



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

Priority Setting & Resource Allocation Committee Meeting

Thursday, October 20, 2022 - 9:00 AM

Location: Broward Regional Health Planning Council and via [WebEx Videoconference](#)

Chair: Brad Barnes • Vice Chair: Vacant

This meeting is audio and video recorded.

Quorum for this meeting is 5

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 20, 2022
5. **ACTION:** Approval of Minutes from July 21, 2022
6. Standard Committee Items
 - a. None.
7. Unfinished Business
 - a. None.
8. New Business
 - a. **Action Item:** Reallocations/"Sweeps"- Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds. (Handout A)
Work Plan Activity 1.5: Monitor expenditures and allocations.
 - b. **Action Item:** 2021-2022 Assessment of Administrative Mechanism- Review the results of the 2021-2022 Assessment of the Administrative Mechanism and make recommendations. (Handout B)
Work Plan Activity 2.2: Assessment of the Administrative Mechanism recommendations annually.

9. Recipient Report
10. Public Comment
11. Agenda Items for Next meeting
 - a. Next Meeting Date: November 17, 2022, at 9:00 a.m. Location: Broward Regional Health Planning Council and via WebEx
 - b. Next Meeting Agenda Items
12. Announcements
13. 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 • Torey Alston • Nan H. Rich • Tim Ryan • Jared Moskowitz • Michael Udine

[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 nesesè 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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Priority Setting and Resource Allocation Committee

Thursday, July 21, 2022- 9:00 AM

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

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), V. Moreno (PSRA Vice-Chair), B. Mester, E. Dsouza, J. Rodriguez, L. Robertson, R. Jimenez, B. Fortune-Evans

PSRA Members Absent: M. Schweizer

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, W. Cius, T. Thompson, V. Hornsey, T. Currie.

PCS/CQM Present: G. Berkley-Martinez, T. Williams, W. Rolle B. Miller, J. Rohoman

Guests Present: V. Biggs, S. Jackson- Tinsley, R. Honick.

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

The PSRA Chair called the meeting to order at 9:05 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA 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 the PSRA Chair, committee members, Recipient staff, PCS staff, 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 21, 2022, Priority Setting and Resource Allocation Committee meeting was proposed by L. Robertson, seconded by R. Jimenez, and passed unanimously. The approval for the minutes of the June 16, 2022, meeting was proposed by B. Mester, seconded by L. Robertson, and passed unanimously.

Motion #1: Mr. Robertson, on behalf of PSRA, made a motion to approve the July 21, 2022, Priority Setting and Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Mester, on behalf of PSRA, made a motion to approve the June 16, 2022, Priority Setting and Resource Allocation meeting minutes. The motion was adopted unanimously.

4. Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through June of FY2022 (Handout A). Part A service categories have expended 18% of service category funding, and MAI funds have been 27% utilized. The Committee was advised that there are still outstanding provider invoices through June of FY2022.

5. Unfinished Business

How Best To Meet The Need

The Committee discussed the 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 such, PCS developed recommendations based on input from the 2021-2022 Broward County HIV Community Needs Assessment and the CEC Community Conversations. The Committee agreed to remove the recommended language for EFA. The Committee reviewed and revised the recommended language and voted to approve the recommendation with amendments. The motion to repeat the recommended language regarding Medicare enrollment in CIED, Non-Medical Case Management, OAHS, and DCM services was proposed by B. Mester, seconded by V. Moreno, and passed unanimously. The motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2023-2024 with amendments was proposed by J. Rodriguez, seconded by B. Fortune-Evans, and passed unanimously. The motion to adjust the FPL levels for all service categories to 400% was proposed by B. Fortune-Evans, seconded by R. Jimenez, and passed unanimously.

Motion #3: Mr. Mester, on behalf of PSRA, made a motion to repeat the recommended language regarding Medicare enrollment in CIED, Non-Medical Case Management, OAHS, and DCM services. The motion was adopted unanimously.

Motion #4: Mr. Rodriguez, on behalf of PSRA, made a motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2023-2024 with amendments. The motion was adopted unanimously.

Motion #5: Ms. Fortune-Evans, on behalf of PSRA, made a motion to adjust the FPL levels for all service categories to 400%. The motion was adopted unanimously.

6. New Business

FY 2023-2024 PSRA Priority Ranking Results

The committee received a presentation from a PCS Staff Health Planner on the results of the FY2022-2023 PSRA Priority ranking of Part A and MAI Service Categories. Committee members voted to accept the FY2023-2024 priority rankings as presented. The motion to approve the FY2023-2024 Core services ranking was proposed by B. Mester, seconded by V. Moreno, and passed unanimously. The motion to approve the FY2023-2024 Support services ranking was proposed by V. Moreno, seconded by B. Fortune-Evans, and passed unanimously.

Motion #6: Ms. Moreno, on behalf of PSRA, made a motion to approve the FY2023-2024 Core services ranking. The motion was adopted unanimously.

Motion #7: Ms. Fortune-Evans, on behalf of PSRA, made a motion to approve the FY2023-2024 Support services ranking. The motion was adopted unanimously.

The tables below reflect the ranking of the core and support services.

CORE MEDICAL SERVICES	FY2023 PSRA Rankings
Outpatient Ambulatory Health Services (OAHS)	1
Medical Case Management (Disease)	2
Oral Health Care (Dental)	3
AIDS Pharmaceutical Assistance (Local)	4
Mental Health Services	5
AIDS Drugs Assistance Program Treatments	6
Health Insurance Premium & Cost-Sharing Assistance (HICP)	7
Substance Abuse Services - Outpatient	8
Early Intervention Services (EIS)	9
Home and Community-Based Health Services	10
Health Care	11
Medical Nutrition Therapy	12
Hospice Services	13

SUPPORT SERVICES	FY2023 PSRA Rankings
Emergency Financial Assistance	1
Housing Services	2
Food Bank/Home-Delivered Meals	3
Non-Medical Case Management	4
Medical Transportation Services	5
Psychosocial Support Services	6
Legal Services	7
Child Care Services	8
Health Education/Risk Reduction	9
Outreach Services	10
Referral for Health Care/Supportive Services	11
Substance Abuse Services – Residential	12
Rehabilitation Services	13
Linguistics Services (Interpretation and Translation)	14
Other Professional Services	15
Permanency Planning	16
Respite Care	17

FY2023-2024 PSRA RANKING SURVEY

Response ID:3 Data

1. (untitled)

1. What is your name?

Mester, Brad

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:4 Data

1. (untitled)

1. What is your name?

Robertson, Lorenzo

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:5 Data

1. (untitled)

1. What is your name?

Arencibia, Yusi

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:6 Data

1. (untitled)

1. What is your name?

Moreno, Valery

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:7 Data

1. (untitled)

1. What is your name?

Rodriguez, Joshua

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:8 Data

1. (untitled)

1. What is your name?

Dsouza, Eveline

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:9 Data

1. (untitled)

1. What is your name?

Jimenez, Rafael

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:10 Data

1. (untitled)

1. What is your name?

Fortune-Evans, Bisiola

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:1 Data

1. (untitled)

1. What is your name?

Barnes, Barnes

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 PSRA RANKING SURVEY

Response ID:2 Data

1. (untitled)

1. What is your name?

Schweizer, Mark

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

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

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

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

FY2023-2024 Resource Allocations:

PSRA received allocation data for FY2023-2024 based on a review of data and anticipated needs by representatives of the Ryan White Part A Office. In addition, members reviewed Part A client utilization trends, FY2022-2023 Committee rankings completed for Core and Support Services, and recommendations to help inform the PSRA process. Following the review, members completed their FY2022-2023 allocations and voted to approve the Committee's Core and Support Services allocations.

- **B. Mester made a motion to allocate \$ \$5,790,462 to Outpatient Ambulatory Healthcare Services for FY2023-2024. V. Moreno seconded the motion. The motion was adopted unanimously.**
- **V. Moreno made a motion to allocate \$ \$256,738 to AIDS Pharmaceutical Assistance (LPAP) for FY2023-2024. E. Dsouza seconded the motion. The motion was adopted with one rejection and three abstentions.**
- **B. Mester made a motion to allocate \$ \$2,059,508 to Oral Health Care for FY2023-2024. V. Moreno seconded the motion. The motion was adopted with three rejections unanimously.**
- **B. Mester made a motion to allocate \$ \$701,530 to Health Insurance Premium & Cost Sharing (HICP) for FY2023-2024. V. Moreno seconded the motion. The motion was adopted with one rejection.**
- **B. Mester made a motion to allocate \$643,181 to Medical Case Management – Treatment Adherence/DCM for FY2023-2024. V. Moreno seconded the motion. The motion was adopted with one rejection.**
- **B. Mester made a motion to allocate \$1,604,639 to Medical Case Management – Case Management for FY2023-2024. R. Jimenez seconded the motion. The motion was adopted unanimously.**
- **V. Moreno made a motion to allocate \$119,954 to Mental Health for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions and one rejection.**
- **R. Jimenez made a motion to allocate \$296,998 to Substance Abuse – Outpatient for FY2023-2024. V. Moreno seconded the motion. The motion was adopted with one abstention.**
- **B. Mester made a motion to allocate \$407,742 to Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2023-2024. B. Fortune seconded the motion. The motion was adopted unanimously.**
- **V. Moreno made a motion to allocate \$115,872 to Emergency Financial Assistance for FY2023-2024. B. Mester seconded the motion. The motion was adopted unanimously.**
- **B. Fortune-Evans made a motion to allocate \$829,541 to Food Bank/Food Voucher for FY2023-2024. E. Dsouza seconded the motion. The motion was adopted with two abstentions.**
- **V. Moreno made a motion to allocate \$129,151 to Legal Services for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**
- **B. Mester made a motion to approve the \$12,955,315 Part A Core and Support**

Services allocations for FY2023-2024. V. Moreno seconded the motion. The motion was adopted unanimously.

- **R. Jimenez made a motion to allocate \$116,092 to MAI Outpatient Ambulatory Healthcare Services for FY2023-2024. V. Moreno seconded the motion. The motion was adopted with one rejection and one abstention.**
- **R. Jimenez made a motion to allocate \$140,750 to MAI Medical Case Management – Case Management for FY2023-2024. V. Moreno seconded the motion. The motion was adopted with two abstentions.**
- **V. Moreno made a motion to allocate \$62,469 to MAI Mental Health for FY2023-2024. R. Jimenez seconded the motion. The motion was adopted with one abstention.**
- **V. Moreno 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 one rejection and one abstention.**
- **R. Jimenez made a motion to allocate \$465,530 to MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**
- **R. Jimenez made a motion to approve the \$1,304,367 MAI Core and Support Services allocations for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**

Integrated Prevention and Care Planning Updates

The Committee agreed to table this discussion for a future meeting.

PSRA Committee Meetings

The Committee briefly discussed revising the PSRA meeting date and time for 2023 Calendar year. PCS Staff will disseminate a survey to garner input from Committee members

7. Recipient's Report

There was no Recipient report for this meeting.

8. 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.

9. Agenda Items for Next Meeting

The next PSRA meeting will be held on October 20, 2022, at 9:00 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

Next Meeting Agenda Items

- Reallocations

10. Announcements

- The next Community Conversation, "My Faith. My Story: Faith HIV Awareness Day 2022", will be held on August 9, 2022, at 7:00 PM at the Art Serve Auditorium in collaboration with the World AIDS Museum. The panel will discuss the intersection of faith and HIV.
- There will be a LGBTQ 101 Proficiency, and Workplace Training presented by Misty Eyez of Sunserve on August 12, 2022, from 10am-1pm at BRHPC. The session is

open to providers, consumers, and other interested parties.

11. Adjournment

There being no further business, the meeting was adjourned at 12:51 p.m.

PSRA Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	20	17	17	21	19	16	21						
0	1	0	1	Barnes, B., Chair	X	X	X	X	X	X	X						
0	0	1	2	Fortune-Evans, B.	X	X	X	X	X	A	X						
0	0	1		Lopes, R.	X	X	X	X	A	Z-5/31							
0	0	0	3	Mester, B.	X	X	X	X	X	X	X						
0	0	1	4	Moreno, V., V Chair	X	A	X	X	X	X	X						
0	1	0	5	Robertson, L.	X	X	X	X	X	X	X						
0	0	0		Schickowski, K.	X	X	X	X	Z- 5/17								
0	0	4	6	Schweizer, M.	A	X	A	X	A	E	A						
1	1	0		Shamer, D.	X	X	Z-03/14										
0	0	0	7	Dsouza, E.	X	X	X	X	X	X	X						
0	1	0		Dumas, C.	X	X	X	X	X	Z-5/19							
0	0	1	8	Rodriguez, J.	N-1/2	A	E	X	X	X	X						
0	0	0		Arencibia, Y.	N-4/28				X	X	Z-07/12						
0	0	1	9	Jimenez, R.	X	X	X	X	A	X	X						
				Quorum = 6	11	11	10	12	9	8	8	0	0	0	0	0	

Legend:

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

Priority Setting and Resource Allocation Committee Meeting Minutes – July 21, 2022
Minutes prepared by PCS Staff

	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	
Support Services	Substance Abuse-Outpatient (1)	337,498	108,285	32%	229,213	15,469	185,632	-	151,866	-	-	-	(115,000)	(115,000)	222,498	
	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	
	Total Part A Funds	12,955,826	7,658,390	59%	5,297,436	1,094,056	13,128,669	645,054	(90,078)	4,296,866	(209,162)	1,720,000	(1,720,000)	-	12,955,826	
	* 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	
	Total MAI Funds	962,729	748,277	78%	214,452	106,897	1,282,760	11,439	(320,031)	177,048	(34,164)	527,048	(34,164)	492,884	1,455,613	
	* Some of the providers have not billed for month of September.															
	* Added additional \$492,884 in MAI service category from FY21-22 carryover.															
	Total Part A and MAI Funding	13,918,555	8,406,667	60%	5,511,888	1,200,952	14,411,429	656,493	(730,140)	4,296,866	(209,162)	2,247,048	(1,754,164)	492,884	14,411,439	

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

- 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



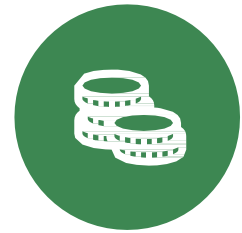
THE PROCUREMENT
PROCESS



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?

- 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

- 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

