



**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, July 27, 2023 - 9:30 AM**

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

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

**Meeting Link:**

**<https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=mcf9901bc5e6625c18f6551f33bee7426>**

**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 12

### **DRAFT AGENDA**

#### **ORDER OF BUSINESS**

- I. CALL TO ORDER/ESTABLISHMENT OF QUORUM
- II. **WELCOME FROM THE CHAIR**
  1. Meeting Ground Rules
  2. Statement of Sunshine
  3. Introductions & Abstentions
  4. Moment of Silence
- III. **PUBLIC COMMENT**
  - a. **Mimi Alcime**
  - b. **Kurt Hanson**
  - c. **Javier Lara**
- IV. **ACTION:** Approval of Agenda for July 27, 2023
- V. **ACTION:** Approval of Minutes from May 25, 2023
- VI. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
- VII. **STANDARD COMMITTEE ITEMS**
- VIII. **CONSENT ITEMS**
  - a. **Motion to approve Alondra Machado to join the HIV Planning Council**  
Justification: Ms. Machado will fill one of the mandatory seats and would like to become more involved in the HIV Prevention and treatment community.  
**Seat: Hospital Planning Agencies or Other Healthcare Planning Agencies**

PROPOSED BY: Membership/Council Development Committee

**b. Motion to approve Elizabeth “Kitty” Davis to join the HIV Planning Council**

Justification: Ms. Davis is a trauma-informed wellness coach, and she would like to extend her activism with the HIV community to improve and maintain HIV care through the Ryan White system.

**Seat: Non-elected Community Leader**

PROPOSED BY: Membership/Council Development Committee

**c. Motion to approve Franchesca D’Amore to join the HIV Planning Council.**

Justification: Ms. D’Amore has been a member of the System of Care Committee (SOC) since 2022. As an open Transgender Woman, she would like to be a part of the solution to improve HIV reduction in Broward County.

**Seat: Non-Elected Community Leaders**

PROPOSED BY: Membership/Council Development Committee

**d. Motion to approve David Shamer to join the HIV Planning Council.**

Justification: Mr. Shamer is a PWH who is committed to advocating and sharing his experiences with the administrators of the program while representing future and current clients.

**Seat: Affected Communities/Unaffiliated seat**

PROPOSED BY: Membership/Council Development Committee

**e. Motion to approve Jason Wynn to join the HIV Planning Council**

Justification: Mr. Wynn will fill one of the mandatory seats and would like to actively serve the population and community addressing the changes head on.

**Seat: Mental Health & Substance Abuse Provider**

PROPOSED BY: Membership/Council Development Committee

**f. Motion to appoint Shawn Tinsley-Jackson to the non-elected Community Leader/Unaffiliated Seat. (Due to change in employment).**

Justification: Ms. Tinsley-Jackson is no longer employed by Broward Regional Health Planning Council (RWPA subrecipient), which changes her seat from affiliated to unaffiliated.

PROPOSED BY: Membership/Council Development Committee

## IX. DISCUSSION ITEMS

- a. Motion to approve "How Best to Meet the Need" Language (**Handout A**).
- b. Motion to approve the PSRA Ranking of Part A and MAI Service Categories (**Handout B**).  
*Justification: Rankings were conducted as a part of the priority setting and resource allocation process.*
- c. Motion to approve Resource Allocations for FY2024-2025:

### Part A Core Services

1. **Motion to approve the allocation of \$5,871,451 to Outpatient Ambulatory Health Services for FY2024-2025.**

FY2024 Ranking: 2

*Justification: OAHS continues to be one of our most accessed services and will likely see an increase from last FY based on historical data, rising healthcare costs, and forecast modeling. This category also saw a high level of unbillables. We recommend increasing the initial allocation for this category.*

Recommended percentage of FY2024 Allocation: 57%

PROPOSED BY: Priority Setting & Resource Allocation Committee

2. **Motion to approve the allocation of \$100,000 to AIDS Pharmacy Assistance (LPAP) for FY2024-2025.**

FY2024 Ranking: 3

*Justification: ADAP continues adding drugs to its formulary and taking them off Part As. Savings related to this trend may be offset by newer, more expensive medications being prescribed. FY22 saw a spike in billables related to Biktarvy, which makes FY22 an outlier.*

Recommended percentage of FY2024 Allocation: 1%  
[PROPOSED BY: Priority Setting & Resource Allocation Committee](#)

3. **Motion to approve the allocation of \$2,223,450 to Oral Health Services for FY2024-2025.**

FY2024 Ranking: 5

*Justification: Our oral health specialty provider continues to have high utilization rates, while rates for routine remain about the same, with most providers underutilizing. We recommend a reduction in initial funding in this category.*

Recommended percentage of FY2024 Allocation: 21%

[PROPOSED BY: Priority Setting & Resource Allocation Committee](#)

4. **Motion to approve the allocation of \$779,279 to Health Insurance Premium & Cost Sharing FY2024-2025.**

FY2024 Ranking: 1

*Justification: HICP had a steady downward trend over three years and will likely continue this trend in the following FY. However, with changes to the ADAP FPL requirement from 100% to 75% for eligibility for marketplace plans it is likely that this will increase Part A's HICP obligations. It is also cautionary that shortfalls in this category have direct impacts on client access to care. Despite lower utilization in FY22 we recommend leaving the initial funding flat*

Recommended percentage of FY2024 Allocation: 7.5%

[PROPOSED BY: Priority Setting & Resource Allocation Committee](#)

5. **Motion to approve the allocation of \$701,600 to Medical Case Management (Disease Case Management) for FY2024-2025.**

FY2024 Ranking: 4

*Justification: MCM could see a potential small decrease based upon previous years' data. MCM utilization in the EHE program increased in FY 21-22 which, if continued, may reduce some of the burden on Part A. However, some EHE clients will age out of the program and transition to Part A. We recommend increasing the initial allocation in this category.*

Recommended percentage of FY2024 Allocation: 7%

[PROPOSED BY: Priority Setting & Resource Allocation Committee](#)

6. **Motion to approve the allocation of \$159,939 to Mental Health for FY2024-2025.**

FY2023 Ranking: 7

*Justification: While the forecast modeling suggests a small increase over last FY, we believe that utilization in this category is unsteady and recommend leaving funding flat.*

Recommended percentage of FY2024 Allocation: 1.5%

[PROPOSED BY: Priority Setting & Resource Allocation Committee](#)

7. **Motion to approve the allocation of \$300,000 to Medical Nutrition Therapy for FY2024-2025.**

FY2023 Ranking: 9

*Justification: To extend medical nutrition services in the Ryan White Part A system of care.*

Recommended percentage of FY2024 Allocation: 3%

[PROPOSED BY: Priority Setting & Resource Allocation Committee](#)

8. **Motion to approve the allocation of \$229,499 to Substance Abuse (outpatient) for FY2024-2025.**

FY2023 Ranking: 8

*Justification: Substance Abuse is currently provided by one provider and there is likely to be only a small increase in utilization over FY 22.*

We recommend reducing the initial allocation in this category to approximate last year's utilization.

Recommended percentage of FY2023 Allocation: 2%

PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total Part A Core Services: \$10,365,218**

**Part A Support Services:**

1. **Motion to approve the allocation of \$1,895,842 to Non-Medical Case Management Services for FY2024-2025. (Centralized Intake & Eligibility Determination (CIED) \$250,000 and \$1,645,842 to Non-Medical Case Management (Case Management)).**

FY2023 Ranking: 4

*Justification: **CIED:** Supports client-centered activities focused on improving access to and retention of needed core medical and support services Provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and other needed services, and sometimes help in accessing public and private programs for which clients may be eligible, based on activities such as an initial assessment of service needs, development and regular re-evaluation of an individualized care plan, client monitoring, and timely coordinated access to medically appropriate levels of health and support services and continuity of care. Currently funded by Ryan White Part A and Part B*

***CM:** Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services*

*Currently funded by Ryan White Part A*

Recommended percentage of FY2024 Allocation: **CIED:** 8%; **CM:** 53%

PROPOSED BY: Priority Setting & Resource Allocation Committee

2. **Motion to approve the allocation of \$115,872 to Emergency Financial Assistance for FY2024-2025.**

FY2023 Ranking:2

*Justification: Provides limited one-time or short-term payments to assist RWHAP clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an ADAP or LPAP, or another RWHAP-allowable cost. Currently funded by Ryan White Part A and Part B. Recommended*

*percentage of FY2023 Allocation: 4%*

PROPOSED BY: Priority Setting & Resource Allocation Committee

- Motion to approve the allocation of \$978,233 to Food Bank/ Food Voucher for FY2024-2025.**

FY2023 Ranking: 1

*Justification: Provides food items, hot meals, or a voucher program to purchase food. Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues.*

*Currently funded by Ryan White Part A and EHE: Food Bank and Food Vouchers*

*Currently funded by Ryan White Part B: Home Delivered Meal*

Recommended percentage of FY2023 Allocation: 31%

PROPOSED BY: Priority Setting & Resource Allocation Committee

3. **Motion to approve the allocation of \$131,734 to Legal Services for FY2024-2025.**

FY2023 Ranking: 6

*Justification:* Supports professional and consultant services, including legal services, permanency planning, and income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Currently Funded by Ryan Part A (Legal Services)

Recommended percentage of FY2023 Allocation: 4%

PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total Part A Support Services: \$3,121,681**

**Total Part A Allocations: \$13,486,899**

#### **MAI Core Services:**

**1. Motion to approve the allocation of \$116,092 to Outpatient Ambulatory Health Services (OAHS) for FY2024-2025.**

FY2023 Ranking: 2

*Justification:* There is one MAI provider in this category. That provider is working out the details of an affiliate relationship that will allow them to return to billing in this category. We recommend leaving this category flat.

Recommended percentage of FY2022 Allocation: 14%

PROPOSED BY: Priority Setting & Resource Allocation Committee

**2. Motion to approve the allocation of \$62,469 to Mental Health FY2024-2025.**

FY2023 Ranking 7

*Justification:* Based on FY22 utilization, we recommend maintaining the current allocation level.

Recommended percentage of FY2023 Allocation: 8%

PROPOSED BY: Priority Setting & Resource Allocation Committee

**3. Motion to approve the allocation of \$632,000 to Substance Abuse (Outpatient) for FY2024-2025.**

FY2023 Ranking: 8

*Justification:* Based on FY21 utilization, we recommend increasing funding to the FY22 final expenditure.

Recommended percentage of FY2023 Allocation: 78%

PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total MAI Core Services: \$810,561**

#### **MAI Support Services:**

**1. Motion to approve the allocation of \$626,221 to Non-Medical Case Management Services for FY2024-2025.**

FY2023 Ranking: 4

*Justification:* **CIED:** Most CIED clients are MAI eligible and MAI will be billed before Part A. Rising service delivery costs may increase utilization. We recommend increasing the initial allocation for this category.

**Non-Medical Case Management Services:** As with Part A, MAI NMCM Case Management utilization has been steadily increasing since COVID. Modeling suggests a continued increase moving into the next fiscal year. MAI funds are billed before Part A for MAI eligible clients. We recommend increasing the initial allocation for this category.

Recommended percentage of FY2023 Allocation: **100%**

PROPOSED BY: Priority Setting & Resource Allocation Committee

**Total MAI Support Services: \$626,221**

**Total Mai Allocations: \$1,436,782**

**Total Part A and MAI Allocations: \$14,923,681**

## X. OLD BUSINESS

## XI. NEW BUSINESS

- a. Appointment for Ad-Hoc Nomination Meeting (FY24-26 Term). **(Handout C)**
- b. Discussion on Food Service Categories.

## XII. COMMITTEE REPORTS

### 1. Community Empowerment Committee (CEC)

Chair: Shawn Jackson • Vice Chair: Irvin Wilson

**June 6, 2023; July 2023- No Meeting Held**

- i. **Work Plan Item Update/Status Summary:** CEC discussed topics for listening sessions within the community specifically for consumers who navigate the Fort Lauderdale/Broward EMA's system of care. For the June 16<sup>th</sup> Community Conversation, V. Biggs discussed the final planning phase for the Leather-In-Kink Part II Event (*What Your Doctor Should Know: A Safe Space Open Forum*).
- PCS Staff presented the results from the CEC Service Ranking Survey.
- ii. **Data Requests: None**
- iii. **Rationale for Recommendations: None**
- iv. **Data Reports/ Data Review Updates: None**
- v. **Other Business Items: None**
- vi. **Agenda Items for Next Meeting:** Discussion on ideas for the 2025 CEC Community Conversation Calendar.
- vii. **Next Meeting date:** September 5, 2023, at 3:00 PM at BRHPC and via WebEx Videoconference

### 2. System of Care Committee (SOC)

Chair: Andrew Ruffner • Vice Chair: Jose Castillo

**July 6, 2023**

- i. **Work Plan Item Update/Status Summary:** Recommendations from PSRA Committee for "How Best to Meet the Need" Language was discussed. SOC recommended adding on to Line 16 that providers should be held accountable to continue to provide services. Needs Assessment Training Overview was introduced and presented by PCS Staff.
- The status of system mapping was discussed by CQM Support Staff.
- ii. **Data Requests: None**
- iii. **Rationale for Recommendations: None**
- iv. **Data Reports/ Data Review Updates: None**
- v. **Other Business Items: None**
- vi. **Agenda Items for Next Meeting: TBD**
- vii. **Next Meeting date:** September 7, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference

### 3. Membership/Council Development Committee (MCDC)

Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne

## July 13, 2023

- i. **Work Plan Item Update/Status Summary:** Members discussed a plan to recruit young consumers as recommended by HRSA to reflect on HIVPC Demographics. Members agreed to order banners to advertise throughout the county for recruitment purposes.

Members reviewed and approved HIVPC and Committee Applications, FY2022-2023 Workplan Activities, and FY2023-2024 HIVPC Training Activities.

- ii. **Data Requests:** None.
- iii. **Rationale for Recommendations:** None.
- iv. **Data Reports/ Data Review Updates:** None.
- v. **Other Business Items:** None.
- vi. **Agenda Items for Next Meeting:** TBD.
- vii. **Next Meeting date:** October 12, 2023, at 9:30 AM at BRHPC and via WebEx Videoconference

4. Quality Management Committee (QMC)  
Chair: Bisiola Fortune-Evans • Vice Chair: Vacant  
**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:** September 11, 2023, at 12:30 PM at BRHPC and via WebEx Videoconference

5. Executive Committee  
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

## July 20, 2023

Work Plan Item Update/Status Summary:

- i. **Work Plan Item Update/Status Summary:** Committee discussed Planning Council Budget and Planning Council Support Scope of Work for GY2023-2024 was reviewed.

Members discussed the status of developing Term Limits policies and procedures and reviewed the HIVPC Mission and Vision Statements.

Committee Members discussed the appointment of the Ad-Hoc Nomination Committee for elections for the FY2024-2026 term.

- ii. **Data Requests:** None.
- iii. **Rationale for Recommendations:** None.
- iv. **Data Reports/ Data Review Updates:** None.
- v. **Other Business Items:** None.
- vi. **Agenda Items for Next Meeting:** TBD.
- vii. **Next Meeting date:** August 17, 2023, at 1:30 PM at BRHPC and via WebEx Videoconference

6. Priority Setting & Resource Allocation Committee (PSRA)  
Chair: Brad Barnes • Vice Chair: Vacant

## June 22, 2023

- i. **Work Plan Item Update/Status Summary:** Discussion on the “How Best to Meet the Need” Language was reviewed, revised, and approved for FY2024-2025.

FY2024-2025 PSRA Priority Ranking and Results were presented and approved for core and support services. PSRA received allocation data for FY2024-2025 based on a review of data by Ryan White Part A Office. Members completed allocations and voted to approve the Committee's Core and Support Services.

- ii. **Data Requests:** None
- iii. **Rationale for Recommendations:** None
- iv. **Data Reports/ Data Review Updates:** FLDOH: Department of Health and HIV Surveillance Epidemiological Data
- v. **Other Business Items:**
- vi. **Agenda Items for Next Meeting:** Reallocations/Sweeps
- vii. **Next Meeting date:** August 17, 2023, at 9:00 AM at BRHPC and via WebEx Videoconference

7. Ad-Hoc Term Limits

Chair: Brad Barnes • Vice Chair: Vacant

**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:** TBD

XIII. Recipient Reports

- 1. Part A (**Handout D**)
- 1. Part B- None
- 2. Part C
- 3. Part D (**Handout E**)
- 4. Part F- None
- 5. HOPWA- None
- 6. Prevention – Quarterly Update (April, **July**, October, January)- None

XIV. Public Comment

XV. Agenda Items for Next Meeting

- 1. Next Meeting Date: August 24, 2023, at 9:30 a.m. at BRHPC and via WebEx
- 2. Agenda Items for the next meeting

XVI. Announcements

XVII. Adjournment

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

*Please complete you [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

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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 tandeli 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  
HMMS: 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 the implementation of activities designed to improve patient 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.





**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

## **HIV Health Services Planning Council**

**Thursday, May 25, 2023 - 9:30 AM**  
**Meeting at Broward Regional Health Planning Council and via [WebEx](#)**

### **DRAFT MINUTES**

HIVPC Members Present: L. Robertson (HIVPC and Executive Chair), R. Bhrangger, W. Marcoviche, A. Cutright, V. Foster (MCDC Chair), T. Moragne (MCDC Vice-Chair), J. Rodriguez, S. Jackson-Tinsley (CEC Chair), B. Barnes (PSRA Chair), I. Wilson (CEC Vice Chair), B. Fortune-Evans (QMC Chair), A. Ruffner (SOC Chair), J. Castillo (SOC Vice-Chair), R. Jimenez, K. Hayes, B. Mester, E. Dsouza, M. Schweizer

Members Absent: V. Biggs (HIVPC and Executive Vice-Chair), J. Casseus, E. Dudelzak, J. Wright

Ryan White Part A Recipient Staff Present: J. Roy, G. James, T. Thompson, W. Cius, T. Currie, Q. Cowan, R. Honick, C. Evans

Planning Council Support Staff Present: G. Berkley-Martinez, B. Miller, D. Liao, M. Patel, N. Del Valle

Guests Present: M. Cassini, M. Mullings, J. Hidalgo, E. Davis, S. Cook

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

The HIVPC Chair called the meeting to order at 9:35 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.

#### 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.

#### Meeting Approvals:

The approval for the agenda of the May 25, 2023, HIVPC meeting with amendments was proposed by *V. Foster*, seconded by *A. Cutright*, and passed unanimously. The approval for the minutes of April 27, 2023, meeting as presented, was proposed by *V. Foster*, seconded by *J. Castillo*, and passed unanimously.

**Motion #1: V. Biggs, on behalf of HIVPC, made a motion to approve the May 25, 2023, HIV Health Services Planning Council agenda with amendments. The motion was seconded by A. Cutright and adopted unanimously.**

**Motion #2: V. Foster, on behalf of HIVPC, made a motion to approve the April 27, 2023, HIV Health Services Planning Council meeting minutes. The motion was seconded by J. Castillo and adopted unanimously.**

Federal Legislative Report:

Attorney Marty Cassini from Broward County Intergovernmental Affairs Office provided an update on the new Legislative Bills.

Consent Items:

None.

Discussion Items:

None.

Old Business:

None.

New Business:

- a. Update on Ad-Hoc Committee Term Limits Policy and Procedures was provided by *B. Barnes*.
- b. Quality Management Part A Client Health Outcomes Presentation was presented by *B. Miller* and *D. Liao* on the Analysis of Part A FY2022.

Committee Reports

**a. Community Empowerment Committee – May 2, 2023**

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

The report stands.

**b. System of Care Committee – May 4, 2023**

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

The report stands.

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

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

The report stands.

**d. Quality Management Committee – May 15, 2023 – Meeting Canceled**

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

The report stands.

**e. Priority Setting & Resource Allocation Committee – May 11, 2023 & May 18, 2023**

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

The report stands.

**f. Executive Committee – May 18, 2023**

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

The report stands.

**g. Ad-Hoc By-Laws and MOU Committee – May 12, 2023**

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

The report stands.

**Recipient's Report**

- a. **Part A:** The Recipient Part A Office updated the council regarding the 334 deductibles and BRHPC will be the recipient of the outstanding claim amounts. Part A Office are in the process of recruiting new staff and preparing for the HRSA visit in early June.
- b. **Part B:** The Part B Recipient Office provided a report showcasing expenditures for March 2023. The ADAP Report for April 2023 highlighted the numbers of virally suppressed, processed ADAP enrollments and re-enrollments.
- c. **Part C:** The Part C Recipient Office provided an update on patient enrollment.
- d. **Part D:** The Part D Recipient Office provided an update on their need for an adult provider for their clinic and are collaborating with Broward Health to fill this vacancy.
- e. **Part F:** The Part F Recipient Office provided an update on their success of their grant renewal for 5 years which starts in July 2023 with a \$15,000 grant increase and will continue to partner with Care Resource.
- f. **HOPWA:** D. Souza shared that for the FY2023-2024 the HOPWA program was awarded an additional \$840,000. They will create another housing waitlist to be published in the Sun Sentinel for 30 days in the month of June. They will be accepting an additional 20-24 clients. Clients must obtain a lease with 70% of the funding coming in the form of a voucher provided by HOPWA and the other 30% will be the client's responsibility.
- g. **Prevention:** J. Rodriguez shared that the next report will be presented in the month of July.

Public Comment

None.

**Agenda Items for Next Meeting**

The next HIVPC meeting will be held on June 22, 2023, at 9:00am. Location: Broward Regional Health Planning Council.

Announcements:

- S. Jackson: CEC Community Conversation on June 16, 2023. A part II to the Leather Kink Event (What Your Doctor Needs to Know).
- E. Davis: Coach Kitty can be contacted for any Ryan White Clients from the trans community experiencing life crisis stemming from current state legislation.

Adjournment

There being no further business, the meeting was adjourned at 11:00am.

HIVPC Attendance for CY 2022 -2023

Consumer	PLMHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	26	23	23	27	25								
0	1	1	1	Barnes, B.	A	X	X	X	X								
1	1	0	2	Bhrangger, R.	X	X	X	X	X								
0	1	2	3	Biggs, V., V.Chair	X	X	A	X	A								
0	0	0	4	Cutright, A.	X	X	X	X	X								
0	0	0	5	Fortune-Evans, B.	X	X	X	E	X								
0	0	0	6	Foster, V.	X	X	X	X	X								
1	1	0	7	Marcoviche, W.	X	X	X	X	X								
0	0	0	8	Moragne, T.	X	X	X	X	X								
0	1	0	9	Robertson, L., Chair	X	X	X	X	X								
0	0	0	10	Rodriguez, J.	X	X	X	X	X								
0	0	2	11	Ruffner, A.	A	X	X	A	X								
0	0	1	12	Schweizer, M.			X	A	X								
0	0	0	13	Wilson, I.	X	X	X	X	X								
0	1	0	14	Jackson-Tinsley, S.	X	X	X	X	X								
0	1	1	15	Castillo, J.	X	X	X	A	X								
0	0	1	16	Dsouza, E.	X	X	X	A	X								
0	0	1	17	Jimenez, R.	X	A	X	X	X								
			18	Mester, B.				N, X	X								
			19	Hayes, K.				N, X	X								
			20	Dudelzak, E.				N, X	E								
			21	Wright, J.				N, A	A								
0	0	4	22	Casseus, J.	A	A	A	X	A								
2	7			<b>Quorum = 10</b>	14	13	16	16	18								
9%	32%																

**Legend:**

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

HIV Health Services Planning Council Meeting Minutes – May 26, 2023  
 Minutes prepared by PCS Staff

**Broward County Ryan White Part A  
 HIV Health Services Planning Council  
 “HOW BEST TO MEET THE NEED LANGUAGE”  
 Recommendations for FY 2024-2025**

Service Category	Recommendations
All Services	<ol style="list-style-type: none"> <li>1. Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate.</li> <li>2. Inform appropriate parties that coverage of services is contingent on available funds.</li> <li>3. Ensure that subrecipients have a plan to address payment of services when funds are low.</li> <li>4. When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS.</li> </ol>
<ul style="list-style-type: none"> <li>• Outpatient Ambulatory Health Services</li> <li>• Case Management Non-Medical</li> <li>• Centralized Intake and Eligibility</li> </ul>	<p>Educate clients about:</p> <ol style="list-style-type: none"> <li>1. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and</li> <li>2. Private Insurance/Affordable Care Act (ACA) Options.</li> </ol>

**Broward County Ryan White Part A  
HIV Health Services Planning Council  
“HOW BEST TO MEET THE NEED LANGUAGE”  
Recommendations for FY 2024-2025**

*Recommendations are in bold font.*

ALL SERVICES
Recommended Language
<ol style="list-style-type: none"> <li>1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).</li> <li>2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations).</li> <li>3. Ensure collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care. (2021-2022 Broward County HIV Community Needs Assessment).</li> <li>4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)</li> <li>5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems to help clients address all their needs.</li> <li>6. Provide Care Coordination across multiple service categories.</li> <li>7. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed.</li> <li>8. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.</li> <li>9. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to:             <ol style="list-style-type: none"> <li>a. Black heterosexual men and women</li> <li>b. Black men who have sex with men (MSM) 18-38 years of age</li> </ol> </li> <li>10. Integrate care collaboration with members of the client’s service providers.</li> <li>11. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.</li> <li><b>12. Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate.</b></li> <li><b>13. When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS.</b></li> <li>14. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.</li> <li>15. Co-locate services where applicable, to facilitate a medical home for Part A clients.</li> <li><b>16. Inform appropriate parties that coverage of services is contingent on available funds.</b></li> <li><b>17. Ensure that subrecipients have a plan to address payment of services when funds are low.</b></li> <li><b>18. Providers will follow HHS guidelines for newly diagnosed clients that are not virally suppressed until virally suppressed.</b></li> </ol>

**CORE MEDICAL SERVICES**

**Outpatient Ambulatory Health Services (OAHS)**

**Services Criteria: (≤ 400% FPL)**  
**FY2024-2025 FPL To Be Determined**

**Recommended Language**

1. Educate clients about:
  - a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
  - b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and**
  - c. Private Insurance/ Affordable Care Act (ACA) Options.**
2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
3. Test and Treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services.
4. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
5. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
6. Integrate care provider collaboration with members of the client’s treatment team outside of the organization.
7. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
8. Care Coordinators will monitor the delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
9. Provide after-hours services availability to include Crisis Intervention.
10. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
11. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).
12. Incorporate prevention messages into the medical care of PLWHA.
13. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

**AIDS Pharmaceuticals (Local)**

**Services Criteria: (≤ 400% FPL)**  
**FY2024-2025 FPL To Be Determined**

**Recommended Language**

1. **No recommended language for FY2024-2025.**
2. Drugs used for Test and Treat.
3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

**Oral Health Care (OHC)**

**Services Criteria: (≤ 400% FPL)**  
 FY2024-2025 FPL To Be Determined

**Recommended Language**

1. **No recommended language for FY2024-2025**
2. Make provision for the increased demand for services due to an increase in service locations.
3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
4. Increase Oral Health Care collaboration with mental health providers.
5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

**Health Insurance Continuation Program (HICP)**

**Services Criteria: (≤ 400% FPL)**  
 FY2024-2025 FPL To Be Determined

**Recommended Language**

1. **No recommended language for FY2024-2025**
2. Increase in clients with access to health insurance.
3. Develop materials for clients to use as quick references.
4. Provide assistance with prior authorizations and appeals process.
5. Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments.

**Mental Health Service (MH)**

**Services Criteria: (≤ 400% FPL)**  
 FY2024-2025 FPL To Be Determined

**Recommended Language**

1. **No recommended language for FY2024-2025**
2. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.
3. Integrated service may be impacting utilization in this service category.
4. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
5. Provide after-hours availability to include Crisis Intervention.

**Medical Case Management (Disease Case Management)**



**Services Criteria: (≤ 400% FPL)**  
**FY2024-2025 FPL To Be Determined**

**Recommended Language**

1. **No recommended language for FY2024-2025**
2. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services. (2021-2022 Broward County HIV Community Needs Assessment).
3. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)
4. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
5. Report changes in viral load status as clients progress through the program.

**Substance Abuse/Outpatient**

**Services Criteria: (≤ 400% FPL)**  
**FY2024-2025 FPL To Be Determined**

**Recommended Language**

1. **No recommended language for FY2024-2025**
2. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).

**SUPPORT SERVICES**

**Case Management (Non-Medical)**

**Services Criteria: (≤ 400% FPL)**  
**FY2024-2025 FPL To Be Determined**

**Recommended Language**

1. Educate clients about:
  - a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
  - b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and**
  - c. Private Insurance/ACA Options.**
2. Implementation of test and treat increases demand for more services.
3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc.
4. Provide education to reduce fear and denial and promote entry into primary medical care.
5. Educate clients on the importance of remaining in primary medical care.
6. At least 30% of Non-Medical Case Management funded personnel to be dedicated to Peers.
7. Incorporate prevention messages into the medical care of PLWHA.
8. Educate consumers on their role in the case management process.
9. Provide initial/ongoing training and development for HIV peer workers.

- 10. Overview of health care plan summary benefits (coverage and limitations).
- 11. Educate the client on the different types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).

**Centralized Intake and Eligibility Determination (CIED)**

**Services Criteria: HIV+ Broward County Resident (All Clients)**

**Recommended Language**

- 1. Educate clients about:
  - a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
  - b. Social Security Disability Insurance (SSDI) and potential Medicare and or Medicaid benefits that are effective within 48 months of a client receiving SSDI, and**
  - c. Private Insurance/ACA Options.**
- 2. Participate in future Part A/B dual eligibility determination.
- 3. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted by HIV.
- 4. Maintain collaborative agreements with treatment adherence programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.
- 5. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following:
  - a. Client rights and responsibilities,
  - b. Names of providers complete with addresses and phone numbers, and
  - c. Grievance procedures.
- 6. Always offer a dedicated live operator phone line during normal business hours.
- 7. Ensure that intake data collected for transgender clients are sufficient to make full use of transgender-related categories in PE.
- 8. Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

**Emergency Financial Assistance**

**Services Criteria: (≤ 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

- 1. No recommended language for FY2024-2025**
- 2. Drugs used for Test and Treat.
- 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.

**Food Services**

**Services Criteria: (≤ 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

**1. No recommended language for FY2024-2025**

2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers.
3. Increase communication with the client's primary care physicians and nutrition counselors to ensure client's nutrition needs are being met.
4. Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.

**Legal Services**

**Services Criteria: (≤ 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

**No recommended language for FY2024-2025**

<b>CORE MEDICAL SERVICES</b>	<b>FY2024 PSRA Rankings</b>
Health Insurance Premium and Cost Sharing (HICP)	1
Outpatient/Health Services (OAHS)	2
AIDS Pharmaceutical Assistance (Local)	3
Medical Case Management (Disease)	4
Oral Health Care (Dental)	5
AIDS Drugs Assistance Program Treatments (ADAP)	6
Mental Health	7
Substance Abuse-Outpatient	8
Medical Nutrition Therapy	9
Home and Community-Based Health Services	10
Early Intervention Services (EIS)	11
Home Health Care	12
Hospice	13

<b>SUPPORT SERVICES</b>	<b>FY2024 PSRA Rankings</b>
Food Bank/Home-Delivered Meals	1
Emergency Financial Assistance	2
Housing Services	3
Non-Medical Case Management	4
Medical Transportation Services	5
Legal Services	6
Outreach	7
Psychosocial Support Services	8
Health Education/Risk Reduction	9
Rehabilitation Services	10
Referral for Health Care and Support Services	11
Other Professional Services	12
Substance Abuse-Residential	13
Linguistic Services (Interpretation and Translation)	14
Permanency Planning	15
Child Care	16
Respite Care	17



# HIVPC Election January 2024!

# We are Seeking Members to Join the Ad Hoc Nominating Committee



**Contact the Chair or  
Support Staff**  
**[hivpc@brhpc.org](mailto:hivpc@brhpc.org)**  
**954-561-9681 ext 1295/ 1343**

**1st Meeting:  
August 2023**

HANDOUT D



# Ryan White Part A

Administrative Update

# Provide Enterprise

- GTI statement of work for a new care continuum.
- GTI system improvement through reduced inputs.

# Subrecipient Monitoring

- The Recipient's office is in the middle of subrecipient monitoring and should be done by the end of August.
- Feedback & data is being received from providers during monitoring regarding outcomes & indicators.



# IN - Migration

- The recipient office is working with internal governmental affairs staff to assess in-migration.
- In-Migration can impact our funding and the analysis is being utilized to lobby Congress

# 340B

- The recipient office had a unique opportunity to meet Cheryl Campbell U.S. Dept of Health and Human Services Assistant Secretary for Administration
- Discussion led to a meeting with Eagle Force Health which oversees all 340B

Questions?

Ryan White Part D Report  
Children's Diagnostic & Treatment Center (CDTC)  
Comprehensive Family AIDS Program (CFAP)

- ❖ Total Number of HIV Positive Individuals enrolled in Program - **600**
  - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old -**101**
  
- ❖ HIV positive individuals enrolled in medical care at CDTC/Outside Provider – 600  
(308 CDTC 292 Outside provider)
  
- ❖ HIV positive individuals who attended medical care as of 1/1/2023- Current Date - 335
  
- ❖ New Referrals as of 1/1/2023- Current Date
  - Infants (HIV exposed) – 21
  - Children (3 – 11) - **1**
  - Adolescent (12 -24) –2
  - Adult (25 +) - 12
  - **Total – 36**
  
- ❖ Total Pregnancies (previously known and new) – 10 (8 previously known/2 new)