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, August 24, 2023 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx Videoconference
Chair: Lorenzo Robertson • Vice Chair: Von Biggs

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

This meeting is audio and video recorded.

Quorum for this meeting is 12

DRAFT AGENDA

ORDER OF BUSINESS

1. **CALL TO ORDER/ESTABLISHMENT OF QUORUM**
2. **WELCOME FROM THE CHAIR**
    1. Meeting Ground Rules
    2. Statement of Sunshine
    3. Introductions & Abstentions
    4. Moment of Silence
3. **PUBLIC COMMENT**
4. **ACTION:** Approval of Agenda for August 24, 2023
5. **ACTION:** Approval of Minutes from July 27, 2023 **(Handout A)**
6. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
7. **STANDARD COMMITTEE ITEMS**
8. **CONSENT ITEMS**
9. **DISCUSSION ITEMS**

a. Reallocations/Sweeps

Reallocation/Sweeps <u>from</u> Core & Support Services

I. **Motion to reallocate $1,056,408 from Outpatient Ambulatory Health Services for FY2023-2024.**
Justification: Some providers in the category are highly underutilized.
PROPOSED BY: Priority Setting & Resource Allocation Committee

II. **Motion to reallocate $180,454 from AIDS Pharmaceutical Assistance for FY 2023-2024.** *Justification: One provider in the category is highly underutilized.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

III. **Motion to reallocate $442,500 from Oral Health Care for FY 2023-2024.**
Justification: Some providers in the category are highly underutilized.
PROPOSED BY: Priority Setting & Resource Allocation Committee

IV. **Motion to reallocate $12,000 from Medical Case Management – Disease Case Management for FY2023-2024.**
Justification: One provider in the category is highly underutilized.
PROPOSED BY: Priority Setting & Resource Allocation Committee

V. **Motion to reallocate $20,000 from Mental Health for FY2023-2024.**
Justification: One provider in the category is highly underutilized.
PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to reallocate $340,000 from Non-Medical Case Management (CIED) for FY2023-2024.**
Justification: Provider underutilized.
PROPOSED BY: Priority Setting & Resource Allocation Committee

VII. **Motion to reallocate $43,000 from Non-Medical Case Management for FY2023-2024.**
Justification: Some providers in the category are highly underutilized.
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Reallocation/Sweeps <u>from</u> Core & Support Services= ($2,094,362)

Reallocation/Sweeps <u>to</u> Core & Support Services

VIII. **Motion to reallocate $896,903 to Outpatient Ambulatory Health Services for FY2023-2024.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

IX. **Motion to reallocate $51,000 to AIDS Pharmaceutical Assistance for FY2023-2024.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

X. **Motion to reallocate $140,817 to Oral Health Care for FY2023-2024.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

XI. **Motion to reallocate $270,730 to Medical Case Management – Case Management (Disease Case Management) for FY2023-2024.**
Justification: *Underfunding among providers in this Category*
PROPOSED BY: Priority Setting & Resource Allocation Committee

XII. **Motion to reallocate $384,912 to Non-Medical Case Management for FY2023-2024.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

XIII. **Motion to reallocate $250,000 to Food Services- Food Bank for FY2023-2024.** Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

XIV. **Motion to reallocate $100,000 to Food Services- Food Voucher for FY2023-2024.**
Justification: Underfunding among providers in this Category
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Reallocation/Sweeps to Core & Support Services = $2,094,362

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

XV. Motion to reallocate $116,092 from MAI Outpatient Ambulatory Health Services for FY2023-2024.
Justification: Provider underutilized
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Reallocation/Sweeps from MAI Core & Support Services = ($116,092)

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

XVI. Motion to reallocate $45,071 to MAI Medical Case Management for FY2023-2024.
Justification: Provider underfunded.
PROPOSED BY: Priority Setting & Resource Allocation Committee

XVII. Motion to reallocate $193,021 to MAI Non-Medical Case Management (CIED) for FY2023-2024.
Justification: Provider underfunded
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Reallocation/Sweeps to MAI Core & Support Services = $238,092

b. Medical Nutrition Therapy Review Presentation presented by Part A Office
c. Review Service Delivery Models
  a. Medical Nutrition Therapy **(Handout B)**
    i. Discuss the eligibility for Medical Nutrition Therapy
  b. Emergency Financial Assistance **(Handout C)**

10. OLD BUSINESS

None.

11. NEW BUSINESS

None.

12. COMMITTEE REPORTS

1. Community Empowerment Committee (CEC)
Chair: Shawn Jackson • Vice Chair: Irvin Wilson

August 2023- No Meeting Scheduled

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 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
August 3, 2023

i. **Work Plan Item Update/Status Summary:** SOC Workgroup discussed Palm Beach's System Mapping and reviewed the Food

Voucher Flow Chart and Assistance Application.

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
August 2023- No Meeting Scheduled

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:** 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
August 21, 2023- Canceled

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
August 17, 2023

i. **Work Plan Item Update/Status Summary:** Executive Committee Members reviewed each Committee Work Plan and voted on the HIVPC Mission and Vision Statements. As requested by PSRA Chair, executive committee members gave QMC the authority to set eligibility/FPL for Medical Nutrition Therapy.

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 21, 2023, at 11:30 AM at BRHPC and via WebEx Videoconference

6. Priority Setting & Resource Allocation Committee (PSRA)
Chair: Brad Barnes • Vice Chair: Vacant
August 17, 2023

i. **Work Plan Item Update/Status Summary:** PSRA Committee Members conducted the reallocation/sweeps process for FY23-24. Further, members reviewed the FPL for Food Bank Services. PSRA Members agreed to give QMC the authority to set eligibility for Medical Nutrition Therapy. PSRA Members agreed to assign SOC to

revisit “How Best to Meet the Needs”.

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:** Discuss FPL for HICP, discussion on clients’ enrollment requirements when applying for ACA, and review FY23-24 PSRA Work Plan.
vii. **Next Meeting date:** October 19, 2023, at 9:00 AM at BRHPC and via WebEx Videoconference

7. Ad-Hoc Term Limits
Chair: Brad Barnes • Vice Chair: Vacant
No Meeting Scheduled

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**

8. **RECIPIENT REPORTS**
    1. Part A **(Handout D)**
    2. Part B **(Handout E)**
    3. Part C
    4. Part D
    5. Part F
    6. HOPWA
    7. Prevention – Quarterly Update (April, July, October, January)
9. **PUBLIC COMMENT**
10. **AGENDA ITEMS FOR NEXT MEETING**
    1. Next Meeting Date: September 28, 2023, at 9:30 a.m. at BRHPC and via WebEx
    2. Agenda Items for next meeting: To Be Determined
11. **ANNOUNCEMENTS**
12. **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.

September 2023

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
					1 **South Florida AIDS Network Meeting (SFAN) 9:30AM**	2
3	4  **Labor Day**	5 **Support Services Network Meeting 9:00AM – 10:15 AM** **Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/WebEx**	6	7 **System of Care Committee Workgroup 9:30 – 11:30 AM Location: Web-Ex**	8	9
10	11	12	13	14	15	16
17	18 **Quality Management Committee Meeting 12:30PM-2:30PM Location: BRHPC/WebEx**	19	20 **Quality Network Meeting 9:00 AM – 10:15 AM**	21 **Executive Committee Meeting 11:30AM – 1:30PM Location: BRHPC/WebEx**	22	23
24	25	26	27	28 **HIV Planning Council (HIVPC) Meeting 9:30 AM – 11:30 AM Location: BRHPC/WebEx**	29	GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

September 2023

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét:
Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

HANDOUT A

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, July 27, 2023 - 9:30AM-12:00PM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

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

Members Absent: J. Casseus, A. Ruffner, B. Mester, J. Wright

Ryan White Part A Recipient Staff Present: T. Thompson, G. James, J. Roy, A. Tareq, W. Cius, Q. Cowan, C. Evans, S. Cook, B. Miller, K. Bostick

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

Guests Present: M. Cassini, R. Honick, F. Esterlien. M. Alcime, K. Hanson, Carol, L. Jenkins, J. Starkey, E. Pearson, J. Lara, K. Bush, D. Shamer, J. Forbes, Kimbo, Terry B., S. McShee, A. Machado, K. Kirkland-Mobley, E. Bastida, J. Ritter, J. Hidalgo, R. Siclovan

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

   The HIVPC Chair called the meeting to order at 9:37 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. **Public Comment**

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were three public comments.

   A. Javier Lara - Based on his personal experiences, Mr. Lara

recommended ways that the Ryan White program could improve its efforts:

- Agencies should implement better communication with clients.
- Educate clients on the various services available through the program.
- Provide sensitivity training for Ryan White staff interacting with clients, as clients tend to feel traumatized by an HIV diagnosis.

B. Mimi Alcime - Lead Community Health Worker from Holy Cross – Ms. Alcime highlighted the need to remove the barriers to clients reentering care. She gave an example of assisting a Test &Treat client that was out of care for a year:

- The wait time to see the RW doctor took about four hours.
- The patient spoke Creole and required assistance understanding the instructions.
- She noted that after seeing clinicians, patients had to complete blood work, and (nine out of ten times) the pharmacy was closed, delaying access to medication.

Ms. Alcime recommended:

- More assistance with communicating with patients speaking various languages.
- Better scheduling and assisting patients returning to care.

C. **Kurt Hanson - Ryan White Client** (two years) – Mr. Hanson made the following recommendations:

- Provide a liaison between the Ryan White Program and the Department of Children and Families, as their staff are not educated on Ryan White services. He has experienced challenges with his Medicaid certification process.
- Ryan White clients should have access to the updated ADAP Formulary medication list for coverage purposes. His Podiatrist prescribed medication he thought was on the formulary. Mr. Hanson had to call the Health Department's pharmacy to verify the covered medication for his physician.
- Clarify the qualifications/policies and procedures for seeing an optometrist. He was informed that a patient must be diagnosed with diabetes to see the doctor.
- Educate consumers on their medical obligations and be more transparent on special medical exceptions.
- Upon entry into the Ryan White Program, each client should receive access to a user-friendly website and a handbook that details the services and locations.
- Expand the number of medical specialists and vendors that provide MRIs, X-Rays, and CAT Scans for RW Clients.
- Mr. Hanson ended by praising the work of the nursing staff, mental health staff, and case managers.

3. <u>Meeting Approvals</u>

The approval for the agenda of the July 27, 2023, HIVPC meeting was proposed by M. Schweizer, seconded by V. Biggs, and passed unanimously. The approval for the minutes of the May 25, 2023, meeting was presented with amendments by V. Foster, seconded by A. Cutright, and passed unanimously.

Motion #1: M. Schweizer, on behalf of HIVPC, made a motion to approve the July 27, 2023, HIV Health Services Planning Council Agenda. The motion seconded by V. Biggs and adopted unanimously.

Motion #2: Mr. Biggs, on behalf of HIVPC, made a motion to approve the May 26, 2022, HIV Health Services Planning Council meeting minutes with amendments. The motion was seconded by A. Cutright and adopted unanimously.

4. **Federal Legislative Report**
   A verbal Federal Legislative Report was provided to the HIV Planning Council by M. Cassini, Intergovernmental Affairs/Boards Section Manager.

5. **Consent Items**
   HIVPC members reviewed the consent items and voted to approve the new Council Members.

   Motion #3: T. Morgane on behalf of HIVPC, made a motion to approve the consent items. This motion was seconded by V. Biggs and adopted unanimously.

6. **Discussion Items**

   How Best to Meet the Need

   The HIV Planning Council received an overview of the recommended How Best to Meet the Need (HBTMTN) language for FY2024-2025. The System of Care Committee (SOC) met in July and provided HBTMTN recommendations to PSRA. The motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2024-2025 was proposed by the PSRA Committee's Chair, B. Barnes, seconded by V. Biggs, and passed unanimously.

   Motion #4: B. Barns, on behalf of the HIVPC, made a motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2024-2025. The motion passed was seconded by V. Biggs unanimously.

   FY 2024-2025 PSRA Priority Ranking Results

   The Council reviewed FY2024-2025 Core and Support services ranking recommendations from the PSRA Committee. The motion to approve the FY2024-2025 Core and Support Services Ranking was proposed by the PSRA Committee's Chair, B. Barnes, seconded by T. Moragne and passed unanimously.

   FY2024-2025 Resource Allocation

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

   - **Motion #5: PSRA Committee's, B. Barnes, made a motion to approve the FY2024-2025 Core and Support services ranking. The Motion was seconded by T. Moragne. The motion was adopted unanimously.**

     Part A Core Services

     - **Motion #6: PSRA Committee made a motion to allocate $5,871,451 to Outpatient Ambulatory Healthcare Services for FY2024-2025. L. Robertson seconded the motion. The motion was adopted**

unanimously.

- **Motion #7: PSRA Committee made a motion to allocate $100,000 to AIDS Pharmaceutical Assistance (LPAP) for FY2024-2025. S. Tinsley-Jackson seconded the motion. The motion was adopted unanimously.**
- **Motion #8: PSRA Committee made a motion to allocate $2,223,450 to Oral Health Care for FY2024-2025. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**
- **Motion #9: PSRA Committee made a motion to allocate $779,279 to Health Insurance Premium & Cost Sharing (HICP) for FY2024-2025. L. Robertson seconded the motion. The motion was adopted unanimously.**
- **Motion #10: PSRA Committee made a motion to allocate $701,600 to Medical Case Management (Disease Case Management) for FY2024-2025. J. Castillo seconded the motion. The motion was adopted unanimously.**
- **Motion #11: PSRA Committee made a motion to allocate $159,939 to Mental Health for FY2024-2025. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.**
- **Motion #12: PSRA Committee made a motion to allocate $300,000 to Medical Nutrition Therapy for FY2024-2025. A. Cutright seconded the motion. The motion was adopted unanimously.**
- **Motion #13: PSRA Committee made a motion to allocate $229,499 to Substance Abuse – Outpatient for FY2024-2025. J. Castillo seconded the motion.**
- **Motion # 14: PSRA Committee made a motion to approve $10,365,218 at the total in Part A Core Services allocations for FY2024-2025. V. Biggs seconded the motion and was adopted unanimously.**

<u>Part A Support Services</u>

- **Motion #15: PSRA Committee made a motion to allocate $1,895,842 to Non-Medical Case Management Services for FY2024-2025. L. Robertson seconded the motion and was adopted unanimously.**
- **Motion #16: PSRA Committee made a motion to allocate $115,872 to Emergency Financial Assistance for FY2024-2025. T. Moragne seconded the motion. The motion was adopted with three abstentions.**
    - **Motion #17: B. Fortune-Evans motioned a friendly amendment to use Emergency Financial Assistance for a one-time medication and test and treat usage for newly diagnosed clients. J. Castillo seconded the motion. The motion was adopted with three abstentions.**
- **Motion #18: PSRA Committee made a motion to allocate $978,233 to Food Bank/Food Voucher for FY2024-2025. L. Robertson seconded the motion. The motion was adopted with one against, and two abstentions.**
- **Motion #17: PSRA Committee made a motion to allocate $131,734 to Legal Services for FY2024-2025. V. Biggs seconded the motion. The motion was adopted unanimously.**
- **Motion #18: PSRA Committee made a motion to approve the total of $3,121,681 in Part A Support Services for FY2024-2025. V. Biggs seconded the motion and was adopted unanimously.**

<u>MAI Core Services</u>

- **Motion #19: PSRA Committee made a motion to allocate $116,092 to MAI Outpatient Ambulatory Healthcare Services for FY2024-2025. J. Castillo seconded the motion. The motion was adopted with two abstentions.**
- **Motion #20: PSRA Committee made a motion to allocate $62,469 to MAI Mental Health for FY2024-2025. T. Moragne seconded the motion. The motion was adopted with two abstentions.**
- **Motion #21: PSRA Committee made a motion to allocate $632,000 to MAI Substance Abuse – Outpatient for FY2024-2025. V. Biggs seconded the motion. The motion was adopted with two abstentions.**
- **Motion 22: PSRA Committee made a motion to approve the $810,561 in total MAI Core Services allocations for FY2024-2025. L. Robertson seconded the motion. The motion was adopted unanimously.**

MAI Support Services

- **Motion #23: PSRA Committee made a motion to allocate $626,221 to MAI Non-Medical Case Management Services for FY2024-2025. S. Tinsley-Jackson seconded the motion. The motion was adopted with two abstentions.**
- **Motion #24: PSRA Committee made a motion to approve the $1,436,781 MAI Allocations for FY2024-2025. V. Biggs seconded the motion. The motion was adopted unanimously.**
- **Motion #25: B. Barnes motioned to implement the 75/25% (75% Core Funding/25% Support Funding) rule for FY2024-2025 allocations. The implementation of 75/25% would allow the Recipient Part A Office to petition HRSA for a waiver which could prevent penalization for not maintaining the 75/25% funding requirement. The Recipient Part A Office may complete this petition without notifying the HIV Planning Council. L. Robertson seconded the motion and was adopted unanimously.**

7. New Business

Appointment for Ad-Hoc Nomination Meeting (FY24-26 Term)

HIVPC Chair announced the appointment of the FY24-26 Term Ad-Hoc Nomination Meeting. Members who volunteered include J. Castillo, V. Foster, S. Tinsley-Jackson, K. Hayes, and B. Barnes as the Chair of the Committee. The first meeting will be in August.

Discussion on Food Service Categories

HIVPC Co-Chair, V. Biggs, led the discussion on the Food Service Category to highlight the lack of food vouchers available to Ryan White Clients. The Part A Office will re-examine the issue with the possibility of using EHE funds as a solution.

- **Motion #26 B. Barns motioned to form an Ad-Hoc Committee, a sub-committee from PSRA, to examine all service categories for quality of service received based on the funds being allocated. The motion was seconded by S. Jackson and adopted with 7 Ayes and 4 Nays.**
- **Recommendation:** A Council Member suggested that each committee chair should have access to all service categories.

8. **Committee Reports**

   a. **Community Empowerment Committee – June 6, 2023; July 2023- No Meeting Held**
   Chair: S. Jackson, Vice Chair: I. Wilson
   The report stands.

   b. **System of Care Committee – July 6, 2023**
   Chair: A. Ruffner, Vice Chair: Jose Castillo
   The report stands.

   c. **Membership/Council Development Committee – July 13, 2023**
   Chair: V. Foster, Vice Chair: T. Moragne
   The report stands.

   d. **Quality Management Committee – No Meeting Held**
   Chair: B. Fortune-Evans, Vice Chair: Vacant
   The report stands. B. Fortune-Evans briefly discusses the vacancy of the Vice Chair.

   e. **Priority Setting & Resource Allocation Committee – June 22, 2023**
   Chair: B. Barnes, Vice Chair: Vacant
   The report stands.

   f. **Executive Committee – July 20, 2023**
   Chair: L. Robertson, Vice Chair: V. Biggs
   The report stands.

   g. **Ad-Hoc By-Laws and MOU Committee – No Meeting Held**
   Chair: B. Barnes, Vice Chair: Vacant
   The report stands.

9. Recipient's Report

   a. **Part A:** There Part A Recipient provided a presentation showcasing updates on Provide Enterprise, Subrecipient Monitoring, IN – Migration, and 340B.
   b. **Part B:** The Part B Recipient provided a written report showcasing expenditures for June 2023 ADAP Report.
   c. **Part C:** The Part C Representative provided a general report which included an update on patient medical occupancy/illness rates.
   d. **Part D**: The Part D representative reported on the Children's Diagnostic & Treatment Center (CDTC) and the Comprehensive Family AIDS Program (CFAP). The Part D representative also reported on their part time hire becoming full time.
   e. **Part F:** There was no Part F report for this meeting.
   f. HOPWA: There was no HOPWA report for this meeting.
   g. **Prevention:** There was no Prevention report for this meeting. Report will be provided during the next HIVPC meeting.

10. **Public Comment**

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

11. **Agenda Items for Next Meeting**

    The next HIVPC meeting will be held on August 24, 2023, at 9:30 a.m.

Location: Broward Regional Health Planning Council.

12. Announcements

- W. Cius announced a service called Service PLCARE that helps educate consumers on Ryan White Programs. He also announced on August 26, 2023, an event on National Faith HIV Day and on August 30, 2023, a Community Conversation with fit-based leaders.
- K. Hayes announced her completion on the Career Advocate Course.

13. Adjournment

There being no further business, the meeting was adjourned at 12:09 p.m.

HIVPC Attendance for CY 2023

Consumer	PLWHIA	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	22	27						
0	1	1	1	Barnes, B.	A	X	X	X	X	C	X						
1	1	0	2	Bhrangger, R.	X	X	X	X	X	C	X						
0	1	2	3	Biggs, V., V.Chair	X	X	A	X	A	C	X						
0	0	0	4	Cutright, A.	X	X	X	X	X	C	X						
0	0	0	5	Fortune-Evans, B.	X	X	X	E	X	C	X						
0	0	0	6	Foster, V.	X	X	X	X	X	C	X						
1	1	0	7	Marcoviche, W.	X	X	X	X	X	C	X						
0	0	0	8	Moragne, T.	X	X	X	X	X	C	X						
0	1	0	9	Robertson, L., Chair	X	X	X	X	X	C	X						
0	0	0	10	Rodriguez, J.	X	X	X	X	X	C	X						
0	0	3	11	Ruffner, A.	A	X	X	A	X	C	A						
0	0	1	12	Schweizer, M.			X	A	X	C	X						
0	0	0	13	Wilson, I.	X	X	X	X	X	C	X						
0	1	0	14	Jackson-Tinsley, S.	X	X	X	X	X	C	X						
0	1	1	15	Castillo, J.	X	X	X	A	X	C	X						
0	0	1	16	Dsouza, E.	X	X	X	A	X	C	X						
0	0	1	17	Jimenez, R.	X	A	X	X	X	C	X						
			18	Mester, B.				N, X	X	C	A						
			19	Hayes, K.				N, X	X	C	X						
			20	Dudelzak, E.				N, X	E	C	X						
			21	Wright, J.				N, A	A	C	A						
0	0	5	22	Casseus, J.	A	A	A	X	A	C	A						
2	7			Quorum = 12	14	13	16	16	18		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	

HANDOUT B

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Medical Nutritional Therapy
Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definitions

Medical nutrition therapy (MNT) is an evidence-based, individualized nutrition process meant to help treat certain medical conditions. This program includes, but is not limited to, nutritional assessment, one-on-one counseling, and/or group counseling services, provided by a registered dietitian or qualified nutrition professional. MNT includes setting goals for the participant's treatment and developing a specialized nutrition plan that includes participant education and self-management training. The purpose of MNT is to identify participants who are at risk for major nutrition-related health problems and recommend dietary adjustments leading to better health outcomes and improved quality of life.

HRSA Definition[1]

Medical Nutritional Therapy (MNT) services must be pursuant to a medical provider's prescription and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional. A prescription and plan of care or chart note from the medical provider can be substituted in cases where a dietician or nutrition professional is not reasonably accessible.

Medical nutrition therapy includes:

- Nutrition assessment and screening.
- Dietary/nutritional evaluation.
- Food per medical provider's recommendation.
- Nutrition education and/or counseling.
- Nutritional supplements are **not** supported under Ryan White Part A in this jurisdiction.

These services can be provided in individual and/or group setting and outside of HIV Outpatient/Ambulatory Health Services (OAHS).[2] All activities performed under this service category must be pursuant to a medical provider's prescription and based on a medically tailored nutrition plan developed by a licensed registered dietitian or other licensed nutrition professional. Food aid not provided by a registered/licensed dietitian should be considered under Food Services under the HRSA Ryan White Part A program.

Local Definition

The goal of Medical Nutrition Therapy is to provide medically tailored food items and meals that are approved by a licensed registered dietitian or other licensed nutrition professional that reflect appropriate dietary therapy based on evidence-based practice guidelines. Diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes for clients. Clients are required to report to the clinician once a month and discuss their progress and nutritional treatment plan goals.

- ***Medically tailored menu*** *- meals that are designed and approved by a Registered Dietitian Nutritionist (RDN). These meals reflect appropriate medical nutrition therapy based on the latest evidence-based practice guidelines for specific chronic diseases and conditions.*
- ***Medically Tailored Groceries*** *- a selection of groceries selected by a Registered Dietitian Nutritionist as part of a treatment plan for certain medical diseases.*

II. Key Service Components and Activities

In addition to the Medical Nutritional Therapy Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of MNT are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category, including state and local health codes. Additionally, providers must provide services in accordance with the USDA Dietary Guidelines for Americans and Academy of Nutrition and Dietetics.

Provision of Medical Nutrition Therapy Services

Providers of Medical Nutrition Therapy services may outsource services using a third-party agency within Broward County offering Medical Nutrition Therapy food assistance. Medically tailored menu and food choice development must occur under the direction of a licensed registered dietitian or other licensed nutrition professional to ensure personalized food provisions address the medical condition(s) for which the client was referred, contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.

MNT may be in the form of medically tailored prepared meals and/or medically tailored grocery food items that would allow participants to prepare the meals in their own homes. MNT may be provided up to seven (7) days per week. Provisions should be made for weekend delivery as necessary. MNT services must not include food vouchers or restaurant prepared food. Providers must ensure that the participant's food selections are in the food pick-up/delivery package. Participants must confirm receipt of all food distributions as evidenced by the participant's signature and date of pick up/delivery scanned or otherwise recorded in the designated Human Services Software System (HSSS).

III. Client Protocol and Intake Procedures

Intake

After receipt of medical provider's prescription, provider staff, a registered dietitian, or other licensed nutrition professional shall schedule a client intake from the time the client is either verified or determined eligible to receive Ryan White Part A Medical Nutrition Therapy

services.

Provider staff shall orient the client about:

- Other providers of nutritional services
- Client grievance process
- Client confidentiality
- Client Rights and Responsibilities

The provider shall have a client grievance process that shall be discussed with the client during intake. Provider shall explain that if the client is dissatisfied after completing the agency grievance process, the client has a right to present a grievance to the Broward County HIV Planning Council. The provider shall briefly discuss the council Grievance Report Form with the client. The council Grievance Report Form shall be available to clients requesting it.

Provider intake staff shall ensure the client signs and dates the Client Rights and Responsibilities. Clinician shall ensure that this document is placed in the client chart.

A registered dietitian or other licensed nutrition professional must then orient the client regarding the parameters of Medical Nutrition Therapy, the specific benefits of the service and the related methods, policies, and procedures for continuation in the service. The registered dietitian or other license nutrition professional will document all discussions with client about orientation topics in the progress notes within the client chart in the HSSS.

Eligibility Verification or Determination

Eligibility for Medical Nutrition Therapy services is valid for one calendar year starting from the date of intake. This eligibility process will follow the Federal Poverty Level (FPL) requirements that are stated within the Ryan White Part A Universal Service Delivery Model.

Participants are eligible to receive Medical Nutrition Therapy if they have a documented prescription from their medical provider outlining the medical necessity for the service. A prescribing medical provider shall document the client's condition for Medical Nutrition Therapy with corresponding labs that show evidence of how their condition(s) may affect their ability to be sustainably virally suppressed/undetectable.

Conditions necessitating a Medical Nutrition Therapy prescription may include, but not be limited to, a medical diagnosis of diabetes, chronic kidney disease, chronic hypertension, heart disease or other HIV-related comorbidity for which Medical Nutrition Therapy may be beneficial. A Medical Nutrition Therapy prescription may also be made when a client report any of the following concerns and agrees to a Medical Nutrition Therapy prescription:

- Medically significant Physical changes, including weight concerns
- Oral or gastrointestinal symptoms
- Changes in diagnosis requiring nutrition intervention

This list is not an exhaustive one and conditions may be evaluated on a case-by-case basis.

Access to Service

A prescription from a medical provider is required for access to Medical Nutrition Therapy service. The provider shall ensure that the client meets all eligibility criteria for Ryan White Part A and shall ensure that all documentation is in the client chart.

Client Involvement

Clients shall participate in the development of their own treatment plans and shall consult with registered dietitian or other licensed nutrition professional in developing strategies to meet the goals of the treatment plan.

IV. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Improvement in client's nutritional wellbeing	1.1 85% of clients achieve at Nutrition Care plan goals by designated target date.	1.1.1. Nutrition Care plan documented in the designated HIV HSSS.
2. Improved progress toward sustained viral suppression.	2.1. 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL.	2.1.1. Measuring viral load and monitoring medication adherence.

V. Assessment and Treatment Plan

Nutritional Assessment

Participants receiving Medical Nutrition Therapy Services must complete a nutritional assessment during the initial encounter with the provider, and every six months thereafter. The nutritional assessment must be completed by a registered dietitian or other licensed nutrition professional, be signed by the provider and client, and documented in the HSSS. The prescribing medical provider shall be updated on the client's progress at every reassessment. The nutritional assessment must include, at minimum:

- Food/Nutrition-Related History (food intake, knowledge and belief about food, food availability, lifestyle habits)
- Medical issues that require a therapeutic or modified diet due to diabetes, renal

(kidney) disease, high blood pressure, food allergies or intolerances, metabolic complications, or other medical conditions that impact nutritional need

- Current weight and history of significant weight loss or gain in the past six months
- Medical History (current medical conditions and medication, allergies)
- List of current medications (HIV-related and other, including vitamins and minerals, and herbal and complementary/alternative therapies)
- Daily physical activity level
- Interest in or need for nutritional education
- Access to adequate and safe food storage and meal preparation
- Anthropometric Measurements (Height, Weight, Total Body Fat, Skinfold Thickness, Ideal Body Weight, etc.)

Nutrition Care Plan

Participants receiving Medical Nutrition Therapy must receive a medically individualized nutrition care plan after undergoing a nutritional assessment with a registered dietitian or other licensed nutrition professional. A nutrition care plan (NCP) will serve as a detailed treatment plan or road map created by the clinician The nutrition care plan must include:

- Nutritional goal(s)
- Interventions (planned actions that will help client reach their nutritional goal(s))
- Recommended foods and meal plans
- A list of the services to be provided to client (treatment plan development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the treatment plan need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic nutritional on-site services two days per week for six months). It is not permissible to use the terms “as needed,” “p.r.n.,” or to state that the client will receive a service “x to y times per week”

A registered dietitian or other licensed nutrition professional must assist the client to define goals and document the progress and assistance provided to the client. Nutrition care plans become effective on the date the plan is signed and dated by the licensed professional and the client.

Nutrition Care Plan Review

A formal review of the nutrition care plan must be conducted every six months, at a minimum. Nutrition care plan may be reviewed more than once every six months when significant changes occur. The NCP review requires the participation of the client and the treatment team members identified in the client's individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review. Any modifications or additions to the care plan made during the review must be documented. The nutrition care plan must be signed and dated by a registered dietitian or other licensed nutrition professional and the client.

The formal nutrition care plan review must contain, at minimum, the following components:

- Participant progress toward meeting individualized goals and objectives
- Participant progress toward meeting individualized discharge criteria
- Updates to aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed professional who participated in the review of the plan
- A signed and dated statement by a registered dietitian or other licensed nutrition professional stating services are medically necessary and appropriate to the client's diagnosis and needs

VI. Standards for Service Delivery[2]

Table 2. Medical Nutritional Therapy (MNT) Standards for Service Delivery[3]

Standard	Measure
Prescription by Medical Provider: Activities performed under this service category must be pursuant to a medical provider's referral. Referral for MNT should include justification. At a minimum, justification must include: • Relevant laboratory data • Diagnosis and medical history • Medications	1. Percentage of clients with documentation of medical provider's referral to MNT. 2. Referral documented and required client information in the designated HIV HSSS if the need for Medical Nutrition Therapy is identified.

Standard	Measure
Additional justification may include but is not limited to: • Nutrition prescription and desired outcome • Alternative and complementary therapies • Other relevant information that impacts client's ability to care for self[3]	
Medical Nutrition Therapy Assessment: An initial MNT assessment will be conducted by an RD or licensed nutrition professional pursuant to a medical provider's prescription. A comprehensive nutritional assessment includes the following components: clinical examination (history and physical examination), anthropometric measurements, diagnostic tests, and functional and dietary assessments.	3. Percentage of clients with documentation of a completed assessment conducted by an RD or license nutrition professional that includes the following components at a minimum: a. Clinical history b. Physical examination c. Anthropometric measurements d. Diagnostic tests as applicable e. Functional assessment f. Dietary assessment 4. Nutritional assessment signed and dated by the provider and client in the designated HIV HSSS.
Nutrition Plan: A nutritional plan will be developed that is appropriate for the client's health status, financial status, and individual preference. Clients receive nutritional education by or under the supervision of a registered dietitian or other licensed nutrition professional when needed. A Nutritional Plan is completed within 10 business days of Nutrition Assessment and includes, but is not limited to: • Nutritional diagnosis • Client-centered nutrition education • Measurable goal(s) • Date service is to be initiated • Recommended services and course of medical nutrition therapy to be	5. Percentage of clients with a documented nutrition plan that includes the following components: a. Nutritional diagnosis b. Client-centered nutrition education c. Measurable goal(s) d. Date service is to be initiated e. Recommended services to be provided f. Planned number and frequency of sessions g. Type, frequency, and amount of food h. RD signature 6. Percentage of clients with documentation of a nutrition plan updated at least twice per year if the client has been receiving

Standard	Measure
provided to include the planned number and frequency of sessions • Types and amount of food provisions • Signature of RD who developed the plan The Nutrition Plan will be updated as necessary, but no less than twice per year, and will be shared with the client, the clients primary care provider, and other authorized personnel involved in the client's care.	services for over 12 months. 7. Documentation for need of nutritional education and education provided in the designated HSSS. 8. Client viral load test result in designated HSSS. 9. Client prescription of ART documented in designated HSSS.
Provision of Medically Tailored Food Assistance: Food provisions deemed medically necessary may be provided per written orders from a prescribing provider. Foods selected by clients align with the needs identified in the nutritional assessment and are culturally/ethnically appropriate, when possible. Clients confirm receipt of all food distributions as evidenced by the client signature and date of pick up.	10. Percentage of clients that are prescribed food provisions in accordance with nutritional plan developed by the RD have documentation corresponding to written orders from the referring prescribing provider. 11. Receipt of food distribution with client signature and date in the designated HIV HSSS.
Discharge: An individual may be discharged from services for but not limited to the following: • The clients' medical condition changes and services are no longer necessary • Client no longer wishes to continue services • Client moves out of the service area The date of discharge, reason, and any recommendations for follow-up shall be documented in the client's record and provided to the prescribing provider and other multidisciplinary team members as applicable.	12. Percentage of clients discharged from services during the measurement period with the following documentation components: a. Date of discharge b. Reason for discharge c. Recommendation for follow-up d. Prescribing provider notified of discharge e. Other multidisciplinary team members notified of the discharge, as applicable

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification*

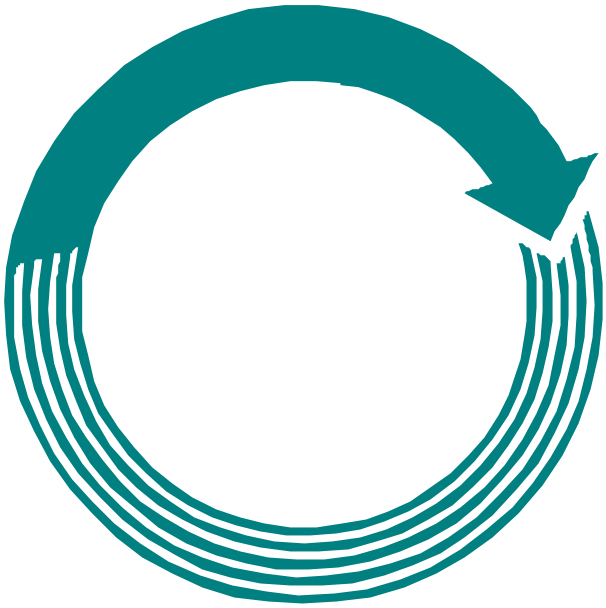
Notice (PCN) #16-02. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

[2] Texas Department of State Health Services (n.d.). *Medical Nutrition Therapy Service Standard*. Texas Health and Human Services. Retrieved August 21, 2023, from https://www.dshs.texas.gov/sites/default/files/hivstd/taxonomy/files/MedicalNutritionTherapyStandards.pdf

[3] New Orleans Regional AIDS Planning Council & Office of Health Policy and AIDS Funding. Ryan White HIV/AIDS Treatment Extension Act of 2009 Service Standards, 2017. https://nola.gov/getattachment/b6a1d00e-5e41-4b0e-ba69-f53f80c898b0/Service-Standards/#:~:text=The%20Service%20Standards%2C%20also%20known%20as%20the%20Standards,Standing%20Committees%20and%20Support%20Staff%2C%20in%20October%202001.

HANDOUT C

Ryan White Part A Quality Management



Emergency Financial Assistance

Service Delivery Model

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

Ryan White HIV/AIDS Program Part A
HIVPC Approved 8/22/2019
Last Reviewed 6/3/2022

Emergency Financial Assistance

Broward County EMA Definition:
In Broward County, the Emergency Financial Assistance (EFA) program is operated by the Ryan White HIV/AIDS Program (RWHAP) Part A as a supplemental means of providing medication assistance to clients when the AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, or restricted financial eligibility criteria.

Emergency Financial Assistance provides wrap around pharmaceutical assistance to individual clients with limited frequency and for limited periods of time. Assistance is provided only for medication.

The Emergency Financial Assistance program is not funded by the AIDS Drug Assistance Program (ADAP) earmark funding; does not take the place of the ADAP program; may not be used to make direct payments of cash/vouchers to a client; and shall not impose charges on clients with incomes below 400% of the Federal Poverty Level (FPL).

Health Resources Services Administration (HRSA) Definition[1]:
The service is defined as follows by the HIV/AIDS Bureau's Policy Clarification Notice (PCN) #16-02.

Emergency Financial Assistance provides limited one-time or short-term payments to assist a RWHAP client 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 AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02*. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

Service Description

The Emergency Financial Assistance program is critical to maintenance and management of HIV infection. The Broward HIV Health Services Planning Council approves the Ryan White Part A Formulary, which lists medications necessary for clients to successfully manage symptoms and illnesses associated with their HIV and comorbid conditions. The coordination of this service with other medical and support services improves and maintains a client's quality of life over an extended period, which is consistent with the Public Health Services Guidelines and other treatment protocols.

Emergency Financial Assistance provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance. Ryan White funds are used for Emergency Financial Assistance only as a last resort.

PROTOCOL

The Emergency Financial Assistance Protocol identifies the specific ways to implement the program standards and processes inherent to this service category. The delivery of these services shall be conducted by trained culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents[2]).

Standards for pharmaceutical services for persons living with HIV/AIDS (PLWHA) are defined by the following sources:

1. The Florida Board of Pharmacy[3]
2. The American Pharmacists Association Policy Manual[4]

Eligibility Requirements for Emergency Financial Assistance

The targeted populations for these programs are persons diagnosed with HIV/AIDS who provisionally meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications, but who have not yet completed the RWHAP intake and eligibility process. Pharmacist, or authorized designee, shall verify client's eligibility on the date of HIV testing, which is established by reviewing relevant documentation and self-reported data submitted by the client in addition to any the certifications that may be present in the Provide Enterprise HSSS System. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify, including any existing Patient Assistance Programs (PAPs) and/or Trial Cards. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

Intake

The staff performing the intake shall explain the information below to the client and shall secure the client's initials, signature, and date as appropriate:

- Client Rights and Responsibilities
- Client Confidentiality
- Client Grievance Process

The provider shall have the Client Grievance Process posted in a visible location with copies of the client Grievance Report Form available upon request. Client Rights and Responsibilities shall also be displayed in a visible area.

[2] https://aidsinfo.nih.gov/guidelines
[3] https://floridaspharmacy.gov/

[4] https://www.pharmacist.com/policy-manual

Formulary

The Ryan White Drug Formulary is a working document for practitioners to reference, which lists the medications that are available for the treatment of Ryan White eligible patients. Tier I is a list of Ryan White Part A approved medications and Tier II is a list of the ADAP medications. The Broward County EMA Ryan White Part A Program provides financial assistance for short-term emergency medication assistance listed on Tier II of the Formulary[5].

It is expected that all other sources of funding in the community for Emergency Financial assistance will be effectively used, including PAPs, Trial Cards, and/or prescription coupons, and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time.

Process for Additions of Medications to the Part A Formulary

The process for additions of medications to the Part A Formulary will be in accordance with the local pharmacy process.

Drug Utilization Review (DUR)

At a minimum, provider agencies are to ensure that an internal DUR process is in place that mirrors the following description: "Drug utilization review (DUR) is defined[6] as an authorized, structured, ongoing review of prescribing, dispensing and use of medication. It involves a comprehensive review of patients' prescription and medication data before, during and after dispensing to ensure appropriate medication decision-making and positive patient outcomes. As a quality assurance measure, DUR programs provide corrective action, prescriber feedback and further evaluations. DUR programs play a key role in helping managed health care systems understand, interpret, evaluate and improve the prescribing, administration and use of medications." DUR is classified in three categories: (1) Prospective - evaluation of a patient's drug therapy before medication is dispensed (2) Concurrent - ongoing monitoring of drug therapy during treatment and (3) Retrospective - review of drug therapy after the patient has received the medication.

Prospective Drug Use Review

Provider agencies must have at a minimum the following procedures in place:

(1) A pharmacist shall review the patient record and each new and refill the prescriptions presented for dispensing in order to promote therapeutic appropriateness by identifying:
- **(a)** Over-utilization or under-utilization;
- **(b)** Therapeutic duplication;
- **(c)** Drug-disease contraindications;
- **(d)** Drug-drug interactions;
- **(e)** Incorrect drug dosage or duration of drug treatment;

[5] http://www.brhpc.org/hivpc/resources-important-links/formulary-by-drug-classification/

[6] https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/drug-utilization-review

(f) Drug-allergy interactions;
(g) Clinical abuse/misuse.

(2) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the potential problems, which shall, if necessary, include consultation with the prescriber.

Patient & Medication Adherence Counseling

Providers shall offer clients medication counseling. Consenting clients shall receive counseling to assist them with their needs. Providers shall document counseling and/or other assistance (Prescription Counseling Log).

(1) Upon receipt of a new prescription, the pharmacist shall ensure that a verbal and printed offer to counsel is made to the patient or the patient's agent when present. If the delivery of the drugs to the patient or the patient's agent is not made at the pharmacy, the offer shall be in writing and shall provide for toll-free telephone access to the pharmacist. If the patient does not refuse such counseling, the pharmacist, or the pharmacy intern, acting under the direct and immediate personal supervision of a licensed pharmacist, shall review the patient's record and personally discuss matters which will enhance or optimize drug therapy with each patient or agent of such patient. Such discussion shall be in person, whenever practicable, or by toll-free telephonic communication and shall include appropriate elements of patient counseling. Such elements may include, in the professional judgment of the pharmacist, the following:
   (a) The name and description of the drug;
   (b) The dosage form, dose, route of administration, and duration of drug therapy;
   (c) Intended use of the drug and expected action (if indicated by the prescribing health care practitioner);
   (d) Special directions and precautions for preparation, administration, and use by the patient;
   (e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
   (f) Techniques for self-monitoring drug therapy;
   (g) Proper storage;
   (h) Prescription refill information;
   (i) Action to be taken in the event of a missed dose; and
   (j) Pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) Patient counseling as described herein shall not be required for inpatients of a hospital or institution where other licensed health care practitioners are authorized to administer the drug(s).

(3) A pharmacist shall not be required to counsel a patient or a patient's agent when the patient or patient's agent refuses such consultation.

Office of Pharmacy Affairs (OPA) Report[7]

Ryan White AIDS Pharmaceutical Assistance funded Providers are required to enroll and report annually discounted drugs purchased through the HRSA's 340B Drug Pricing Program. Providers include Federally Qualified Health Centers, Ryan White HIV/AIDS Program recipients, and certain types of hospitals and specialized clinics. Providers must certify in writing with each monthly invoice that medications distributed through their Agreement were purchased and invoiced to Broward County at the Florida Medicaid rate, 340B Pricing (Public Health Service Pricing), or lower drug pricing. Providers are also required to complete an annual certification upon notification of the due date from OPA by Community Partnership Division (CPD). The agency on file will receive notification by the Recipient Office of the annual report due date to OPA.

Professional Requirements

The objectives for establishing standards of care for program staff is to ensure that clients have access to the highest quality of services through trained, experienced staff members. Staff hired by provider agencies will possess skills and the ability to interact with clients in a culturally and linguistically competent manner; convey necessary information to clients; manage detailed, time-sensitive, and confidential information; and complete documentation as required by their position.

The *Program Director* or designee will possess experience in HIV/AIDS issues and the delivery of pharmaceutical services.

The *Provider* has a current Florida pharmacy license. Dispensing pharmacists have a current Florida pharmacist's license.

Pharmacy technician, student pharmacist, or pharmacist intern is supervised by licensed pharmacist.

Florida Board of Pharmacy Continuing Education (CE) and Training Requirements

Provider agencies are required to complying to the following minimum requirements:

According to the Florida Administrative Code (FAC), 30 hours of approved CE within the 24-month period prior to the expiration date of the license. 64B16-26.103, F.A.C. Licenses expire September 30 every two years with a one-month temporary extension.

- 1-hour board-approved course on HIV/AIDS (first renewal ONLY). Sections 381.004 and 384.25, Florida Statutes (F.S.).
- 2-hour board-approved course that relates to prevention of medication errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. 64B16-26.103 (1) (c), F.A.C.

[7] http://www.broward.org/HumanServices/CommunityPartnerships/Documents/ProviderHandbookFY19.GSRFP.final.10.29.18.pdf

- 2-hour board-approved course on the validation of prescriptions for controlled substances. 64B16-27.831, F.A.C.
- 10 live hours required. 64B16-26.103 (1) (m), F.A.C.

All licensed pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances **during the biennium ending on September 30th.** A 2-hour course shall be taken every biennium thereafter. The course shall count towards the mandatory 30 hours of CE required for licensure renewal. All newly licensed pharmacists must complete the required course before the end of the first biennial renewal period. 64B16-27.831, F.A.C.

For more information visit The Florida Board of Pharmacy[8] or the Florida Pharmacy Continuing Education[9] websites.

OUTCOMES, OUTCOME INDICATORS, STRATEGIES, DATA SOURCES

Outcomes	Indicators	Measure
1. Clients receive medication in a timely manner.	1.1. 80% of clients will receive medications within the same day of receiving a prescription.	1.1.1. Medication pickup and script tracking within providers Electronic Medical Record & Provide Enterprise.

[8] https://floridaspharmacy.gov/
[9] https://floridaspharmacy.gov/renewals/continuing-education-ce/

STANDARDS FOR SERVICE DELIVERY

Standard	Measure
1. Client receives drug utilization review (DUR) which includes an evaluation for and documentation of: side effect management, drug interactions, potential drug allergies, contraindications, adherence strategies, food interactions, medication safety, etc.	1.1 Pharmacist Signature on back of Prescription - OR- within the Electronic Records
2. Agencies dispensing medications shall adhere to all local, state and federal regulations and maintain current facility licenses required to operate as a pharmacy in the State of Florida.	2.1 Documentation of current licensure
3. Clients are offered counseling on medication adherence.	3.1 Provider shall maintain a Prescription Counseling Log
4. Every prescription includes proper indications and dosing instructions.	4.1 Each dispensed prescription has the proper labeling according to agency guidelines.
5. Patient receives education and counseling including a review of drug interactions specific to antiretroviral therapy and the HIV disease state.	5.1 Provider shall maintain an outline for reviewing drug interactions and HIV education.
6. Confidentiality statement signed and dated by pharmacy employees.	6.1 Signed and dated confidentiality statements of staff on file (HIPAA compliance)
7. Storage of Medications	7.1 Pharmacy shall maintain appropriate, locked storage of medications and supplies (including refrigeration) according to the State Board of Pharmacy regulations. Documentation of policies.
8. Only authorized personnel may dispense/provide prescription medication.	8.1 Licensed pharmacists authorized by the applicable Florida State Board 8.2 Pharmacy to dispense medications. 8.3 Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.
9. Clients receive their prescription or initial supply of medication within 24 hours of receiving their script.	9.1 Provider shall track medication scripts and fill dates within their Electronic Health Record.
10. The provider applies for Payment Assistance Programs (PAP) prior to rendering services under Emergency Financial Assistance.	10.1 Provider documents within their Electronic Health Record the attempt to apply for PAP for the client, or if applying for PAP was successful.

Resources

Academy of Managed Care Pharmacy. (n.d.). Retrieved from https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/drug-utilization-review

Continuing Education Requirements for Florida Pharmacists and Pharmacy Technicians. (n.d.) Retrieved from https://cdn.ymaws.com/www.pharmview.com/resource/resmgr/docs/ce_requirements.pdf

Infectious Disease Services. (n.d.). Retrieved from http://broward.floridahealth.gov/programs-and-services/infectious-disease-services/index.html

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. (n.d.) Retrieved from https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf

Medicaid. (1970, October 29). Retrieved from http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/Medicaid

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. (n.d.). Retrieved from https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HANDOUT D

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

HRSA Findings

- The Recipient's Office has received the HRSA monitoring report for the 2022-2023 Fiscal year.

- The findings are currently being reviewed and CAP is being solidified.

Subrecipient Monitoring

- The Recipient's Office has officially reached the last week of monitoring.
- This has been a very successful monitoring season.
- Monitoring reports are being prepared and reviewed before forwarding to sub-recipients in the coming weeks.

Service Delivery Models (SDM)

- The Recipient Office has started the review cycle on SDMs ahead of the RFP process for 2024 - 2025.

Federal Poverty Level

- The Recipient's office has discussed with the State Florida Department of Health (Part B) the potential effects on Part A Ambulatory, Case Management and HICP utilization of lowering the FPL percentage for ACA Plan enrollment to 50% of FPL from 75%.

- Planning and implementation will continue over the next few months.

Questions?

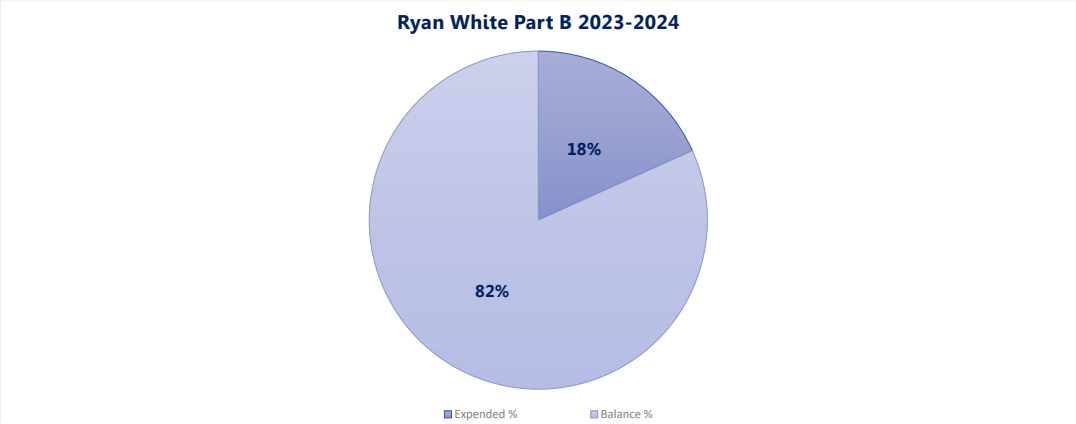
HANDOUT E

Ryan White Part B

PTC24: April 1, 2023 to March 31, 2024

Expenditures for June 2023

Service Category	Allocated	Expended 2023	Expended to Date	Expended %	Balance %	Balance
Administrative Services	$ 85,825	$ 6,393	$ 19,934	23%	77%	$ 65,890.55
Health Insurance Premium/Cost Sharing	$ 167,750	$ 8,291	$ 29,187	17%	83%	$ 138,563.34
Home & Community Based Health	$ 30,000	$ 100	$ 1,464	5%	95%	$ 28,536.00
Medical Nutritional Therapy	$ 10,000	$ 979	$ 3,694	37%	63%	$ 6,306.42
Emergency Financial Assistance	$ 150,654	$ 40,583	$ 49,423	33%	67%	$ 101,231.13
Home Delivered Meals	$ 30,000	$ -	$ -	0%	100%	$ 30,000.00
Medical Transportation	$ 135,476	$ 5,252	$ 17,021	13%	87%	$ 118,454.85
Non-Medical Case Management	$ 321,770	$ 27,275	$ 67,610	21%	79%	$ 254,160.16
Residential Substance Abuse	$ 166,500	$ 10,500	$ 10,500	6%	94%	$ 156,000.00
Clinical Quality Management	$ 58,096	$ 3,825	$ 13,308	23%	77%	$ 44,788.34
Planning and Evaluation	$ 5,858	$ -	$ -	0%	100%	$ 5,858.00
TOTALS	**$ 1,161,929**	**$ 103,198**	**$ 212,140**	**18%**	**82%**	**$ 949,788.79**



Serena R. Cook 954-412-7086

ADAP REPORT JULY 2023

Enrollment July 2023	
Total Enrolled June 2023	4,991
ADAP Enrollments and Re-enrollments processed	157
New Clients	58
Viral Suppression June 2023	
Total Virally Suppressed at 6 months	4,637
Percentage of Virally Suppressed	93%
% Uninsured Virally Suppressed at 6 months	88.51%
% Insured Virally Suppressed at 6 months	95.92%
No Show Report June 2023	
No Show Report	22%

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.

Revised 7/24/14

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.

Revised 7/24/14

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 respektè 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 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.

End of Packet