPIENTS



USE OF FUNDS



ENGAGEMENT WITH  
THE HIVPC IN THE  
PLANNING PROCESS



# How Does the Assessment of the Administrative Mechanism Affects the HIVPC?

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- oThe HIVPC is required to complete the assessment annually.
- oThe HIVPC is responsible for evaluating how rapidly Part A funds are allocated and made available to care.
- oResults of the assessment will be used to improve the administration of Ryan White Part-A funds locally.





# Participation

PARTICIPANTS	# OF ACTUAL PARTICIPANTS	# OF POTENTIAL PARTICIPANTS
HIVPC Members	20	21
Recipient	1	1
Providers	7	12
	28	34



# HIVPC Survey Results

The HIVPC Survey focused on communication between the HIVPC and Recipient regarding the allocation and reallocation of funds, and HRSA policies which can affect funding.

- The majority of HIVPC respondents 'agreed' or 'strongly agreed' that the **community needs were evaluated** on an ongoing basis effectively.
- Most HIVPC respondents rated the level of participation of PWH as either 'good' (25%) or 'fair' (30%). On the other hand, 25% of respondents reported that participation from PWH was 'poor.'
- When assessing the HIVPC as a planning body concerning structure and process, most respondents 'strongly agree'(40%) or 'agree' (50%) that it was effective. On the other hand, a combined 10% of respondents 'disagree' or "strongly disagree", citing poor attendance for standing committees and lack of participation/representation of PWH and youth.
- Nonetheless, a combined 95% of the respondents rated the overall work of the HIVPC as 'good' (65%), excellent (25%), or 'fair' (5%).
- The majority of HIVPC respondents 'agreed'(45%) or 'strongly agreed' (40%) that enough training/education to understand the structure and process of the Ryan White Part A HIVPC was provided. However, respondents noted that training on an ongoing basis would be more beneficial for all members.

# Recipient Survey Results

The Part A Recipient's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication and technical assistance expenditures and allocations for FY 2021-2022.

- The Recipient informed providers of funding and contracts through an electronic copy of the award letter.
- The Recipient's office noted that the average turnaround time for FY2021 was between 29-35 days.
  - The Recipient noted that delays in provider reimbursement during FY2021 were due to incorrect invoices caused by user errors or errors with PE.
  - There were no noted discrepancies in provider reimbursed during FY2021.
- Throughout FY21, the Recipient's Office maintained monthly communication with provider agencies to review utilization and expenditures. The Recipient also noted that it keeps all agencies' 'fairly-well informed', responding to questions and requests for information within two days.
- At the end of FY21, 10.9% of the overall award was used for Recipient Support, Planning Council Support, and Clinical Quality Management activities. 100% of formula funds were expended by the end of FY2021, and 6% of supplemental funds were unexpended

# Provider Survey Results

The Provider's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication between the Recipient and Providers regarding utilization and expenditures, technical assistance and requests for information and other questions.

- The Provider survey was completed by seven of the Ryan White Part A's 12 funded providers (as of July 2022), thus decreasing the response rate from 67% to 58% compared to last year's submission of the AEAM.
- Over the past year, 28.6% of respondents received reimbursement within 29-35 days and 36-42+ days, and 42.9% within 8-28 days.
- Approximately 85.7% of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures, and 57.1% achieved improved utilization and expenditures.
- Overall, 57.1% of respondents rated the communication between their agency and the Recipients' Office as 'fairly well informed' and 14.3% as 'adequately informed' and 'limited amount of information'.
- Most respondents rated the Recipients' office as 'excellent' or 'good'; 9.5% of respondents reported that they did not require technical assistance in FY21, and 4.8% reported that the Fiscal TA received in FY21 was poor.
- When reporting COVID-19 specific challenges most providers noted a decrease in service utilization across all service categories due to patients' reluctance to seek in-person services.
  - Providers noted that the Recipient Office implemented several innovative strategies during the COVID-19 pandemic. These strategies included expanding telehealth services, continuing operations via remote meetings, and submitting invoices electronically.

# Limitations

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- The inability to attain timely survey responses from all Provider Agencies.
- PCS Staff had to make several attempts at acquiring the information from agencies over several months. To address the limitation, PCS Staff extended the deadline to submit surveys from May 30, 2022, to July 1, 2022, which resulted in seven surveys being completed.



FY 2021-2022  
CONCLUSIONS &  
RECOMMENDATIONS

- Continue to provide training, emphasizing the structure and process of the Ryan White Part A HIVPC. HIVPC members indicated continuous training would be beneficial for all members.
- Elicit more community input to better assess and understand the community's needs. The HIVPC guides the Part A office in determining how best to meet the needs of the community and prioritizing services to address those needs.
- Provide ongoing technical assistance on PE to reduce user error and improve service delivery for PWH in Broward County.
- Continued revision of provider reimbursement guidelines to ensure providers are sufficiently reimbursed for the expenses of providing services.

QUESTIONS?

DISCUSSION



# HANDOUT F

## HAPC Quarterly Update

**AREA: 10 (Broward County)**

**HAPC: Joshua Rodriguez**

**Quarter: July-Sept 2022**

**What activities have you and/or your staff accomplished this quarter regarding the Four Key Components?**

### Test and Treat

- The table below displays the Test and Treat enrollments in Q3 2022:

Quarterly Totals	Jul-22 to Sep-22	
	n	%
<b>Referred</b>	<b>249</b>	
Newly HIV Positive	64	26%
Reengagement	185	74%
<b>Enrolled</b>	<b>232</b>	<b>93%</b>
Newly HIV Positive	57	89%
Reengagement	175	95%
Refused	3	
Unable to Locate	9	
Pending	6	
<b>Ineligible</b>	<b>2</b>	
Jail	0	0%
Out of Jurisdiction	1	50%
Negative	1	50%
Deceased	0	0%
Navigation	2	
Already in care	15	

\*Ineligible, Navigation, and Already in Care are not included in the Total Referred. Navigation Clients already have medication but needs assistance navigating care. Ineligible Clients are either incarcerated, out of jurisdiction, found to be a false positive, or deceased.



**Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post- exposure prophylaxis (nPEP)**

- The following table displays a report of the individuals enrolled in the R-PrEP program from its inception to the end of Q3 2022:

<b>R-PrEP Program Totals:</b>	<b>6/1/2018</b>	<b>10/1/2022</b>
<b>TOTAL NUMBER R-PREP CLINICAL VISITS</b>	<b>7054</b>	
<b>Total Enrolled in PrEP Navigation:</b>	<b>5439</b>	<b>77%</b>
Private Insurance	2521	46%
PAP Assistance	2918	54%
<b>Ineligible for Navigation</b>	<b>1612</b>	<b>23%</b>
OOJ	1583	98%
Walk Outs:	29	2%
<b>CONTRAINDICATED POST ENROLLMENT:</b>	<b>169</b>	<b>3%</b>
HIV Positive	10	6%
Laboratory	159	94%

- The table below displays the PrEP enrollments during Q3 2022:

<b>R-PrEP Program Totals:</b>	<b>7/1/2022</b>	<b>10/1/2022</b>
<b>TOTAL NUMBER R-PREP CLINICAL VISITS</b>	<b>433</b>	
<b>Total Enrolled in PrEP Navigation:</b>	<b>339</b>	<b>78%</b>
Private Insurance	173	51%
PAP Assistance	166	49%
<b>Ineligible for Navigation</b>	<b>94</b>	<b>22%</b>
OOJ	94	100%
Walk Outs:	0	0%
<b>CONTRAINDICATED POST ENROLLMENT:</b>	<b>3</b>	<b>1%</b>
HIV Positive	0	0%
Laboratory	3	100%

- Among enrolled/in-jurisdiction clients, there were **713** follow-up visits to BWC for lab work and PrEP prescription renewal between 7/1/2022 and 9/30/2022.

## HAPC Quarterly Update

### Routine HIV and STD screening in healthcare settings/targeted testing in non-healthcare settings.

- Virtual HIV 500/501 Courses held:
  - 500/501 on 7/6/22 and 7/7/22 with 16 participants
  - 501 update on 7/14/22 with 11 participants
  - 500/501 on 8/26/22 and 8/27/22 with 16 participants
  - 500/501 on 9/14/22 and 9/15/22 with 14 participants
  - 501 update on 9/1/22 with 15 participants
- Rapid HIV Testing Technologies held:
  - INSTI on 7/26/22 with 8 participants
  - Oraquick on 7/26/22 with 5 participants
  - SureCheck on 7/26/22 with 4 participants
- EIP-Capacity Building/Technical Assistance/Essential Support Services
  - 7/1 Contract Monitoring at High Impacto
  - 7/1 Contract Monitoring at Pride Center
  - 7/7 Technical assistance provided to Ujima Men's Collective
  - 7/19 Supply drop to Broward House
  - 7/29 meeting with MySidewalk regarding data
  - 8/10 Contract Monitoring at Broward House
  - 8/10 Contract Monitoring at Care Resource
  - 8/22 Contract Monitoring at Latinos Salud
  - 8/25 Community Presentation at Broward Health
  - 9/1 Update EHE Presentation
  - 9/6 Contract Monitoring at High Impacto
  - 9/12 T/A call with Wellview Care
  - 9/12 T/A Call with DOH-Miami
  - 9/13 PrEP in Black America Summit
  - 9/15 NACCHO presentation on PrEP social marketing campaign
  - 9/19 CTLS TA with CWC
  - 9/21 T/A with Advanced Health and Community Services
  - 9/22 TOPWA Contract Monitoring at CDTC
  - 9/23 Contract Monitoring at Memorial Hospital
  - 9/29 Contract Monitoring at Broward Health Hospital
- DOH Broward and non-contracted agencies distributed 775,900 condoms in the community during Q3.
- DOH Broward staff delivered 34 educational sessions in the community: 22 Get PrEP Broward presentations, 6 HIV 101 presentations, and 6 SOGI (sexual orientation and gender identity) presentations.
- DOH Broward staff made 417 visits to businesses participating in the Business Response to AIDS initiative.

## HAPC Quarterly Update

- The following table displays the demographics of Broward County residents who requested In-Home HIV Test kits from GetPrEPBroward.com during Q3. Broward's HIV In-home testing initiative began on May 26, 2020 and has shipped 1525 test kits from 5/25/2020 to 9/30/2022, and 61 test kits from 7/1/2022 to 9/30/2022.

	Total		Jul-22		Aug-22		Sep-22	
	1525		14		18		29	
<b>Gender</b>								
M	619	40.6%	8	57.1%	7	38.9%	13	44.8%
F	895	58.7%	6	42.9%	11	61.1%	16	55.2%
Transgender	9	0.6%	0	0.0%	0	0.0%	0	0.0%
<b>Race/Ethnicity</b>								
BLK/ Non Hispanic	962	63.1%	6	42.9%	13	72.2%	12	41.4%
WHT/ Non Hispanic	183	12.0%	3	21.4%	4	22.2%	5	17.2%
Hispanic	199	13.0%	4	28.6%	1	5.6%	8	27.6%
Asian/Haw Pac Islander	25	1.6%	0	0.0%	0	0.0%	0	0.0%
AI/AN	2	0.1%	0	0.0%	0	0.0%	0	0.0%
Multiracial	73	4.8%	1	7.1%	0	0.0%	1	3.4%
Other	80	5.2%	0	0.0%	0	0.0%	3	10.3%
<b>Country of Birth</b>								
US	1365	89.5%	13	92.9%	18	100.0%	28	96.6%
Outside the US	161	10.6%	1	7.1%	0	0.0%	1	3.4%
<b>Age</b>								
13-19	39	2.6%	0	0.0%	0	0.0%	2	6.9%
20-29	442	29.0%	7	50.0%	4	22.2%	3	10.3%
30-39	671	44.0%	5	35.7%	9	50.0%	14	48.3%
40-49	238	15.6%	0	0.0%	3	16.7%	5	17.2%
50-59	92	6.0%	2	14.3%	1	5.6%	5	17.2%
60+	42	2.8%	0	0.0%	1	5.6%	0	0.0%
<b>Referred by agency</b>								
yes	160	10.5%	0	0.0%	0	0.0%	2	6.9%
no	1364	89.4%	14	100.0%	18	100.0%	27	93.1%
<b>Testing History</b>								
Never been tested	206	13.5%	1	7.1%	1	5.6%	2	6.9%
More than 12 months	817	53.6%	4	28.6%	6	33.3%	15	51.7%
Less than 12 months	493	32.3%	9	64.3%	11	61.1%	12	41.4%
Unknown	2	0.1%	0	0.0%	0	0.0%	0	0.0%

### Community outreach and messaging

15 community events were held during Q3 2022:

- On 7/15/2022, HIV Prevention staff attended the Fort Lauderdale Black Police Officers Association “United for Change” Teen Summit at Stranahan High School. Adolescents between the ages of 13-19 years old were in attendance. Several organizations participated to educate, uplift, and empower the teenagers in small group sessions encompassing an etiquette, life skills, Boyz II Men, and Sexual Health awareness class. HIV Prevention staff provided tabling to increase awareness about HIV prevention and PrEP literature. A total of 96 individuals were provided with condoms, PrEP education, and other incentives. Participants also attended one of the three HIV 101 presentations.
- On 7/26/2022 DOH Broward participated in Ujima Presents: From Whence We Came. The HIV Prevention team provided community awareness about HIV prevention. A total of 38 individuals were provided with condoms, PrEP education, and other incentives.
- On 7/27/2022, In observance of Caribbean Pride, the HIV Prevention Team tabled at the Free Yusef event. DOH Broward staff provided information about services available to the community, HIV testing, and PrEP. This event was geared toward the MSM Population of Caribbean descent and HIV Prevention staff served and educated 67 community members.
- On 7/30/2022 Sista Organizing to Survive (S.O.S) Miami-Dade-Broward held a relaunch event. The primary function of Sistas Organizing to Survive is to be an inclusive grassroots mobilization of Black women against HIV. The S.O.S. movement aims to educate Black women about the impact of HIV/AIDS and to develop an action plan that prevents HIV transmission and other health disparities in Florida's Black communities. Both chapters collaborated for a relaunched event, and DOH Broward HIV Prevention provided 100 women with education and incentives.
- On 7/30/2022 the 7<sup>th</sup> annual Collier City Family Fun Day was held in the city of Pompano Beach. The event featured back-to-school giveaways, bounce houses for kids, fresh food distribution, vendors, and food trucks. The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 200 individuals were provided with condoms, PrEP education, and marketing materials.
- On 8/6/2022 DOH Broward took part in the Orange Bowl Family Fun and Fit Day is a family-friendly event taking place in the priority area of Broward County. The event featured, vendors, games, and book bag giveaways. The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 207 individuals were provided with condoms, PrEP education, and marketing materials.
- On 8/7/22 the Breathing while Black and Trans event was sponsored by the McKenzie Project. The HIV Prevention Team tabled during their event and provided 30 community members with information about services available to the community, HIV testing, and PrEP. This event was geared toward the Black and brown transgender population.
- On 8/9/2022, Broward County HIV Planning Council and the World AIDS Museum partnered to host a Faith HIV/AIDS Awareness Day event in a town-hall setting with Q&A sessions. DOH Broward HIV Prevention staff provided tabling. A total of 35 community members were provided with condoms, PrEP education, and marketing materials.
- On 8/13/22, in observance of Caribbean Pride, the HIV Prevention Team tabled during Pride Fête. 273 community members were served with information about services available to the

## HAPC Quarterly Update

community, HIV testing, and PrEP. This event was geared toward the MSM Population of Caribbean descent.

- On 8/19/22, HIV Prevention staff participated in Summer Jamz at Carter Park, a local, family-friendly event taking place in the priority area of Broward County. The event features, food trucks, vendors, music, and live entertainment. At the event, The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 333 individuals were provided with condoms, PrEP education, and marketing materials.
- On 8/27/2022, Multicultural Community BBQ, a family-friendly event in the city of Lauderhill. The event featured, vendors, games, book bag giveaways, food, and live music. The Florida Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 53 individuals were provided with condoms, PrEP education, and marketing materials. Twelve community members accepted at-home test kits.
- On 9/3/22, Faith Tabernacle organized a free health fair event for the community to attend and learn about the various resources the area has to offer, which included free on-site health screenings and HIV testing. During the event the Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 70 individuals were provided with condoms, PrEP education, and incentives.
- On 9/15/22 and 9/20/2022, Broward College hosted a Campus Safety event to provide students with local resources available to them within Broward County. Community partners offered games, incentives, applications for resources, food, giveaways, safety demos for tourniquets, music, and in-class care packages which included scantrons, gum, and pencils. The Florida Department of Health in Broward County tabled at this event to increase awareness concerning the prevalence of HIV within the state of Florida. Prevention methods such as PrEP were discussed, mock demonstrations for barrier method application, and a question-and-answer segment were offered by the prevention team. A total of 79 people were provided with condoms, PrEP education, and marketing materials.
- On 9/16/22, Gilead & SunServe assembled a group of HIV care and wellness providers for a "PRESS PLAY" connect-to-care event. This event featured on-site HIV testing, linkage to healthcare, PrEP, and mental health resources. Attendees learned about different resources for treatment options and HIV prevention methods that the community offers. During the event the Department of Health in Broward County provided tabling to increase awareness of HIV prevention activities, including PrEP. A total of 70 individuals were provided with condoms, PrEP education, and incentives.

### **Perinatal Prevention Program**

- 24 women were referred to Perinatal for Case Management. One was found not to be pregnant and one miscarried. All 24 were on ARV therapy.
- There were 19 deliveries, all with at least one HIV-negative PCR at birth.
- There were 4 congenital syphilis cases: zero in July, 1 in August, and 3 in September.
- Perinatal program appeared on Haitian Radio 3 times to discuss HIV and Perinatal HIV.
- Three Perinatal HIV Providers Network meetings were held on 7/21/22, 8/18/22, and 9/15/22

## HAPC Quarterly Update

### **PROACT:**

In Q3, HIV DIS identified 2963 clients that were out of care and/or lost to care

<b>Month</b>	<b>Clients Identified</b>	<b>Clients Contacted</b>	<b>% Clients Contacted</b>
July 2022	823	812	98.6
August 2022	1148	1108	96.5
September 2022	992	870	87.7
<b>Total (% Avg)</b>	<b>2963</b>	<b>2790</b>	<b>94.2</b>

<b>Disposition</b>	<b>n</b>
<b>In Care</b>	269
<b>Out of Jurisdiction</b>	17
<b>Incarcerated</b>	7
<b>Deceased</b>	4
<b>Unable to Locate</b>	82
<b>Lost to Care</b>	2123
<b>Refused Services</b>	458
<b>Negative</b>	3

### **Accomplishments or challenges**

#### **Accomplishments:**

- During this quarter we had an opportunity to participate with six nontraditional partners to provide PrEP education, testing and treatment education, and condom distribution. The new partnerships allowed us to educate 959 residents.
- During this quarter 417 BRTAs were visited, and we distributed 146,000 condoms to these partners.
- During this quarter we were able to deliver 34 educational sessions in the community: 22 Get PrEP Broward presentations, 6 HIV 101 presentations, and 6 SOGI (sexual orientation and gender identity) presentations.

#### **Challenges:**

- No challenges to report.

**PrEP REPORTING**

**PrEP Support Services**

Please indicate whether activities are carried out by DOH, and/or Community Partners.

**PrEP Navigation**

1. Who provides PrEP navigation services in your area?

DOH Lead: Krystle Kirkland-Mobley (Broward CHD)  Community Partner(s)  None

2. Are there any gaps for PrEP navigation services in your area? If so, please elaborate.

**N/A**

**PrEP Patient Assistance/Copay Programs Support**

1. Who provides assistance with PrEP Patient Assistance Program/Copay paperwork/processes in your area?

DOH Lead: Krystle Kirkland-Mobley (Broward CHD)  Community Partner(s)  None

2. Are there any gaps for PrEP Patient Assistance/Copay services in your area? If so, please elaborate.

**N/A**

**DOH PrEP/nPEP Directory Update**

Please click on the link, review the Department's PrEP/nPEP Directory and list any updates/changes for your area.

\*Please make sure you have consent before adding any new private providers.

- Broward House, 2800 N Andrews Ave Wilton Manors, 954-568-7373
- La Clinque 300 INC, 2630 N Andrews Ave Wilton Manors, 954-525-4900
- Community Cares, 1008 West Hallendale Beach Blvd, 877-287-2520
- Cano Health, 8211 West Broward Blvd Plantation, 855-826-0633
- Can Community Health, 4101 NW 3rd CT STE 9 Plantation, 754-701-6911
- Cano Health, 680 North University Dr Pembroke, 954-538-6868
- Compassionate health and Wellness of Broward, 7454 Royal Palm Drive Margate, 954-799-2049
- Breath of Life Medical Center, 5090 Coconut Creek, Margate, 954-933-2371
- Associates MD, 1437 S Federal Hwy, 954-399-9941

<https://getprepbroward.com/directory>

Please provide updates on any new PrEP/nPEP providers identified in your area during this quarter: **9**

For any new PrEP/nPEP providers identified, did you receive consent to have them listed on the Department's PrEP/nPEP Provider Directory?  Yes  No  N/A

**PrEP DATA**

**Number of PrEP Detailing**

One-on-one provider/office detailing visits: <b>154</b> Providers at Practices: <b>308</b>	Provider education (group), summits, meetings, institutes, etc.: 0	Educational materials to providers (toolkits, posters, etc.): <b>154</b>
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**Number of PrEP Referrals**

DIS: 0	Navigators: 0	Testing: 251
Outreach & Education Staff: 0	DOH Clinical Staff: N/A	Other: 182
Total Number of Referrals: Our current PrEP program monitoring system tracks the referral sources listed by self-report only; there are no associated referral forms.		

# 2021-2022 ASSESSMENT OF THE ADMINISTRATIVE MECHANISM REPORT

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SEPTEMBER 2022

BROWARD COUNTY RYAN WHITE PART A  
HIV HEALTH SERVICES PLANNING COUNCIL

200 Oakwood Lane Hollywood, FL 22020  
P: 954-561-9681 F: 954-561-9651



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Broward Regional Health Planning Council



www.brhpc.org





# OUR MISSION

“Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building.”

## FOR MORE INFORMATION

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# 2021-2022 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

## Legislative Mandate for The Assessment of The Administrative Mechanism

The legislation that governs the Ryan White Part A Program states that planning councils are required 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.*”

## The Administrative Mechanism

The term 'Administrative Mechanism' refers to the process by which the Ryan White Part A Recipient executes contracts and reimburses providers for services rendered. Assessing the administrative mechanism is a mandated responsibility of planning councils that must be conducted annually. Assessing the administrative mechanism helps ensure that contracts are executed, and providers are reimbursed efficiently and in a timely manner. Apart from this assessment, contract management and reimbursement are solely the responsibility of the Recipient.

## Broward/Fort Lauderdale EMA

Broward County is Florida's (FL) second-largest metropolitan area, with 1.9 million residents. Broward qualifies under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 as an Eligible Metropolitan Area (EMA) severely impacted by the HIV epidemic. The Ryan White Part A Program has existed in Broward County since 1991. The Part A Program is one of the most extensive HIV/AIDS programs in the County and served 8,016 clients in fiscal year (FY) 2020-2021, a 1.63% decrease from FY2019-2020. The EMA serves all 31 of Broward County's municipalities, the largest of which is Fort Lauderdale. The Fort Lauderdale/Broward EMA coordinates the RWHAP Part A funding to support a comprehensive HIV Care Continuum of high-quality services for eligible HIV-positive (+) Broward residents. The EMA strives to sustain a system of HIV care with high-priority core medical and support services that ensure HIV+ Broward residents obtain optimal clinical outcomes. RWHAP funds received by the Broward EMA provided support for the 12 core and support service categories approved by the HIVPC. Starred services received both Part A and Minority AIDS Initiative (MAI) funding:

- Outpatient Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Oral Health Care
- Health Insurance Continuation Program
- Mental Health Services
- Medical Case Management\*/Disease Case Management
- Substance Abuse Outpatient Care
- Non-medical Case Management Services (Centralized Intake and Eligibility Determination (CIED))
- Emergency Financial Assistance
- Food Bank
- Legal Services

## Frequently Used Acronyms

- **AEAM** - Assessment of the Efficiency of the Administrative Mechanism
- **CQM** - Clinical Quality Management
- **EMA** – Eligible Metropolitan Area
- **FY** – Fiscal Year
- **HIVPC** – Broward County HIV Health Services Planning Council

- **HRSA** – Health Resources and Services Administration
- **MAI** - Minority AIDS Initiative
- **NOA** - Notice of Award
- **PCS** – Planning Council Support
- **PLWH**- People Living with HIV
- **PSRA** – Priority Setting and Resource Allocation
- **TA** – Technical Assistance
- **TGA** – Transitional Grant Area

# 2021-2022 ASSESSMENT METHODOLOGY

## METHODOLOGY

The methodology for the FY 2021-2022 AEAM for the Broward/Fort Lauderdale EMA was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and TGAs across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward County HIV Health Services Planning Council (HIVPC) ensures that an Assessment of the Administrative Mechanism is completed annually. Planning Council Support Staff (PCS) worked with the committee to review survey responses and develop or modify the surveys provided to the Part A Recipient, HIVPC Members, and Part A Providers.

## PERIOD ASSESSED

March 1, 2021-February 28, 2022

## TIMELINE

ACTIVITY	PROPOSED DATE
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	March 17, 2022 March 24, 2022
Surveys Distributed to HIVPC, Recipient Staff, and funded providers.	April 1, 2022
Deadline to submit completed surveys.	July 1, 2022
Assessment of the Administrative Mechanism Report due to Recipient.	September 30, 2022
Results of the Assessment of the Administrative Mechanism Report presented to the HIVPC.	October 2022
Quarterly update report (if necessary)	December 31, 2022 March 31, 2023 June 30, 2023 September 30, 2023

## DATA COLLECTION PROCESS

PCS staff utilized the following components to complete the assessment:

- a. Data Collection/Analysis
- b. Production of a Final Report

### *Data Collection/Analysis*

The primary data collection method was electronic surveys for the HIVPC members, the Recipient, and providers. The survey of providers (subrecipients) revealed their experiences related to procurement, contracting, and reimbursement. The survey consisted of a combination of multiple-choice, rating-scale questions and a few open-ended questions. The HIVPC survey focused on communication between the HIVPC and Recipient regarding the allocation of funds, reallocation of funds, and HRSA policies, which can affect funding. The Recipient survey included questions regarding the notification of award, executed contract dates, average reimbursement time, and communication and technical assistance. Surveys were distributed electronically via Alchemer from April 1, 2022, through July 1, 2021.

*Note: See Appendix for master copies of the three surveys.*

As per the RWHAP Part A Manual, topics covered in the AEAM surveys included:

- **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 the use of external review panels, and the composition of that panel, and criteria used in the selection of subrecipients as service providers.
- **Contracting** – the time between Notice of Grant Award to the Recipient and completion of fully executed subcontracts with providers.
- **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.
- **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.
- **Engagement with the HIVPC in the planning process** – how and how well the Recipient and council work together to carry out 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.

The following table represents the total number of individual participants, their respected affiliations, and the methodology used to gather data:

PARTICIPANT	# OF PARTICIPANTS	SURVEY ADMINISTRATION
HIVPC Member	20	Alchemer
Recipient	1	Alchemer
Providers	7	Alchemer
	28	

*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].*

### Limitations

One major limitation of the AEAM process is the inability to attain timely survey responses from all Provider Agencies. The HIVPC approved the addition of Provider surveys during the FY2019-2020 assessment after not having Provider contributions in past AEAM processes, which limited the overall assessment of the Recipient. Data collection resulted in the submission of eight out of 12 surveys and seven out of 12 surveys for FY2019-2020 and FY2020-2021, respectively. This decrease in the response rate from 67% to 58% occurred despite efforts to extend submission deadlines, multiple reminder calls, and multiple email reminders.

Receiving feedback from provider agencies is critical in the AEAM process as the sub-recipient/provider agency has more intimate knowledge and can track the timing of notice awards, contracts, and distribution of funds from the Part A Recipient. Based on the Ryan White Part A Manual, "Grantees (Recipients) are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements"<sup>1</sup>. To achieve a 100% response rate in future assessments,

<sup>1</sup> Ryan White Part A Manual and HHS Grants Policy Statement, <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>, the Ryan White Part A NGA, and 45 CFR 92.25.

the HIVPC recommends educating the sub-recipients/provider agencies on the AEAM and their role in the process.

### *Final Report and Quarterly Updates*

The 2021-2022 AEAM report will be submitted to the Recipient on September 30, 2022. Planning Council Support Staff will present the final copy of the report to the PSRA committee and HIVPC during the October 2022 meetings. Any identified issues or areas for improvement will be used as the basis for quarterly progress updates. If the HIVPC requires additional information such as follow-up surveys from providers, this component will be provided and included through quarterly reporting. If no additional information is required, the Recipient's monthly utilization and expenditure report will take the place of the assessment update.

# QUANTITATIVE AND QUALITATIVE RESULTS

Overall, the administrative mechanism functions effectively and efficiently, and no substantial problems were identified through its assessment. Results broken down by response group are included below.

## The HIVPC Member Survey

The HIVPC survey was completed by all twenty of the HIVPC's members (as of July 2022), increasing the response rate from 90% to 100% compared to last year's submission of the AEAM. The majority of HIVPC respondents 'agreed' or "strongly agreed" that the community needs were evaluated on an ongoing basis effectively. In comparison, 15% of respondents 'disagreed', believing that the HIVPC is not as efficient in retrieving insight from community members. Most HIVPC respondents rated the level of participation of PWH as either 'good' (25%) or 'fair' (30%). On the other hand, 25% of respondents reported that participation from PWH was 'poor.' Per Ryan White Legislation, the HIVPC is required to have at least 33% unaffiliated consumer membership. The Broward HIVPC and its six standing committees have continued the vital work to benefit the over 8,000 Ryan White Part A Clients. However, the HIVC has struggled to increase membership and retain unaffiliated consumers. Over the years, many PWH joined the HIVPC as unaffiliated consumers but later received employment with Ryan White Part A providers. Thus, changing their status from unaffiliated to affiliated. As of July 2022, 35% of the HIVPC is comprised of PWH, including 10% of HIVPC members that identify as unaffiliated consumers, reduced from 18%.

When assessing the HIVPC as a planning body concerning structure and process, most respondents 'strongly agree'(40%) or 'agree' (50%) that it was effective. On the other hand, a combined 10% of respondents 'disagree' or "strongly disagree", citing poor attendance for standing committees and lack of participation/representation of PWH and youth. HIVPC members believe that many of these issues can be addressed with increased participation in outreach activities by all members. Nonetheless, a combined 95% of the respondents rated the overall work of the HIVPC as good' (65%), excellent (25%), or 'fair' (5%). Additionally, most members 'strongly agree' that they were giving enough notice of HIVPC's planned activities and meetings. HIVPC members stated they had difficulties using virtual platforms; however, with the assistance of support staff, they were able to have a productive year. Throughout FY2021, the PCS Team continued to guide the HIVPC and its committees through virtual meetings and took steps to improve the member experience. Members and guests received complete meeting packets in advance of the meetings, and managed technical difficulties as they arose. The PCS Team strived to assist Chairs & Vice-Chairs in holding productive and efficient meetings throughout the fiscal year.

The majority of HIVPC respondents 'agreed'(45%) or 'strongly agreed' (40%) that enough training/education to understand the structure and process of the Ryan White Part A HIVPC was provided. However, respondents noted that training on an ongoing basis would be more beneficial for all members. The majority of HIVPC respondents believed the Recipient was diligent in providing the HIVPC with efficient and effective communication about the federal notice of awards for FY2021-2022, as well as funding information and updates in a timely manner. Conversely, 10% of respondents were unsure. Additionally, members were asked to rate the Planning Council's FY 2021 Priority Setting and Resource Allocation (PSRA) Process, which sets priorities and allocations for each service category for FY22. 50% of respondents rated it as 'excellent', 40% said it was 'good', 5% 'average' and 5% 'unsure'. Members were also asked for suggestions for improving future Priority Setting and Resource Allocation (PSRA) processes. The responses were as follows:

- Include a "survey to all Ryan White consumers at recertification periods for a wider range [of] perspective[s]."



- Include “a resource inventory with non-RW provider[s].”
- “Continue to look for ways for providers to increase utilization by bettering reimbursement for services.”
- “Members of the PSRA committee may need to be more vigilant in assuring that [they] are making decisions based on the data received” as well as “[asking more questions during] the process especially [regarding] reallocations.”

Lastly, members were asked for general comments on the Planning Council’s work. Members reported that the HIVPC is doing a great job, however, increased consumer involvement is needed, and members should make more of an effort to be present and ready to work. Other recommendations are:

- The HIVPC should build awareness of changes to the system of care, how patients are engaged in care, available services, and PHW treatment.
- The HIVPC should continue to ensure the creation of a seamless system of care and the removal of administrative barriers to avoid clients falling out of care.
- Support a status-neutral approach that encompasses the delivery of HIV prevention and care services while addressing the various social and health needs of patients regardless of their HIV status to avoid working in silos.

## The Recipient Survey

Recipient staff also completed a survey, which included questions pertaining to the execution of contracts, provider reimbursements, communication and technical assistance, expenditures for FY 2021, and allocations for FY 2021.

**Notice of Grant Award (NGA):** At the start of FY2021, the number of funded RWHAP Part A providers increased to 12 total providers from 11, with one new provider added from RFPs submitted in FY2020. There were no new requests for proposals for FY2021. The Broward EMA received its partial notice of grant award (NGA) for FY2021 funding on January 26, 2021. The NGA's timing did not affect executing provider contracts as the Recipient informed providers of funding and contracts through an electronic award letter on February 10, 2021. The Recipient office did not receive the full Notification of Award from the federal government for FY2021 funding until September 21, 2021.

**Contracts:** The Recipient's office noted that they uploaded all Part A and MAI contracts on March 23, 2021. RWHAP Part A Providers were required to submit contract documents for processing by March 8, 2021. The Recipient office noted that the legal process contributed to delays in executing provider contracts. Contracts were uploaded into PE for funded agencies on multiple dates as early as March 5, 2021, through June 9, 2021.

**Provider Reimbursements:** Providers submitted invoices for FY2021 reimbursements starting March 2021. The Recipient tracked clean invoices for payment, and reimbursement checks were mailed via USPS. The Recipient's office noted that the average turnaround time for FY2021 was between 29-35 days. The Recipient endeavored to follow the procedures and policies outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (Sections 1-51.6) to guide provider payments and reimbursements. The statute and accompanying ordinance state that reimbursements must be made within 30 days of receiving a clean invoice. The Recipient noted that delays in provider reimbursement during FY2021 were due to incorrect invoices caused by user error or errors with PE. There were no noted discrepancies in provider reimbursement during FY2021.

**Communication/Technical Assistance:** Throughout FY21, the Recipient's Office maintained monthly communication with provider agencies to review utilization and expenditures. They provided technical

assistance to agencies that were not on target to ensure complete reimbursements and optimal services for clients. The Recipient also noted that it keeps all agencies' fairly well informed', responding to questions and requests for information within two days. These comments coincide with the providers' responses of a two-day turnaround response. Over the last fiscal year, the Recipient rated themselves 'good' at providing agencies with programmatic and fiscal technical assistance or training.

Additionally, during FY2021, due to FY2020 COVID-19 safety measures, the Recipient's office did not conduct in-person fiscal and programmatic site visits. Contract Grant Administrators (CGA) and Clinical Quality Management staff maintained monthly contact with all providers through monthly monitoring calls and quality improvement network meetings. Providers requested technical assistance on Provide Enterprise, Quarterly Reports, Budgeting, and Invoicing. CGAs are responsible for following up with providers to ensure that service providers act on recommendations during the monitoring visit.

At the end of FY21, 10.9% of the overall award was used for Recipient Support, Planning Council Support, and Clinical Quality Management activities. 100% of formula funds were expended by the end of FY2021, and 6% of supplemental funds were unexpended as \$200,000 was unbilled by subrecipients, and \$100,000 were administrative funds.

**COVID-19 Specific Challenges or Innovations:** Lastly, the Recipient did not report on the significant impact of COVID-19 on FY2021 procurement and contracting.

## The Provider Survey

The Provider survey was completed by seven of the Ryan White Part A's 12 funded providers (as of July 2022), thus decreasing the response rate from 67% to 58% compared to last year's submission of the AEAM. Among the respondents, contracted Ryan White Part A services included Outpatient Ambulatory Health Services (OAHS), Pharmacy, Oral Health Care, Disease Case Management, Mental Health, Centralized Intake and Eligibility Determination (CIED), MAI CIED, Case Management, Food Services and Legal Services with 85.7% having over 16 years as a Ryan White Part A provider.

**Notice of Grant Award (NGA):** For the last fiscal year, Respondents noted that the Recipient's office notified them between February and March of 2021 that they would receive funding for the fiscal year beginning March 1, 2021.

**Contracts:** Most Respondents reported receiving notification of when contracts were uploaded into Provide Enterprise (PE) between March through May 2021. However, approximately 15% of respondents reported never being notified of contracts uploaded into PE. Additionally, respondents (85%) reported receiving fully executed contracts between March and May 2021. Conversely, 15% of respondents noted that they never received a fully executed contract for FY21-22. Comments from the respondents stated that there is good collaboration between the Recipient and Part A Providers. In contrast, others share that the contracting process creates fiscal challenges when services are not billable until May or June.

**Provider Reimbursements:** Over the past year, 28.6% of respondents received reimbursement within 29-35 days and 36-42+ days, and 42.9% within 8-28 days. There were no reported discrepancies with reimbursement checks, an improvement from FY2019-2020 in which one respondent reported a discrepancy with reimbursement checks which Recipient quickly resolved. Most providers received their first reimbursement check for FY2021 services between April and June. However, some respondents noted they were underfunded in most categories, and technological issues interfered with the production of accurate invoices.

**Communication/Technical Assistance:** Approximately 85.7% of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures, and 57.1% achieved improved utilization and expenditures. Overall, 57.1% of respondents rated the communication between their agency and the Recipients' Office as 'fairly well informed' and 14.3% as 'fairly well

informed,' 'adequately informed,' and 'limited amount of information'. Despite this, 85.8% of respondents reported receiving responses to questions and requests for data within one to two days. Respondents were concerned that response time from the Recipient would vary by the need. Respondents were asked to rate the Recipients' Office in providing their agency with quality management, programmatic, fiscal, technical assistance, or training. Most respondents rated the Recipients' office as 'excellent' or 'good'; 9.5% of respondents reported that they did not require technical assistance in FY21, and 4.8% reported that the Fiscal TA received in FY21 was poor.

**COVID-19 Specific Challenges or Innovations:** Providers noted challenges with workforce retention and ensuring staff safety. Additionally, providers noted a decrease in service utilization across all service categories due to patients' reluctance to seek in-person services. Many persons were also eligible to receive full SNAP benefits during this time, which reduced service utilization for fully funded Ryan White Part A clients. A subsequent increase in unfunded clients who became newly unemployed caused further fiscal challenges for Provider agencies. Providers noted that the Recipient Office implemented several innovative strategies during the COVID-19 pandemic. These strategies included expanding telehealth services, continuing operations via remote meetings, and submitting invoices electronically. Providers also noted that the Recipient allowed them to bill for the costs to supplement the shortage in Fee for Services billing and revised reimbursement guidelines to sufficiently reimburse providers for the expenses of providing services. Additionally, Providers contracted with Uber to assist with medical transportation services for clients.

# FY 2021-2022 CONCLUSIONS & RECOMMENDATIONS

## Recommendations

Comments from the HIVPC, Recipient, and Provider surveys spurred recommendations for future actions to make the funding process even more effective. These recommendations include:

- Continue to provide training, emphasizing the structure and process of the Ryan White Part A HIVPC. HIVPC members indicated continuous training would be beneficial for all members.
- Elicit more community input to better assess and understand the community's needs. The HIVPC guides the Part A office in determining how best to meet the needs of the community and prioritizing services to address those needs.
- Provide ongoing technical assistance on PE to reduce user error and improve service delivery for PWH in Broward County.
- Continued revision of provider reimbursement guidelines to ensure providers are sufficiently reimbursed for the expenses of providing services.

## Conclusion

The FY2021 found improvements in almost every area analyzed. Provider responses indicate higher satisfaction in all areas, significantly so in some respects. HIVPC responses were almost entirely 90% or greater. Contracts were renewed in time for the new fiscal year, and there were no significant delays in execution. Most invoices were paid within 30 days, as outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (Sections 1-51.6), which guides provider payments and reimbursements.

That is not to say the administration went perfectly. Issues during this time were primarily concerned with the ongoing COVID-19 pandemic and user/technical issues with Provide Enterprise. The Recipient employed technical assistance to resolve identified issues and problems, and the HIVPC Survey responses further support the high quality of communication around these and other issues with resolutions.

Overall, the administrative mechanism functions effectively and efficiently, showcasing an excellent model for how stakeholders should work together.

# APPENDICIES

## Appendix A – HIVPC Member Survey

The HIVPC survey was distributed via email, which contained a link to Alchemer for HIVPC members to complete the survey.

### Background Information

1) Your Name

2) Community needs were evaluated on an ongoing basis effectively:

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments:

3) I was given enough notice of HIVPC planned activities and meetings:

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments:

4) In general, how would you rate the work of the Planning Council during FY 2021?

- Excellent
- Good
- Average
- Fair
- Poor

Comments:

5) In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments:

6) I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:

- Strongly Disagree

- Disagree
- Agree
- Strongly Agree

Comments:

7) Rate how well the Ryan White Part A Office provided the planning council with funding information and updates.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

8) Rate how well the Ryan White Part A Office informed the planning council of federal notice of award (s) for Fiscal Year 2021-2022.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

9) How would you rate Planning Council's FY 2021 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category for FY22?

- Excellent
- Good
- Average
- Fair
- Poor
- I am not familiar enough to rate it

10) Do you have any suggestions for improving future Priority Setting and Resource Allocation (PSRA) processes?

11) Rate the level of participation by Persons Living with HIV (PLWH) in the planning process.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

12) Rate how well the planning council received information it requested on a timely basis to make informed decisions.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

13) Rate the level of communication between the Ryan White Part A Office and the Planning Council.

- Don't Know
- Poor
- Fair
- Good
- Excellent

Comments:

14) What other comments do you have on the Planning Council's work? Feel free to comment on the Council's service standards, opportunity for consumer/public input at meetings and needs assessments/integrated health plan, timing/location of meetings, or anything else relevant to the Planning Council's work

## Appendix B – Recipient Survey

The Recipient survey was distributed via email, which contained a link to Alchemer for the Recipient to complete the survey.

### RFP Process and Selection of Providers

- 1) In FY21, what work was undertaken by the Recipient to encourage new providers to apply for Ryan White HIV/AIDS Program (RWHAP) Part A funds? \_\_\_\_\_
- 2) How many proposals were received for the current fiscal year (FY 2021)?
- 3) Of these proposals how many were awarded contracts for Ryan White Part A funds?
- 4) Please describe the process used to review proposals requesting FY 2021 Ryan White Part A funds; including the external review panel (including a demographic description of peer reviewers, number of peer reviewers, where they are from geographically, professional background and HIV status), criteria used to assess proposals and how peer reviewers' comments are considered in the final determinations.
- 5) Did the selection process for FY 2021 identify new providers? If so, please identify the services of the new provider.
- 6) Did the selection process for FY 2021 address the needs of the selected priority populations? If so, how?

### Contracts

- 7) On what date did the Broward EMA receive its notice of grant award for FY2021 funding to begin the procurement process? \_\_\_\_\_
- 8) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2021
- 9) If yes, how did that affect the procurement process?
- 10) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2021 funding?
- 11) On what date were award letters sent to funded agencies for FY2021?
- 12) How were agencies notified of their award? Please select all that apply.
  - Award Letter (hard copy)
  - Award Letter (electronic/e-mail)
  - Other (please explain): \_\_\_\_\_
- 13) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.
- 14) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts.
- 15) What was the due date for agencies to submit contract documents for processing?
- 16) Describe any Recipient obstacles contributing to delay in executive provider contracts (excluding any COVID-19 related delays)/
- 17) Describe any agency/provider obstacles contributing to the delay in executive provider contracts (excluding any COVID-19 related delays).

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### Service Provider Reimbursements

- 18) What procedures, documents and policies are used to guide the payment of invoices/reimbursements?



- 19) Please provide policies and procedures regarding the payment of invoices/reimbursements, if available.
- 20) When (month/date) were providers first able to submit invoices for reimbursement in FY2021
- 21) 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
- 22) List/describe any obstacle contributing to the delay in reimbursement to providers.
- 23) Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)? Yes\_\_\_ No\_\_\_
- 24) If yes, how were those discrepancies resolved?
- 25) Over the past year, has the Recipient's Office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures)? Yes\_\_\_ No\_\_\_
- 26) If yes, did the Recipient's Office provide feedback or solutions to help agencies get back to target utilization and expenditures? Please explain.

#### Recipient Communication and Technical Assistance/Training

- 27) What is the policy regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?
- 28) Over the past 12 months, how would you rate the communication between the Recipient's Office and funded agencies?
- Keeps agencies fully informed
  - Keeps agencies fairly well informed
  - Keeps agencies adequately informed
  - Gives out only a limited amount of information
  - Doesn't communicate much at all about what is going on
  - Comments: \_\_\_\_\_
- 29) How would you rate the Recipient's timeliness in responding to questions and requests for information over the past year?
- Excellent (within one day)
  - Good (within two days)
  - Average (within three days)
  - Poor (more than five days)
  - Comments: \_\_\_\_\_
- 30) 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?

- Excellent
- Good
- Average
- Poor
- Very Poor
- Comments: \_\_\_\_\_

- 31) In the last fiscal year (FY 2021), how many Programmatic site visits did each service provider receive? (Please give range and average)
- 32) In the last fiscal year (FY 2021), how many fiscal site visits did each service provider receive? (Please give range and average)
- 33) What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit (e.g., corrective action plans, additional site visits, requests for reports, funding reductions, etc.)?
- 34) In addition to the monitoring, what other technical assistance is provided?

#### Procurement and Allocation

- 35) What percent of the overall award for the last fiscal year was used for Recipient Support, Planning Council Support and Quality Management?
- 36) What percent of formula funds were unexpended at the end of FY 2021? Please explain.
- 37) What percent of supplemental funds were unexpended at the end of FY2021? Please explain.
- 38) Please provide a final expenditure report for FY2021.
- 39) Please provide a final allocation report for FY2021.
- 40) Please provide a list of all Part A-funded service providers in the Broward EMA for FY2021 (including contract information), as well as the categories for which each provider is contacted.

#### Impact of COVID-19 On FY2021 Procurement and Contracting

- 41) Please describe any changes in workplace policies, and any other COVID-19 policies impacting FY 2021 contracting.
- 42) How did these COVID-19 policies impact (delay, expedite, etc.) the contracting process for FY 2021? What steps took longer or were completed faster?
- 43) Do you have any other comments on the impact of the COVID-19 policies on future contracting, either positive or negative?

## Appendix C – Provider Survey

The Provider survey was distributed via email, which contained a link to SurveyGizmo for the funded Providers to complete the survey.

### Background Information

1) Please provide the following contact information:

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

2) My agency was contracted to provide the following Ryan White Part A services (select all that apply):

- Outpatient Ambulatory Health Services (OAHS)
- Minority AIDS Initiative (MAI) OAHS
- Pharmacy
- Oral Health Care
- Health Insurance Continuation Program (HICP)
- Disease Case Management
- Mental Health
- MAI Mental Health
- MAI Substance Abuse
- Substance Abuse
- Centralized Intake and Eligibility Determination (CIED)
- MAI CIED
- Case Management
- Food Services
- Legal Services
- 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

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### Contracts

4) For the last fiscal year (beginning March 1, 2021), on approximately what date was your agency notified that you would be receiving funding for [question ("piped value")]?  
\_\_\_\_\_

5) How were you notified of your award? Please select all that apply.

- Award Letter (hard copy)

- Award Letter (electronic/e-mail)
  - Other (please explain): \_\_\_\_\_
- 6) On approximately what date was your agency notified that the contract(s) were uploaded into Provide Enterprise [question ("piped value")]? \_\_\_\_\_
- 7) On approximately what date did you receive a fully executed contract for the [question ("piped value")]? \_\_\_\_\_
- 8) What additional comments do you have about the Ryan White Part A contracting process?  
\_\_\_\_\_

### Service Provider Reimbursements

- 9) 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
- 10) When (date or month) did your agency receive your first reimbursement check for FY2021 services?
- 11) Have there ever been discrepancies in your reimbursement checks (checks were more or less than amount due)? Yes\_\_ No \_\_
- 12) How were those discrepancies resolved?  
\_\_\_\_\_
- 13) Over the past year, has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures? Yes\_\_ No \_\_
- 14) Did the Recipient provide feedback or solutions to help your agency get back to target utilization and expenditures? Yes\_\_ No\_\_  
Comments:
- 15) What additional comments do you have about the reimbursement process?

### Recipient Communication & Technical Assistance/Training

- 16) In your experience over the past 12 months, how would you rate the communication between your agency and the Recipients' Office?
- Keeps agency fully informed
  - Keeps agency fairly well informed

- Keeps agency adequately informed
- Gives out only a limited amount of information
- Doesn't communicate much at all about what is going on
- Comments: \_\_\_\_\_

17) How would you rate the Recipients' Office in responding to questions and requests for information over the past year?

- Excellent (within one day)
- Good (within two days)
- Average (within three days)
- Poor (more than five days)
- Comments \_\_\_\_\_

18) How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2021 (this may include recommendations from the site visit or a special technical assistance training)? For each of the following.

	Excellent	Good	Average	Fair	Poor	N/A Agency has not required TA in FY21	N/A Requests for TA during FY21 have not been met	N/A (No site visits/TA during FY21)
Programmatic TA								
Fiscal TA								
Quality Management TA								

Comments: \_\_\_\_\_

Challenges due to COVID-10 pandemic

- 19) Please describe any specific challenges you faced in service delivery during the COVID-19 pandemic.
- 20) Please describe any innovative strategies implemented by the Recipient Office during the COVID-19 pandemic.
- 21) Effective April of 2020 the Planning Council meetings were moved to virtual meetings due to the COVID-19 Pandemic. How did this change affect your agency?
- 22) What other comments due you have regarding the administration of the Broward County Ryan White Part A program during the COVID-19 pandemic.

END OF REPORT

Ft. Lauderdale/Broward EMA  
 Ryan White Part A and MAI  
 FY 22-23 Allocations

APPENDIX II

	Service Category	Contract/Allotted Amount	Expended Amount As of Sep Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	Notes	
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,436,529	3,438,475	63%	1,998,054	491,211	5,894,528	-	(457,999)	2,088,959	(209,162)	683,000	(925,000)	(242,000)	5,194,529		
	AIDS Pharmaceutical Assistance (2)	234,044	148,248	63%	85,796	21,178	254,139	426,426	(20,095)	849,609	-	100,000	-	100,000	334,044		
	Oral Health Care	Routine (4)	1,910,475	952,629	50%	957,846	136,090	1,633,078	-	277,397	75,558	-	70,000	(390,000)	(320,000)	1,590,475	
		Specialty (1)	736,489	269,107	37%	467,382	38,444	461,327	-	275,162	-	-	-	-	-	736,489	
	Medical Case Management	Case Management (7)	1,239,359	770,262	62%	469,097	110,037	1,320,448	125,275	(81,089)	490,412	-	283,500	-	283,500	1,522,859	
	Disease Case Management (5)		512,117	420,937	82%	91,180	60,134	721,606	35,717	(209,489)	340,683	-	183,500	(10,000)	173,500	685,617	
	Mental Health- Trauma-Informed (2)		159,939	99,384	62%	60,555	14,198	170,373	-	(10,434)	48,945	-	40,000	(20,000)	20,000	179,939	
	Health Insurance Premium & Cost Sharing Assistance		779,279	284,075	36%	495,204	40,582	486,986	-	292,293	-	-	-	-	-	779,279	
Substance Abuse-Outpatient (1)		337,498	108,285	32%	229,213	15,469	185,632	-	151,866	-	-	-	(115,000)	(115,000)	222,498		
Support Services	Case Management	Centralized Intake and Eligibility Determination (1)	582,488	192,236	33%	390,252	27,462	329,547	-	252,941	-	-	-	(260,000)	(260,000)	322,488	
	Food Services	Food Bank (1)	700,000	699,959	100%	41	99,994	1,199,929	57,637	(499,929)	340,000	-	300,000	-	300,000	1,000,000	
		Food Voucher (1)	82,586	79,718	97%	2,868	11,388	136,660	-	(54,074)	62,700	-	60,000	-	60,000	142,586	
	Legal Assistance (1)		129,151	79,204	61%	49,947	11,315	135,779	-	(6,628)	-	-	-	-	-	129,151	
	Emergency Financial Assistance (1)		115,872	115,872	100%	-	16,553	-	-	-	-	-	-	-	-	115,872	
<b>Total Part A Funds</b>		<b>12,955,826</b>	<b>7,658,390</b>	<b>59%</b>	<b>5,297,436</b>	<b>1,094,056</b>	<b>13,128,669</b>	<b>645,054</b>	<b>(90,078)</b>	<b>4,296,866</b>	<b>(209,162)</b>	<b>1,720,000</b>	<b>(1,720,000)</b>	<b>-</b>	<b>12,955,826</b>		
* Some of the providers have not billed for month of September.																	
	Service Category	Contract/Allotted Amount	Expended Amount As of Sep Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	Notes	
Core Medical Services	MAI Ambulatory (1)	116,092	8,881	8%	107,211	1,269	15,224	-	100,868	-	-	-	-	-	116,092		
	MAI Medical Case Management (2)	93,212	93,205	100%	7	13,315	159,780	11,439	(66,568)	38,891	-	38,891	-	38,891	132,103		
	MAI Mental Health (1)	62,469	8,637	14%	53,832	1,234	14,806	-	47,663	-	(34,164)	-	(34,164)	(34,164)	28,305		
	MAI Substance Abuse-Outpatient (1)	400,000	346,600	87%	53,400	49,514	594,171	-	(194,171)	138,157	-	138,157	-	138,157	538,157		
Support Services	MAI Centralized Intake and Eligibility Determination (1)	290,956	290,954	100%	2	41,565	498,779	-	(207,823)	-	-	350,000	-	350,000	640,956		
<b>Total MAI Funds</b>		<b>962,729</b>	<b>748,277</b>	<b>78%</b>	<b>214,452</b>	<b>106,897</b>	<b>1,282,760</b>	<b>11,439</b>	<b>(320,031)</b>	<b>177,048</b>	<b>(34,164)</b>	<b>527,048</b>	<b>(34,164)</b>	<b>492,884</b>	<b>1,455,613</b>		
* Some of the providers have not billed for month of September.																	
* Added additional \$492,884 in MAI service category from FY21-22 carryover.																	
<b>Total Part A and MAI Funding</b>		<b>13,918,555</b>	<b>8,406,667</b>	<b>60%</b>	<b>5,511,888</b>	<b>1,200,952</b>	<b>14,411,429</b>	<b>656,493</b>	<b>(730,140)</b>	<b>4,296,866</b>	<b>(209,162)</b>	<b>2,247,048</b>	<b>(1,754,164)</b>	<b>492,884</b>	<b>14,411,439</b>		