



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, January 19, 2023 - 9:00 -11:00 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 January 19, 2023
5. **ACTION:** Approval of Minutes from October 20, 2022
6. Standard Committee Items
 - a. None.
7. Unfinished Business
 - a. None.
8. New Business
 - a. **Action Item 1:** Reallocations/"Sweeps"- Recommend reallocations ("Sweeps") to ensure sufficient core, support services, and MAI funding. **(Handout A)**
 - i. *PSRA Work Plan Activity 1.5: Monitor expenditures and allocations.*
 - b. **Action Item 2:** Review PSRA's FY2022 Work Plan progress and approve the FY2023-2024 Work Plan. **(Handout B)**
 - i. *PSRA Work Plan Activity 1.6 Review and approve PSRA Work Plan annually.*
 - c. **Action Item 3:** Review and approve the proposed FY2024-2025 PSRA Process timeline.
 - i. **(Handout C)**
PSRA Work Plan Activity 1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.

9. Recipient Report
10. Public Comment
11. Agenda Items for Next meeting
 - a. Next Meeting Date: February 16, 2023, at 9:00 a.m. Location: WebEx
 - b. Next Meeting Agenda Items:
 1. Overview of the PSRA Process
 2. Broward MAI & EHE Activities Presentation
 3. Eligibility Determination (Reviewing Federal Poverty Levels for each Service Category)
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

Lamar P. Fisher (Mayor) • Nan H. Rich (Vice Mayor) • Mark D. Bogen • Beam Furr • Steve Geller • Michael Udine • Tim Ryan • Robert McKinzie • Hazelle P. Rogers

[Broward County Website](#)

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

	Service Category	Contract/ Allotted Amount	Expended Amount As of DEC 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)	5,194,529	4,474,694	86%	719,835	447,469	5,369,633	211,209	(175,104)	1,143,763	(134,791)	200,000	(150,407)	49,593	5,244,122	
	AIDS Pharmaceutical Assistance (2)	334,044	318,553	95%	15,491	31,855	382,263	342,098	(48,219)	549,684	-	150,000	-	150,000	484,044	
	Oral Health Care	1,590,475	1,349,228	85%	241,247	134,923	1,619,074	-	(28,599)	-	-	184,000	(52,000)	132,000	1,722,475	
	Specialty (1)	736,489	414,657	56%	321,832	41,466	497,589	-	238,900	-	-	-	(184,000)	(184,000)	552,489	
	Medical Case Management	1,522,859	1,192,210	78%	330,649	119,221	1,430,652	84,673	92,207	207,282	-	132,907	(83,000)	49,907	1,572,766	
	Case Management (7)	685,617	624,027	91%	61,590	62,403	748,832	17,298	(63,215)	95,622	-	78,000	-	78,000	763,617	
	Disease Case Management (5)	179,939	140,981	78%	38,958	14,098	169,177	-	10,762	4,170	-	4,000	-	4,000	183,939	
	Mental Health- Trauma-Informed (2)	779,279	453,557	58%	325,722	45,356	544,268	-	235,011	-	-	-	(187,000)	(187,000)	592,279	
	Health Insurance Premium & Cost Sharing Assistance	222,498	169,384	76%	53,114	16,938	203,261	-	19,237	5,000	-	3,500	-	3,500	225,998	
	Substance Abuse-Outpatient (1)	322,488	213,132	66%	109,356	21,313	255,758	-	66,730	-	-	-	(96,000)	(96,000)	226,488	
Support Services	Case Management	1,000,000	981,678	98%	18,322	98,168	1,178,014	-	(178,014)	175,000	-	-	-	-	1,000,000	
	Food Services	142,586	116,262	82%	26,324	11,626	139,515	-	3,071	15,430	-	-	-	-	142,586	
	Food Bank (1)	129,151	104,031	81%	25,120	10,403	124,837	-	4,314	-	-	-	-	-	129,151	
	Food Voucher (1)	115,872	115,872	100%	-	11,587	-	-	-	-	-	-	-	-	115,872	
	Legal Assistance (1)															
	Emergency Financial Assistance (1)															
	Total Part A Funds	12,955,826	10,668,266	82%	2,287,560	1,066,827	12,801,919	655,279	177,082	2,195,951	(134,791)	752,407	(752,407)	-	12,955,826	
	* Some of the providers have not billed for month of December.															
	Service Category	Contract/ Allotted Amount	Expended Amount As of DEC 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	888	10,657	-	105,435	-	-	-	-	-	116,092	
	MAI Medical Case Management (2)	132,103	126,149	95%	5,954	12,615	151,378	7,994	(19,275)	-	-	41,000	-	41,000	173,103	
	MAI Mental Health (1)	28,305	19,345	68%	8,960	1,935	23,214	-	5,091	1,500	-	1,500	-	1,500	29,805	
	MAI Substance Abuse-Outpatient (1)	538,157	494,536	92%	43,621	49,454	593,444	-	(55,287)	88,000	-	90,500	-	90,500	628,657	
Support Services	MAI Centralized Intake and Eligibility Determination (1)	640,956	367,646	57%	273,310	36,765	441,176	-	199,780	-	(188,789)	-	(180,000)	(180,000)	460,956	
	Total MAI Funds	1,455,613	1,016,567	70%	439,056	101,656	1,219,868	7,994	235,745	89,500	(188,789)	133,000	(180,000)	(47,000)	1,408,613	
	* Some of the providers have not billed for month of December.															
	* Added additional \$492,884 in MAI service category from FY21-22 carryover.															
	Total Part A and MAI Funding	14,411,439	11,684,823	81%	2,726,616	1,168,482	14,021,787	663,273	412,826	2,285,451	(323,580)	885,407	(932,407)	(47,000)	14,364,439	

Priority Setting/Resource Allocations Committee Work Plan FY2022

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an “X”.

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums.

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.

Activities	Responsible Party	Outcomes	Action Steps	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA	X	X	X	X	x							
1.2 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.					x							
1.3 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
1.4 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.					X							
1.5 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations (“Sweeps”) to ensure sufficient core funding and the distribution of additional funds.								X			X	
1.6 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities											X	

Objective 2: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Assessment of the Administrative Mechanism training annually.	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.	X											
2.2 Assessment of the Administrative Mechanism recommendations annually.	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.	X						X					

Priority Setting/Resource Allocations Committee Work Plan FY2023-2024

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums.

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.

[illegible]

Timeline for Priority Setting and Resource Allocation Process (FY20024-2025)

DATE	TASK	RESPONSIBLE PARTY
Thursday, January 19, 2023 9:00 A.M. to 11:00 A.M. BRHPC: In-Person (Voting required)	Review and approve the proposed PSRA Timeline for the March 1, 2024-February 28, 2025, Ryan White Part A Grant Cycle <i>Vote to establish the PSRA Process</i>	PSRA Chair
Thursday, February 16, 2023 9:00 A.M. to 11:00 A.M. WebEx Videoconference	1. Overview of the PSRA Process 2. Broward MAI & EHE Activities Presentation 3. Eligibility Determination (Reviewing Federal Poverty Levels for each Service Category)	PCS Team Recipient Office Recipient Office
Thursday, March 16, 2023 9:00 A.M. to 11:00 A.M. WebEx Videoconference	PSRA Process Begins 1. Review Service Categories (RW Parts A and B) 2. Discuss recommendations from the System of Care Committee on How Best to Meet the Need <ol style="list-style-type: none"> Justification for recommendations Discussion for additional revisions to the language 	PCS Team PCS Team
Thursday, April 20, 2023 9:00 A.M. to 11:00 A.M. WebEx Videoconference	1. Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations including data related to: <ol style="list-style-type: none"> Client utilization Budget Provided services Notable Trends Recommendations for Part A 	Funders/Stakeholders (20 minutes each)
Thursday, May 18, 2023 9:00 A.M. to 1:00 P.M. WebEx Videoconference	1. HIV Surveillance Epidemiological Data Presentation focused on: <ol style="list-style-type: none"> Trends in new infections Current and emerging priority populations 	FLDOH-BC: HIV Surveillance Office

