



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

Priority Setting & Resource Allocation Committee Meeting Workshop

Thursday, June 22, 2023 - 11:00 AM - 5:00 PM

Location: Florida Department of Health (Broward County) and via [WebEx Videoconference](#)

Chair: Brad Barnes • Vice Chair: Vacant

This meeting is audio and video recorded.

Quorum for this meeting is 5

DRAFT AGENDA

ORDER OF BUSINESS

- I. Call to Order/Establishment of Quorum
- II. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
- III. Public Comment
- IV. ACTION: Approval of Agenda for June 22, 2023
- V. ACTION: Approval of Minutes from January 19, 2023
- VI. ACTION: Approval of Workshop Notes February 16, 2023; March 16, 2023, May 11, 2023, and May 18, 2023
- VII. Standard Committee Items
 - a. **Ryan White Part A Office: Monthly Expenditure/Utilization Report – by service category (Handout A)**
- VIII. Unfinished Business
 - a. None.
- IX. New Business
 1. **Presentation on the Results of the Community Empowerment Committee Ranking of Service Categories (Handout B) (11:05 AM-11:15 AM)**
 2. **PSRA Members Rank Service Categories (All Service Categories) (11:15 AM-11:30 AM)**
 3. **Presentation: Department of Health HIV Surveillance Epidemiological Data (Handout C) (11:30 AM-12:15 PM)**
 4. **PSRA Members Vote on Results of Service Category Ranking (12:15 PM-**

12:30 PM)

5. **Discussion and Vote: “How Best to Meet the Needs Language” (Handout D)**
(12:30 PM-12:45 PM)

BREAK: 12:45-1:15

6. **Discussion: Justification of Non-Service Categories Not Funded by Part A**
(1:15 PM-1:45 PM)
7. **Discussion: Overview FY 2022-2023 Service Category Utilization including Reallocations with Recommendations and Justifications for FY 2024-2025 Allocation** (1:45 PM-2:30 PM)
8. **Discussion: Eligibility/Federal Poverty Levels (FPL)** (2:30 PM-3:00 PM)
9. **PSRA Members Vote on the Allocations of Core, Support, and Minority AIDS Initiative (MAI) Services FY2024-2025** (3:00 PM-4:15 PM)

- X. Recipient Report
- XI. Public Comment
- XII. Agenda Items for Next meeting:
- a. Next Meeting Date: July 20, 2023, at 9:00 a.m. Location: Broward Regional Health Planning Council
- Next Meeting Agenda Items: **To Be Determined**
- XIII. Announcements
- XIV. Adjournment

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

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• *Linkage to Care • Retention in Care • Viral Load Suppression •*

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

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



Broward County Board of County Commissioners

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

[Broward County Website](#)



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 eskizif pou fè moun tandè-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posèsyon 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.



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Priority Setting and Resource Allocation Committee

Thursday, January 19, 2023- 9:00 AM
Meeting at Broward Regional Health Planning Council and via
[WebEx](#)

DRAFT MINUTES

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

PSRA Members Absent: None

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

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao

Guests Present: R. Honnick, K. Drummond,

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

The PSRA Chair called the meeting to order at 9:07 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

The approval for the agenda of the January 26, 2023, Priority Setting and Resource Allocation Committee meeting was proposed by B. Mester, seconded by R. Jimenez, and passed unanimously. The approval for minutes of the October 20, 2022 meeting were tabled for approval during the February 16, 2023 meeting, as the minutes were not included in the meeting packet.

Motion #1: Mr. Mester, on behalf of PSRA, made a motion to approve the January 26, 2023, Priority Setting and Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

4. None.
5. Unfinished Business

None.

6. New Business

FY2023-2024 Resource Reallocations/Sweeps:

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

- 1) **Motion #2:** B. Fortune-Evans made a motion to reallocate \$150,407 from Outpatient Ambulatory Healthcare Services for FY2022-2023. R. Jimenez seconded the motion. The motion was adopted unanimously.
- 2) **Motion #3:** L. Robertson made a motion to reallocate \$52,000 from Oral Health Care -Routine for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.
- 3) **Motion #4:** B. Mester made a motion to reallocate \$184,000 from Oral Health Care -Specialty for FY2022-2023. L. Robertson seconded the motion. The motion was adopted unanimously.
- 4) **Motion #5:** R. Jimenez made a motion to reallocate \$83,000 from Medical Case Management – Case Management for FY2022-2023. L. Robertson seconded the motion. The motion was adopted unanimously.
- 5) **Motion #6:** L. Robertson made a motion to reallocate \$187,000 from Health Insurance Premiums & Cost Sharing Assistance for FY2022- 2023. J. Jimenez seconded the motion. The motion was adopted with one abstention.
- 6) **Motion #7:** B. Mester made a motion to reallocate \$96,000 from Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) FY2022-2023. R. Jimenez seconded the motion. The motion was adopted with one abstention.

**Total Reallocation/Sweeps from Core & Support
Services = (\$752,407)**

- 7) **Motion #8:** L. Robertson made a motion to reallocate \$200,000 to Outpatient Ambulatory Healthcare services for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.
- 8) **Motion #9:** R. Jimenez made a motion to reallocate \$150,000 to AIDS Pharmaceutical Assistance for FY2022-2023. E. Dsouza seconded the motion. The motion was adopted with three abstentions.
- 9) **Motion #10:** B. Fortune-Evans made a motion to reallocate \$184,000 to Oral Health Care – Routine for FY2022-2023. R. Jimenez seconded the motion. The motion was adopted unanimously.
- 10) **Motion #11:** B. Fortune-Evans made a motion to reallocate \$132,907 to Medical Case Management for FY2022-2023. B. Mester seconded the motion. The motion was adopted unanimously.
- 11) **Motion #12:** V. Biggs made a motion to reallocate \$78,000 to Disease Case

Management for FY2022-2023. L. Robertson seconded the motion. The motion was adopted unanimously.

12) **Motion #13:** E. Dsouza made a motion to reallocate \$4,000 to Mental Health for FY2022- 2023. B. Fortune-Evans seconded the motion. The motion was adopted with three abstentions.

13) **Motion #14:** B. Fortune-Evans made a motion to reallocate \$3,500 Substance Abuse-Outpatient for FY2022-2023. E. Dsouza seconded the motion. The motion was adopted with two abstentions.

**Total Reallocation/Sweeps to Core & Support Services
= (\$752,407)**

14) **Motion #15:** R. Jimenez made a motion to reallocate \$180,000 from MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.

**Total Reallocation/Sweeps from MAI Core &
Support Services = (\$180,000)**

15) **Motion #16:** R. Jimenez made a motion to reallocate \$41,000 to MAI Medical Case Management for FY2022-2023. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.

16) **Motion #17:** E. Dsouza made a motion to reallocate \$1,500 to MAI Mental Health for FY2022-2023. R. Jimenez seconded the motion. The motion was adopted with two abstentions.

17) **Motion #18:** R. Jimenez made a motion to reallocate 90,500 to MAI Substance Abuse for FY2022-2023. B. Mester seconded the motion. The motion was adopted with two abstentions.

**Total Reallocation/Sweeps to MAI Core & Support
Services = \$133,000**

Review PSRA's FY2022 Work Plan progress and approve the FY2023-2024.

PCS staff informed members that the committee successfully completed its FY2022-2023 workplan goal and objectives. Staff then presented the FY2023-2024 workplan, which was approved with the removal of proposed Objective 1.7. Approval of the FY2023-2024 Workplan with the removal of Objective 1.7 was proposed by L. Robertson, seconded by V. Biggs, and passed unanimously.

Motion #19: Mr. Robertson, on behalf of PSRA, made a motion to approve the Priority Setting and Resource Allocation Committee's FY2023-2024 Workplan with the removal of Objective 1.7. The motion was adopted unanimously.

Review and approve the proposed FY2024-2025 PSRA Process timeline.

PCS Staff reviewed the proposed FY2024-2025 PSRA Process timeline with members. Approval of the FY2024-2025 PSRA Process timeline with the addition of a March 1, 2022 – December 31, 2022, service utilization scorecard report for the February 16, 2023 meeting, and the removal of "no meetings" for July, August, and September was proposed by L. Robertson, seconded by B. Mester, and passed unanimously

Motion #20: Mr. Robertson, on behalf of PSRA, made a motion to approve the FY2024-2025 PSRA Process timeline with the recommended changes. The motion was adopted unanimously.

7. Recipient's Report

J. Roy, the Administrator, reported that HRSA completed a three-day in-person Ending the HIV Epidemic Site visit. The feedback from HRSA was very positive, with two main findings: 1) to increase monitoring of EHE Providers, and 2) Underutilization of EHE funds by providers. G. James, Contract Senior, reported that the Recipient office is up to date with its reporting to HRSA, and a Ryan White Part A virtual site visit is scheduled for June 9, 2023. Members shared the billing challenges of the Provide Enterprise system. The Recipient Office indicated that they are aware of certain challenges and have received a recommendation from HRSA Project Officers to consider exploring a new platform.

8. Public Comment

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

9. Agenda Items for Next Meeting

The next PSRA meeting will be held on February 16, 2023, at 9:00 a.m. via WebEx Videoconference.

Next Meeting Agenda Items

- Overview of the PSRA Process
- Broward RWPA Minority AIDS Initiatives & Ending the HIV Epidemic Activities
- Eligibility Determination (Reviewing Federal Poverty Levels for each Service Category)
- Review Service Utilization Scorecard March 1, 2022 – December 31, 2022.

10. Announcements

- The Ujima Men's Collective is hosting its community conversation on "Why Pronouns are Important", on January 19th at 6:00 PM at the YMCA in Sistrunk.
- The Poverello Center is now able to deliver food through Door Dash and Holy Cross has received funding to provide food for clients and is in partnership with Poverello.
- March 18, 2023, is the Florida AIDS Walk & Music Festival at Fort Beach Park, Fort Lauderdale.
- The next PSRA meeting will be a workshop and virtual.
- The Community Empowerment Committee's next community conversation is on January 26, 2023, from 1:00 pm-2:00 pm. Topic: "Why Language Matters" Presented by the Positive People Network.

11. Adjournment

There being no further business, the business portion of the PSRA meeting was adjourned at 11:15 A.M.

PSRA Attendance for CY 2023

Consumer	PLW/HA	Absences	Count														
				Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	20	17	17	21	19	16	21	C	C	20			
0	1	0	1	Barnes, B., Chair	X	X	X	X	X	X	X			X			
0	0	1	2	Fortune-Evans, B.	X	X	X	X	X	A	X			X			
0	0	1		Lopes, R.	X	X	X	X	A	Z-5/31							
0	0	0	3	Mester, B.	X	X	X	X	X	X	X			X			
0	0	1		Moreno, V., V Chair	X	A	X	X	X	X	X			Z-10/03			
0	1	0	4	Robertson, L.	X	X	X	X	X	X	X			X			
0	0	0		Schickowski, K.	X	X	X	X	Z- 5/17								
0	0	4		Schweizer, M.	A	X	A	X	A	E	A	R-7/25					
1	1	0		Shamer, D.	X	X	Z-03/14										
0	0	0	5	Dsouza, E.	X	X	X	X	X	X	X			E			
0	1	0		Dumas, C.	X	X	X	X	X	Z-5/19							
0	0	1	6	Rodriguez, J.	N-1/27	A	E	X	X	X	X			X			
0	1	0	7	Biggs, V.	N-7/28									X			
0	0	0		Arencibia, Y.	N-4/28				X	X	Z-07/12						
0	0	1	8	Jimenez, R.	X	X	X	X	A	X	X			X			
				Quorum = 5	11	11	10	12	9	8	8	0	0	7	0	0	

Legend:

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

Priority Setting and Resource Allocation Committee Meeting Minutes – October 20, 2022
Minutes prepared by PCS Staff



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Priority Setting and Resource Allocation Committee

Thursday, February 16, 2023- 9:00 AM

Meeting via [WebEx](#)

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), B. Mester, J. Rodriguez, L. Robertson, R. Jimenez, B. Fortune-Evans, V. Biggs, E. Dsouza
PSRA Members Absent: None

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

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao

Guests Present: R. Honnick, M. Mullings, K. Whyte, J. Wynn, K. Mobley

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

The PSRA Chair called the meeting to order at 9:06 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

None.

4. Unfinished Business

None.

5. New Business

For the month of March, the PRSA elected to host an online workshop forum. After the PCS staff reviewed the overview of the PSRA process, Broward County's RWPA presented on the Minority AIDS Initiatives and Ending the HIV Epidemic Activities while the Department of Health presented on Ending the HIV Epidemic Activities. PSRA also reviewed the federal poverty levels for each service category.

6. Recipient's Report

The RWPA office will be launching a housing initiative in March while focusing on ending this fiscal year examining additional cost containment strategies.

7. Public Comment

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

8. Agenda Items for Next Meeting

The next PSRA meeting will be held on March 16, 2023, at 9:00 a.m. via WebEx Videoconference.

Next Meeting Agenda Items

- Review Service Categories (RW Parts A and B)
- Discuss recommendations from the System of Care Committee on How Best to Meet the Needs
- Review Service Utilization Scorecard March 1, 2022 – December 31, 2022.
- Review RWPA's MAI Cost and Utilization per Client Report
- Review RWPA's FPL Handout for each service category

9. Announcements

None.

10. Adjournment

There being no further business, the business portion of the PSRA meeting was adjourned at 10:52 A.M.

Consumer	PLMHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16											
0	1	0	1	Barnes, B., Chair	X	X											
0	0	0	2	Fortune-Evans, B.	X	X											
0	0	0	3	Mester, B.	X	X											
0	1	0	4	Robertson, L.	X	X											
0	0	0	5	Dsouza, E.	X	X											
0	0	0	6	Rodriguez, J.	X	X											
0	1	0	7	Biggs, V.	X	X											
0	0	0	8	Jimenez, R.	X	X											
				Quorum = 5													

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

Priority Setting and Resource Allocation Committee Meeting Minutes – February 20, 2023 Minutes prepared by PCS Staff



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

Priority Setting and Resource Allocation Committee

Thursday, March 16, 2023- 9:00 – 11:00AM
Meeting via [WebEx](#)

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), B. Mester, J. Rodriguez, L. Robertson, R. Jimenez, B. Fortune-Evans, V. Biggs, E. Dsouza
PSRA Members Absent: None

Ryan White Part A Recipient Staff Present: G. James, W. Cius, T. Thompson, D. Davis, Q. Cowan

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao, N. Del Valle

Guests Present: M. Mullings, M. Schweizer

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

The PSRA Chair called the meeting to order at 9:05 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Meeting Approvals

None.

4. Unfinished Business

None.

5. New Business

For the month of March, *M. Patel* and *N. Del Valle* presented and reviewed the Ryan White Part A Service categories to the committee. Following the presentation, *T. Thompson* discussed the FPL RW Part A service category handout. Lastly, *G. Berkley-Martinez* reviewed Handout D, How Best to Meet Priority Needs: HRSA Requirements. The committee will later make a voting on the recommendations.

6. Recipient's Report

FY '22-'23 has been concluded and the Recipient's Office has sent out contract adjustments exercising the current option for FY '23-'24. The contract adjustments have been received and the Recipient's Office are preparing to upload the pieces onto Provide Enterprise for providers to begin to bill for the current FY. While they finish up the closing fiscal year, they will be expecting February invoices and February final invoices. Final notice of award has not been released yet for this current fiscal year.

7. Public Comment

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

8. Agenda Items for Next Meeting

The next PSRA meeting will be held on April 20, 2023, at 9:00 a.m. via WebEx Videoconference.

Next Meeting Agenda Items:

Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations including data related to:

- a. Client utilization
- b. Funding Allocation
- c. Provided services
- d. Notable Trends
- e. Recommendations for Part A

9. Announcements

- *M. Mester* announced on March 18th, early morning, there will be an AIDS walk at Ft. Lauderdale Beach.
- *L. Robertson* announced a Community Conversation on Being Woke in the State of Florida on April 5th at 6:00PM
- *G. Berkley-Martinez* announced that CEC will be partnering and joining their meeting with BAGG on April 4th. On April 19th, CEC will be hosting a Community Conversation on Housing at the World AIDS Museum at 7:00PM.
- *B. Barnes* announced that Poverello will be starting a series that meets twice a year. The first meeting is scheduled for March 28th for Clients 62+ Moving into Medicare and Medicaid.
- *W. Cius* announced EHE Advisory Board are recruiting members to help guide the steps that EHE needs to take to address the needs of the community.

10. Adjournment

There being no further business, the business portion of the PSRA meeting was adjourned at 10:22 A.M.

PSRA Attendance for CY 2023

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16	16										
0	1	0	1	Barnes, B., Chair	X	X	X										
0	0	0	2	Fortune-Evans, B.	X	X	X										
0	0	0	3	Mester, B.	X	X	X										
0	1	0	4	Robertson, L.	X	X	X										
0	0	0	5	Dsouza, E.	X	X	X										
0	0	0	6	Rodriguez, J.	X	X	X										
0	1	0	7	Biggs, V.	X	X	X										
0	0	0	8	Jimenez, R.	X	X	X										
				Quorum = 5	8	8	8										

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

Priority Setting and Resource Allocation Committee Meeting Minutes – March 19, 2023
Minutes prepared by PCS Staff



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

Priority Setting and Resource Allocation Committee Workshop

Thursday, May 11, 2023, 9:30 – 11:30 AM
Meeting via [WebEx](#)

DRAFT MINUTES

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

PSRA Members Absent: B. Fortune-Evans

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

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao, N. Del Valle

Guests Present: N. Graham, L. James, K. Kirkland Mobley

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

The PSRA Chair called the workshop to order at 9:31 a.m. The PSRA Chair welcomed all attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Standard Committee Items

A. Tareq from the Part A Office presented the monthly Expenditure/Utilization Report by service category.

4. Unfinished Business

None.

5. New Business

Ryan White Funder and Stakeholders' Presentations:

- Part B by J. Rodriguez
- Part C by L. James
- Part D by N. Graham (B. Fortune-Evens)
- Part F by M. Schweizer
- HOPWA by E. Dsouza

Representatives reviewed data related to the following: client utilization, funding allocation, services provided, notable trends and recommendations for Part A.

6. Recipient's Report

None.

7. Public Comment

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

8. Agenda Items for Next Meeting

1. HIV Surveillance Epidemiological Data Presentation focused on:
 - a. Trends in new infections
 - b. Current and emerging priority populations
 - c. Changes in demographics of the EMA's HIV/AIDS cases
2. Quality Management Part A Client Health Outcomes Presentation: Analysis of Part A FY2022 – March 1, 2022- February 28, 2023, client continuum of care health outcomes including:
 - a. Viral Load Suppression
 - b. Retention in Care; Variations by demographics
3. FY2022-2023 Service Utilization Scorecards
 - a. CQM Team Reports on service category utilization
4. Present Notable trends of Needs Assessment/Community Input:
 - a. Consumer Data (Community Conversation Data/CEC Data/ Community Outreach Data)
5. Review the Community Empowerment Committee's (CEC) Rankings of Part A Services
6. Complete Rankings of Service Categories via (E-mail/Survey Link)

The next PSRA meeting will be held on May 18, 2023, at 9:00 a.m. via WebEx Videoconference.

9. Announcements:

No Announcements.

10. Adjournment:

There being no further business, the business portion of the PSRA meeting was adjourned at 11:31 A.M.

PSRA Attendance for CY 2023

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16	16		11	18								
0	1	0	1	Barnes, B., Chair	X	X	X	C	X	X								
0	0	0	2	Fortune-Evans, B.	X	X	X	C	E	X								
0	0	0	3	Mester, B.	X	X	X	C	X	X								
0	1	0	4	Robertson, L.	X	X	X	C	X	X								
0	0	0	5	Dsouza, E.	X	X	X	C	X	X								
0	0	0	6	Rodriguez, J.	X	X	X	C	X	X								
0	1	0	7	Biggs, V.	X	X	X	C	X	X								
0	0	0	8	Jimenez, R.	X	X	X	C	X	X								
			9	Schwiezer, M.					X	A								
				Quorum = 5	8	8	8		8									

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

*Priority Setting and Resource Allocation Committee Meeting Minutes – May 15, 2023,
Minutes prepared by PCS Staff*



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

Priority Setting and Resource Allocation Committee

Thursday, May 18, 2023- 9:00AM – 1:00PM

Meeting via [WebEx](#)

DRAFT MINUTES

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

PSRA Members Absent: M. Schwiezer

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

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao, N. Del Valle

Guests Present: K. Drummond, K. Benedetti, D. Cestaro-Seifer

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

The PSRA Chair called the meeting to order at 9:02 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

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

3. Standard Committee Items

None.

4. Unfinished Business

None.

5. New Business

CQM Support Staff, *B. Miller* and *D. Liao*, presented on Quality Management Part A Client Health Outcomes an analysis of Part A FY2022 on client continuum of care health outcomes including viral load suppression and retention in care. CQM Support Staff also presented on the FY2022-2023 Service Utilization Scorecards.

D. Cestaro-Seifer presented on the notable trends of needs assessment on youth HIV service utilization and health-related outcomes for CY2021-2023.

6. Recipient's Report

None.

7. Public Comment

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

8. Agenda Items for Next Meeting

The next PSRA meeting will be held on June 15, 2023, at 9:00 a.m. via BRHPC

Next Meeting Agenda Items:

- Review the Community Empowerment Committee's (CEC) Rankings of Part A Services
- HIV Surveillance Epidemiological Data
- Vote on Service Category Rankings
- Vote on "How to Best Meet the Need"
- Vote on Service Categories
- Justification on Non-Service Categories
- 2022-2023 Service Category Utilization
- Vote on 2023-2024 allocations.

9. Announcements

None.

10. Adjournment

There being no further business, the business portion of the PSRA meeting was adjourned at 11:58 A.M.

PSRA Attendance for CY 2023

Consumer	PLMHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16	16		18								
0	1	0	1	Barnes, B., Chair	X	X	X	C	X								
0	0	0	2	Fortune-Evans, B.	X	X	X	C	X								
0	0	0	3	Mester, B.	X	X	X	C	X								
0	1	0	4	Robertson, L.	X	X	X	C	X								
0	0	0	5	Dsouza, E.	X	X	X	C	X								
0	0	0	6	Rodriguez, J.	X	X	X	C	X								
0	1	0	7	Biggs, V.	X	X	X	C	X								
0	0	0	8	Jimenez, R.	X	X	X	C	X								
				Schwiezer, M.					A								
				Quorum = 5	8	8	8										

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

Priority Setting and Resource Allocation Committee Meeting Minutes – May 19, 2023
Minutes prepared by PCS St

**Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 23-24 Allocations**

HANDOUT A

	Service Category	Contract/ Allotted Amount	Expended Amount As of APR Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,436,529	1,001,925	18%	4,434,604	500,962	6,011,547	-
	AIDS Pharmaceutical Assistance (2)	234,044	3,412	1%	230,632	1,706	20,474	-
	Oral Health Care Routine (4)	1,910,475	110,008	6%	1,800,467	55,004	660,046	-
	Specialty (1)	736,489	-	0%	736,489	-	-	-
	Disease Case Management (5)	512,117	131,329	26%	380,788	65,665	787,975	-
	Mental Health- Trauma-Informed (2)	159,939	26,395	17%	133,544	13,198	158,372	-
	Health Insurance Premium & Cost Sharing Assistance	779,279	37,523	5%	741,756	18,762	225,141	-
	Substance Abuse-Outpatient (1)	337,498	11,616	3%	325,882	5,808	69,695	-
Support Services	Case Management Centralized Intake and Eligibility Determination (1)	582,488	25,885	4%	556,603	12,943	155,311	-
	Medical Case Management Case Management (7)	1,239,359	247,946	20%	991,413	123,973	1,487,676	-
	Food Services Food Bank (1)	700,000	288,037	41%	411,963	144,018	1,728,221	-
	Food Voucher (1)	82,586	82,575	100%	11	41,287	495,449	31,850
	Legal Assistance (1)	129,151	24,391	19%	104,760	12,195	146,345	-
	Emergency Financial Assistance (1)	115,872	-	0%	115,872	-	-	-
	Total Part A Funds	12,955,826	1,991,042	15%	10,964,784	995,521	11,946,252	31,850
	* Some of the providers have not billed for month of April 2023.							
	Service Category	Contract/ Allotted Amount	Expended Amount As of APR Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables
Core Medical Services	MAI Ambulatory (1)	116,092	-	0%	116,092	-	-	-
	MAI Medical Case Management (2)	93,212	65,865	71%	27,347	32,933	395,192	-
	MAI Mental Health (1)	62,469	9,184	15%	53,285	4,592	55,104	-
	MAI Substance Abuse-Outpatient (1)	400,000	139,847	35%	260,153	69,923	839,080	-
Support Services	MAI Centralized Intake and Eligibility Determination (1)	290,956	70,488	24%	220,468	35,244	422,928	-
	Total MAI Funds	962,729	285,384	30%	677,345	142,692	1,712,303	-
	* Some of the providers have not billed for month of April 2023.							
	Total Part A and MAI Funding	13,918,555	2,276,426	16%	11,642,129	1,138,213	13,658,556	31,850

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing Ryan White Services



Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of May 18, 2023

PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:

- Priority setting – of up to 30 allowable service categories
- Directives to Recipient on how best to meet priorities
- Allocation of funds to priority service categories
- Reallocation – during the year to ensure all funds are spent



THE CEC'S ROLE IN THE PSRA PROCESS

- HRSA and the HIV Planning Council recognize the importance of consumer and PLWHA input in the service categories' ranking and allocations
- The CEC is the first committee to rank the Ryan White Part A service categories each fiscal year
- As the community voice of the HIVPC, it is important that the CEC's ranking reflect the needs of the community
- When the PSRA Committee ranks the Part A service categories in coming months, the CEC rankings will be considered as a part of their decision-making process.



PART A CORE SERVICES

FY2024 CEC RANKINGS



CORE MEDICAL SERVICES

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



CORE MEDICAL SERVICES	FY2023 CEC Rankings	FY2024 CEC Rankings
Outpatient Ambulatory Health Services (OAHS)	7	7
Medical Case Management (Disease)	3	3
AIDS Pharmaceutical Assistance (Local)	5	1
Health Insurance Premium & Cost-Sharing Assistance (HICP)	6	2
Oral Health Care (Dental)	2	6
Mental Health Services	4	5
AIDS Drugs Assistance Program Treatments (ADAP)	1	4
Substance Abuse Services - Outpatient	9	8
Medical Nutrition Therapy	12	12
Early Intervention Services (EIS)	11	9
Home and Community-Based Health Services	8	10
Home Health Care	10	11
Hospice Services	13	13

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

PART A SUPPORT SERVICES

FY2024 CEC RANKINGS



SUPPORT SERVICES

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



SUPPORT SERVICES	FY2023 CEC Rankings	FY2024 CEC Rankings
Housing Services	1	1
Food Bank/Home-Delivered Meals	2	2
Non-Medical Case Management	6	4
Medical Transportation Services	3	5
Emergency Financial Assistance	4	3
Psychosocial Support Services	7	7
Legal Services	10	6
Substance Abuse Services – Residential	9	12
Health Education/Risk Reduction	13	11
Referral for Health Care/Supportive Services	8	10
Outreach Services	11	8
Linguistics Services (Interpretation and Translation)	15	16
Child Care Services	5	9
Other Professional Services	16	14
Rehabilitation Services	14	13
Permanency Planning	12	15
Respite Care	17	17

SUPPORT SERVICES	FY2022 CEC Rankings
Housing Services	1
Food Bank/Home-Delivered Meals	2
Emergency Financial Assistance	3
Non-Medical Case Management	4
Medical Transportation Services	5
Legal Services	6
Psychosocial Support Services	7
Outreach	8
Child Care	9
Referral for Health Care and Support Services	10
Health Education/Risk Reduction	11
Substance Abuse-Residential	12
Rehabilitation Services	13
Other Professional Services	14
Permanency Planning	15
Linguistic Services (Interpretation and Translation)	16
Respite Care	17

QUESTIONS?

DISCUSSION



HANDOUT C

HIV Epidemiology In Broward County, 2021

DEPARTMENT OF HEALTH

Florida Department of Health



Data as of 6/30/2022

Acronyms

 **HIV:** Human Immunodeficiency Virus

 **AIDS:** Acquired Immune Deficiency Syndrome

 **IDU:** Injection Drug Use

 **MMSC:** Male-to-Male Sexual Contact

 **MSM:** Men Who Have Sex with Men

Acronyms, continued

 **PWH:** Persons with HIV

 **PWID:** Persons Who Inject Drugs

 **STI:** Sexually Transmitted Infection

 **VL:** Viral Load

Technical Notes

- ⚡ Data for 2020 and 2021 should be interpreted with caution due to the impact of COVID-19 on HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.
- ⚡ Unless otherwise noted, all data in this presentation are as of 6/30/2022.

Technical Notes, continued

- ⚡ Each year, the HIV data for the previous calendar year and all prior years back to 1979 are finalized and frozen for reporting purposes on June 30. The frozen data are used in all data reports until the following June 30, when the continuously deduplicated HIV/AIDS data set will be finalized and frozen again.
- ⚡ Unless otherwise noted, population-related data (such as rates) are provided by FLHealthCHARTS as of 6/30/2022.

Technical Notes, continued

- 🟡 HIV-Related deaths represent persons with an HIV diagnosis in the CDC's electronic HIV/AIDS Reporting System (eHARS) who resided in Florida at death and whose underlying cause of death was HIV, regardless of whether their HIV status was reported in Florida.
- 🟡 STI data are derived from the Surveillance Tools and Reporting System (STARS) and provided by the STD Prevention and Control Section as of 7/01/2022.

Technical Notes, continued

- 🧡 HIV diagnoses by year represent persons whose HIV was diagnosed in that year, regardless of AIDS status at time of diagnosis.
- 🧡 AIDS and HIV diagnoses by year are not mutually exclusive and cannot be added together.

Technical Notes, continued

- 🟡 HIV prevalence data represent PWH living in Florida through the end of the calendar year, regardless of where they were diagnosed.
- 🟡 For diagnosis data over time, sub-geographical area data exclude Florida Department of Corrections (FDC) and Federal Correctional Institution (FCI) diagnoses. For prevalence data, area and county data include FDC and FCI data.

Technical Notes, continued

- 🧡 Adult diagnoses represent people ages 13 years and older; pediatric diagnoses represent people under the age of 13 years.
- For data by year of diagnosis, age is by age at diagnosis.
 - For prevalence data, age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.

Technical Notes, continued

⚔ Unless noted, White and Black people are non-Hispanic/Latino, and Other (which may be omitted in some graphs due to small numbers) represents American Indian/Alaska Native, Asian/Pacific Islander, or multi-racial.



⚔ Transgender people include:

- Transgender women (assigned male at birth).
- Transgender men (assigned female at birth).

Definitions of Mode of Exposure Categories

- 🟡 **MMSC:** Male-to-male sexual contact; these data exclude transgender persons.
- 🟡 **IDU:** Injection drug use.
- 🟡 **MMSC/IDU:** Male-to-male sexual contact and injection drug use; these data exclude transgender persons.
- 🟡 **Transgender Sexual Contact:** Sexual contact resulting in a transgender person acquiring HIV.

Definitions of Mode of Exposure Categories, continued

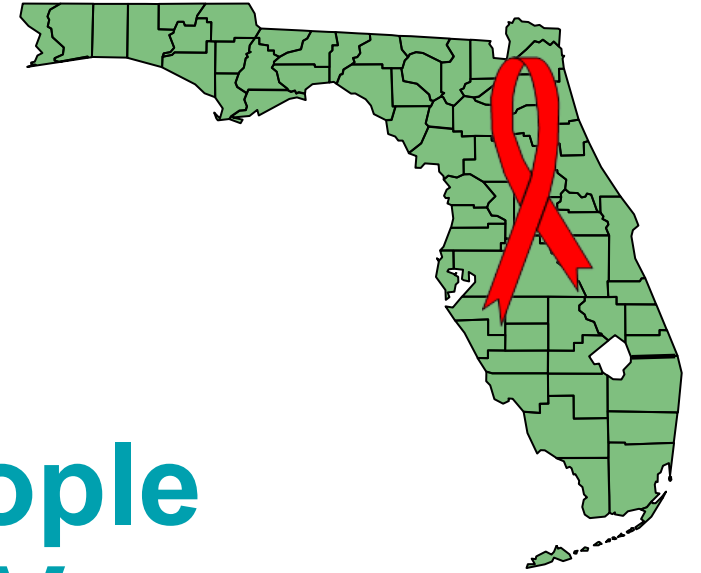
-  **Heterosexual:** Heterosexual contact with person(s) who received an HIV diagnosis or had a known HIV risk; these data exclude transgender persons.
-  **Other Risk:** Includes recipients of clotting factor for hemophilia or other coagulation disorders, recipients of HIV-infected blood or blood components other than clotting factor or of HIV-infected tissue, perinatal and other pediatric risks, or other confirmed risks.

Florida's Four Key Components Plan To Eliminate HIV Transmission and Reduce HIV-Related Deaths

- 🦋 Implement routine HIV and STI screening in health care settings and priority testing in non-health care settings.
- 🦋 Provide rapid access to treatment and ensure retention in care (Test and Treat).

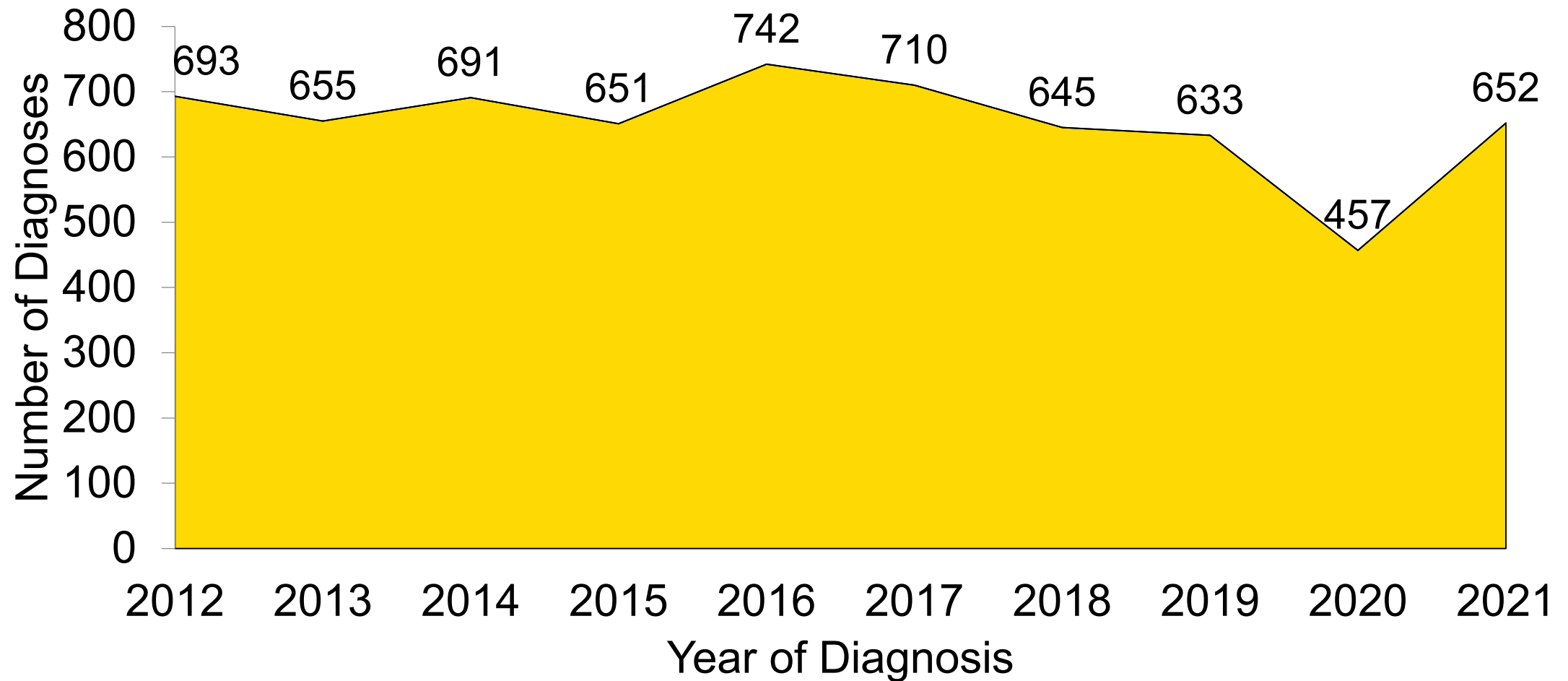
Florida's Four Key Components Plan To Eliminate HIV Transmission and Reduce HIV-Related Deaths, Continued

- 🦋 Improve and promote access to antiretroviral PrEP and nPEP.
- 🦋 Increase HIV awareness and community response through outreach, engagement, and messaging.

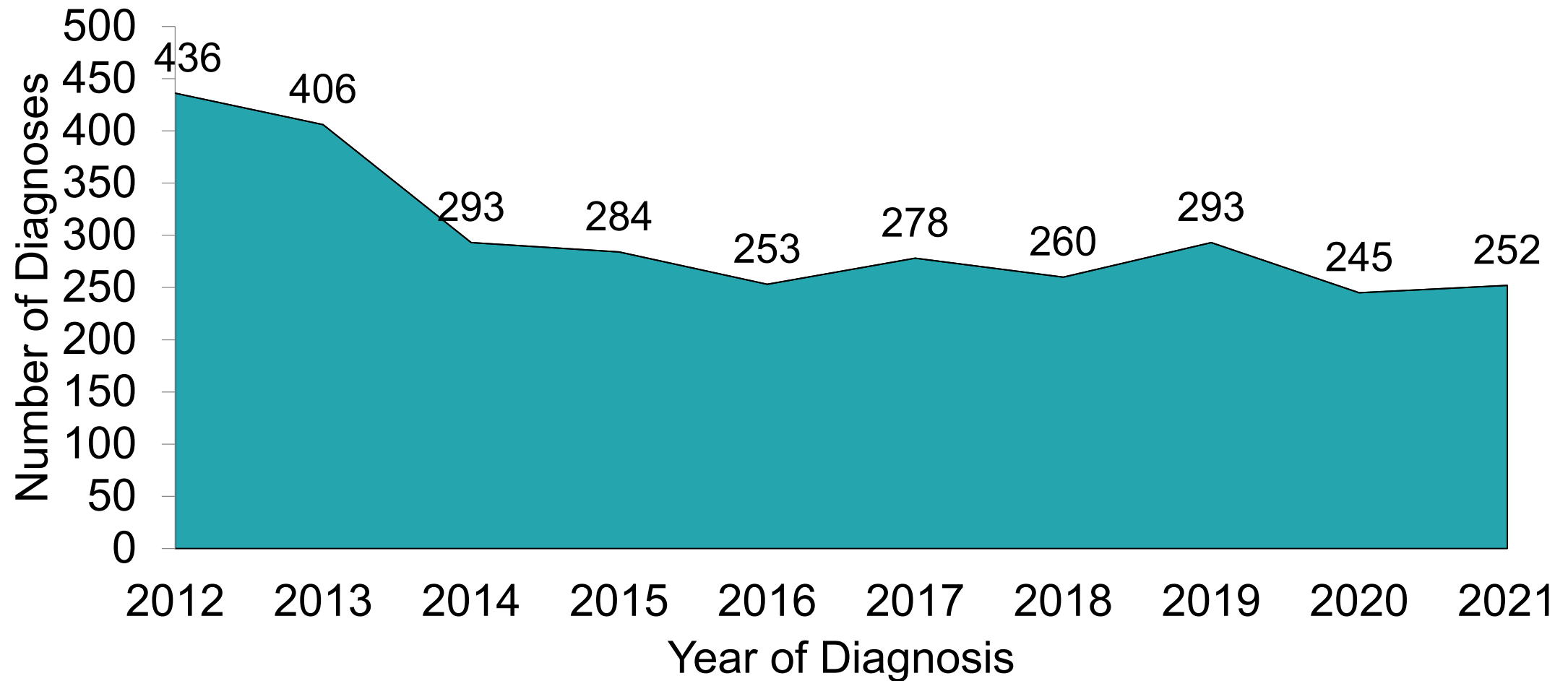


Demographics of People Diagnosed with HIV

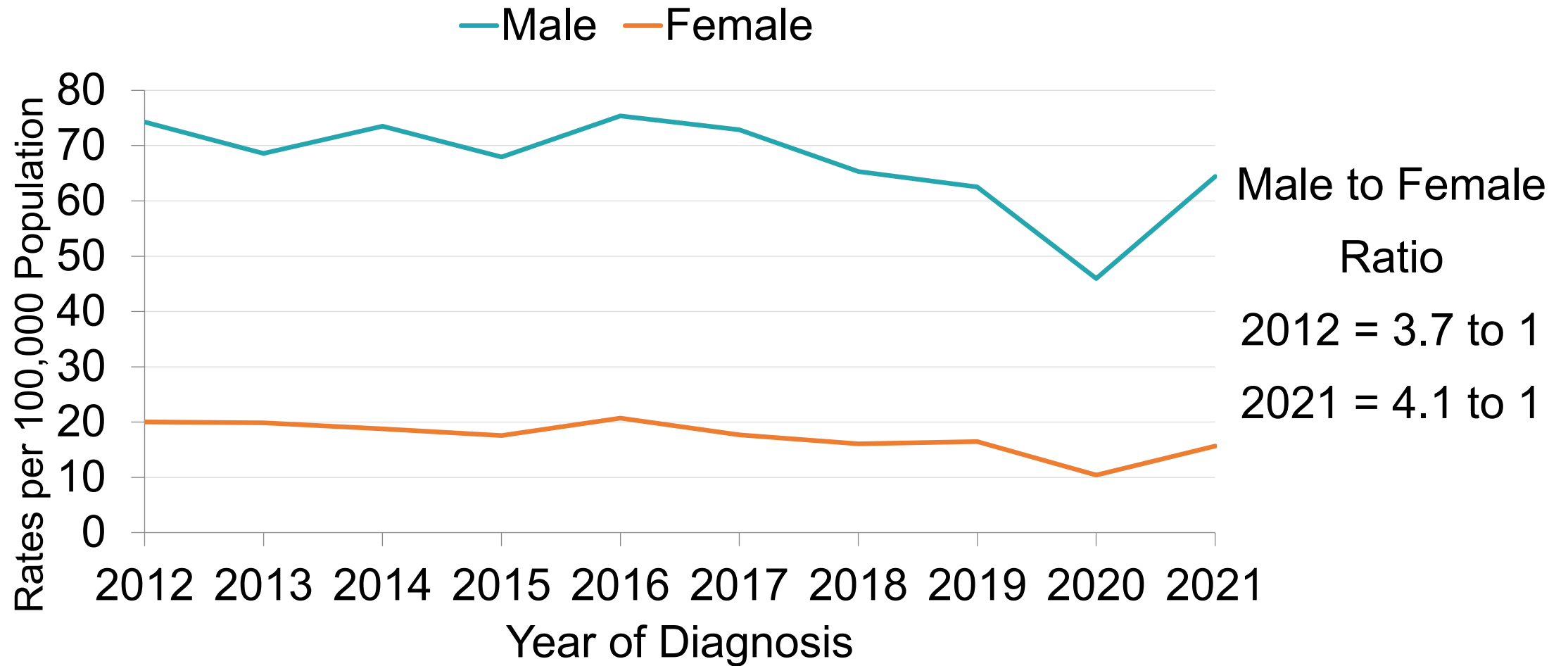
Diagnoses of HIV, 2012–2021, Broward County



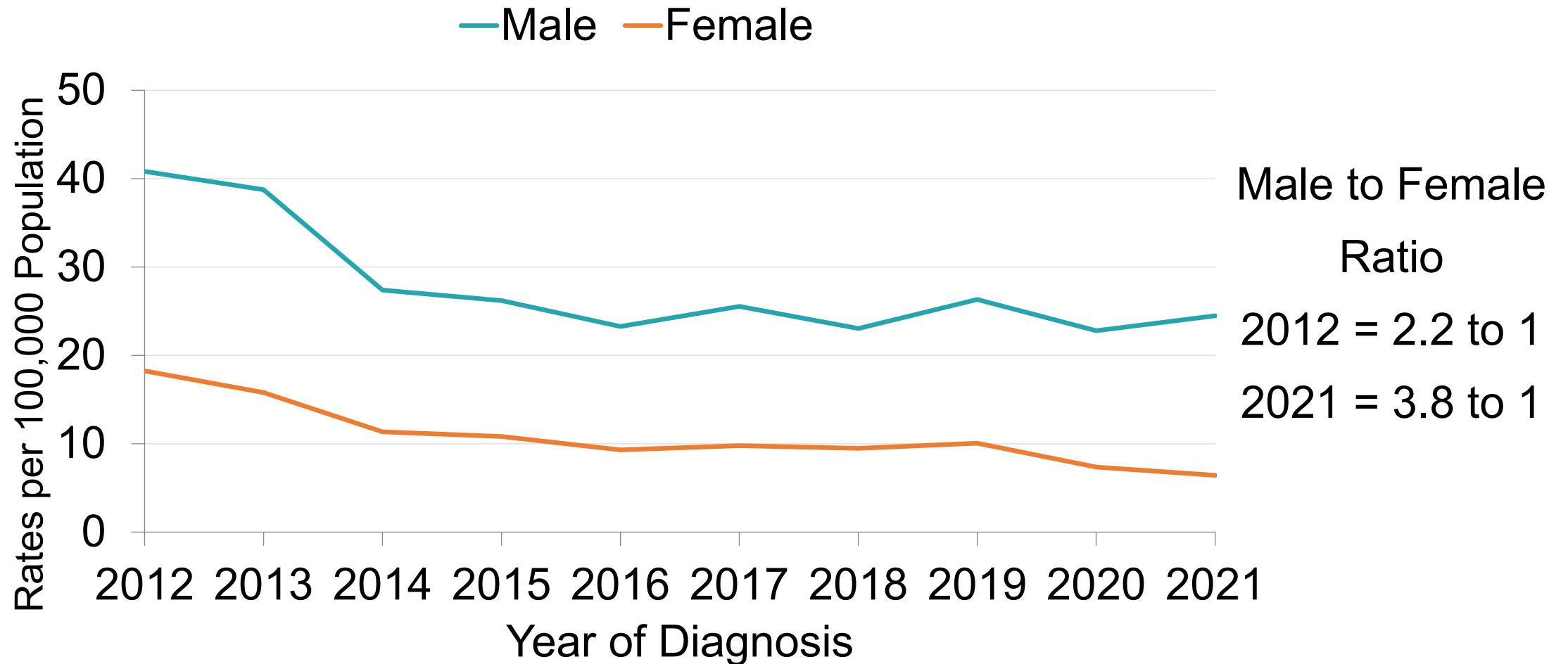
Diagnoses of AIDS, 2012–2021, Broward County



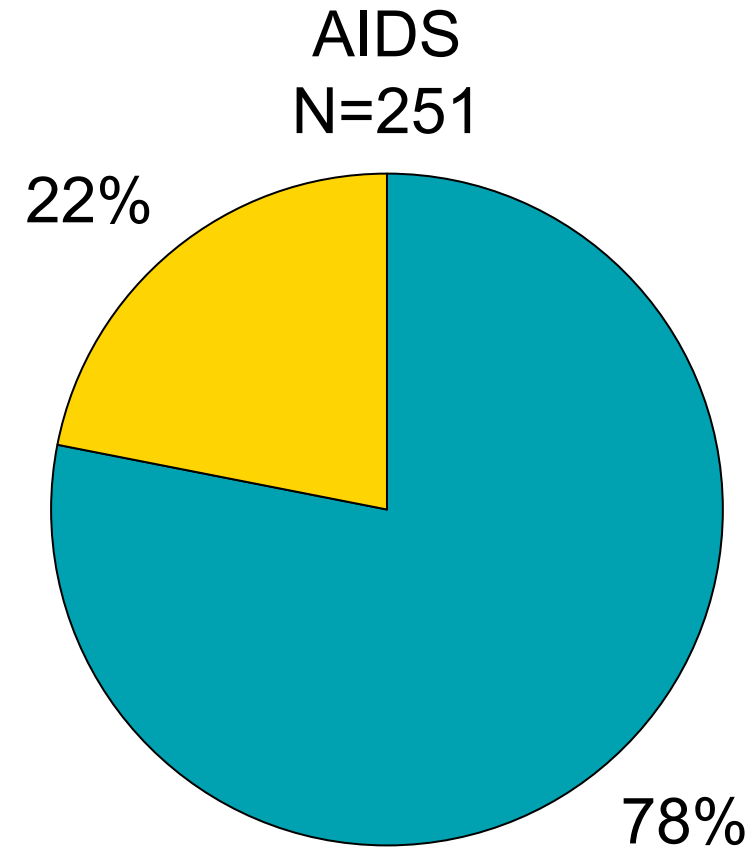
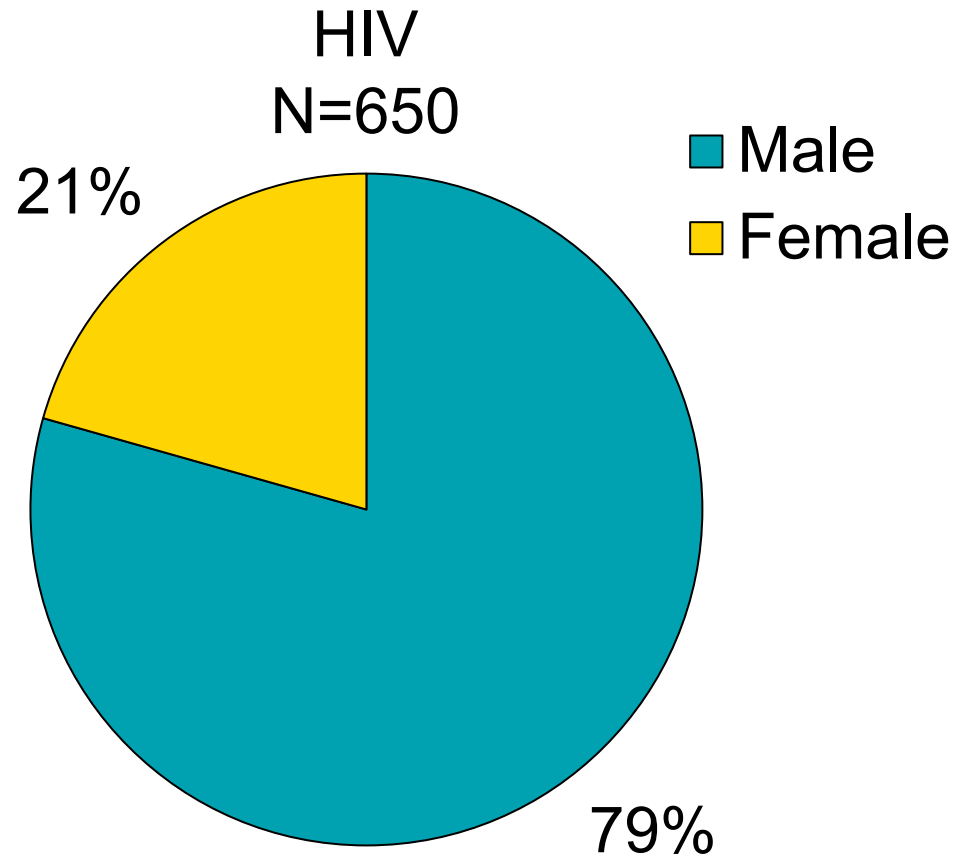
Adult HIV Diagnosis Rates By Sex at Birth, 2012–2021, Broward County



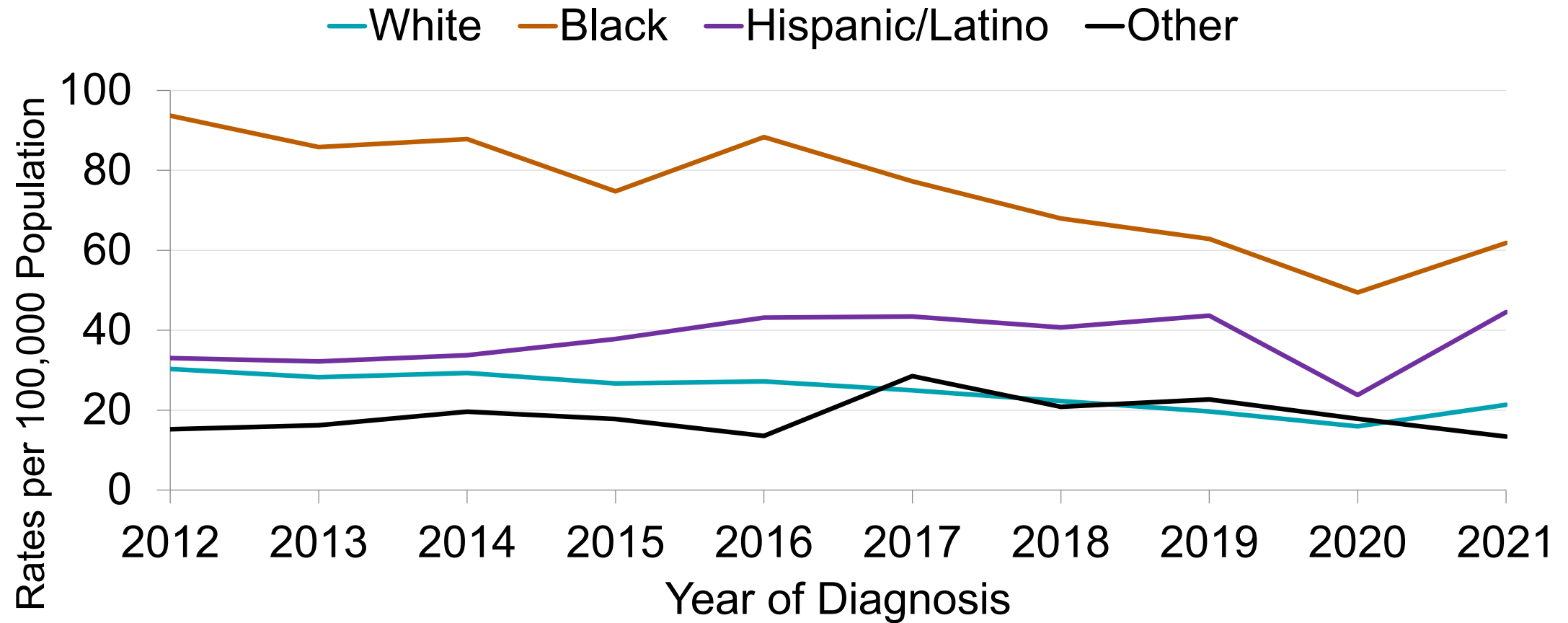
Adult AIDS Diagnosis Rates By Sex at Birth, 2012–2021, Broward County



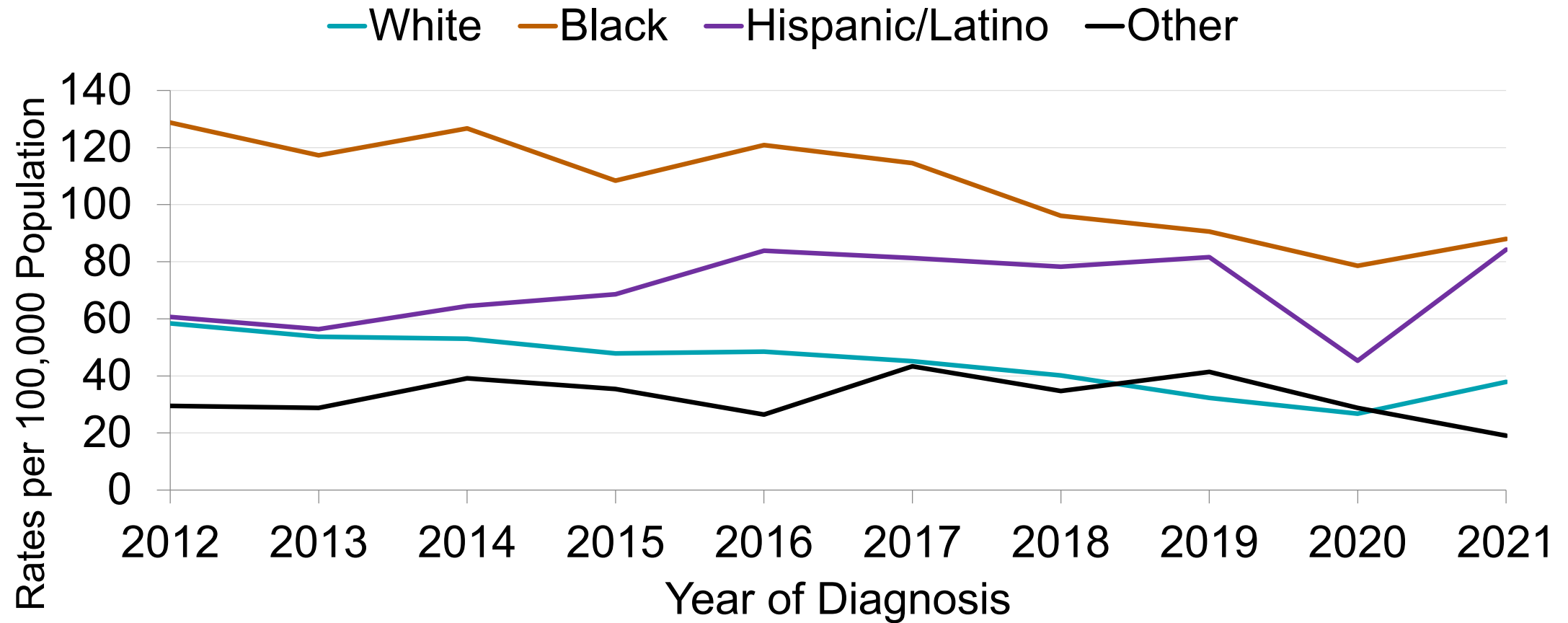
Adult HIV and AIDS Diagnoses By Sex at Birth, 2021, Broward County



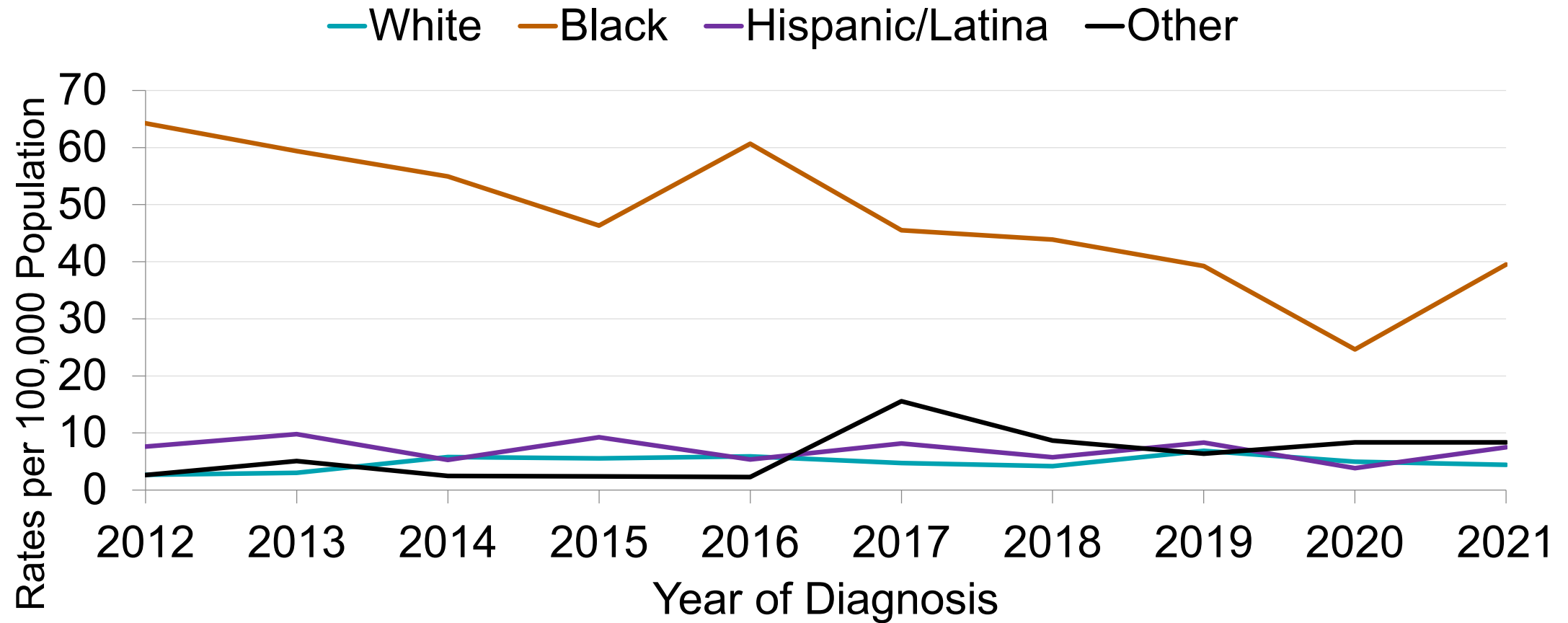
Adult HIV Diagnosis Rates By Race or Ethnicity, 2012–2021, Broward County



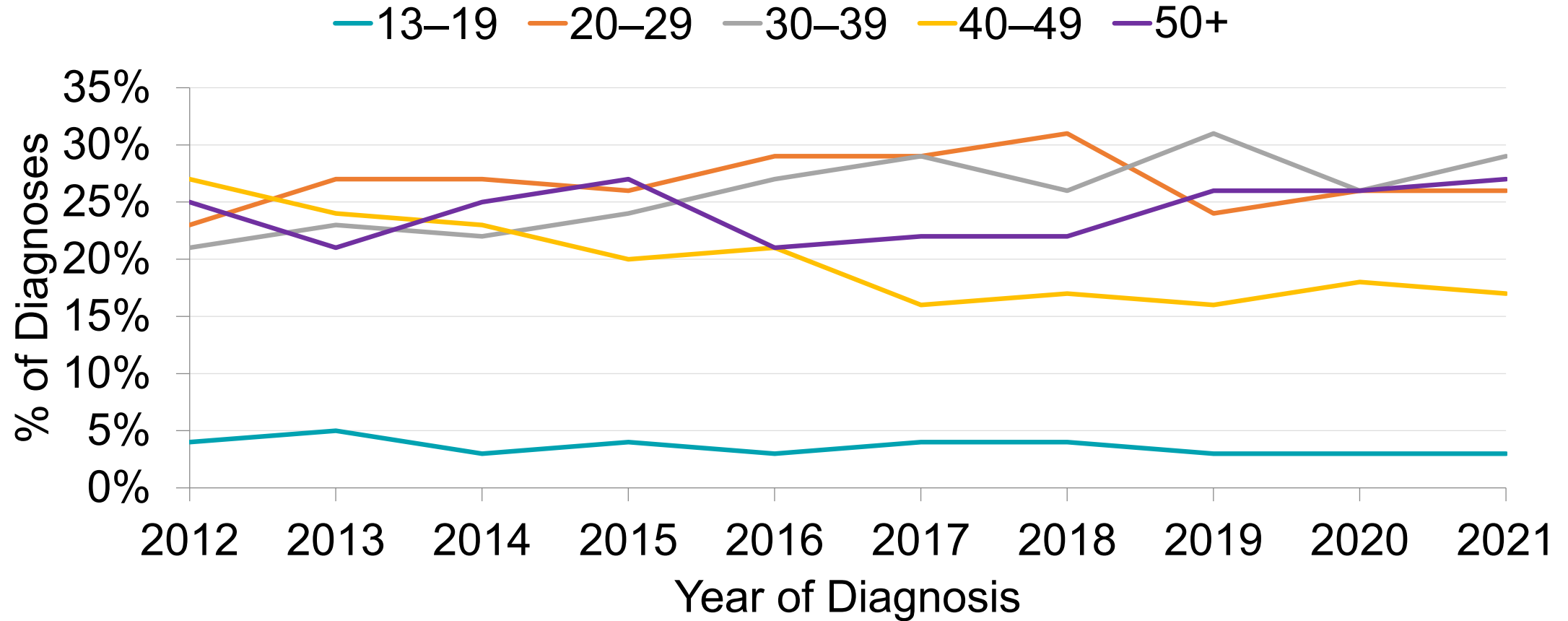
Adult Male HIV Diagnosis Rates By Race or Ethnicity, 2012–2021, Broward County



Adult Female HIV Diagnosis Rates By Race or Ethnicity, 2012–2021, Broward County

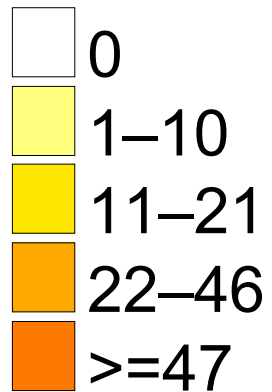


Adult HIV Diagnoses by Age At Diagnosis, 2012–2021, Broward County

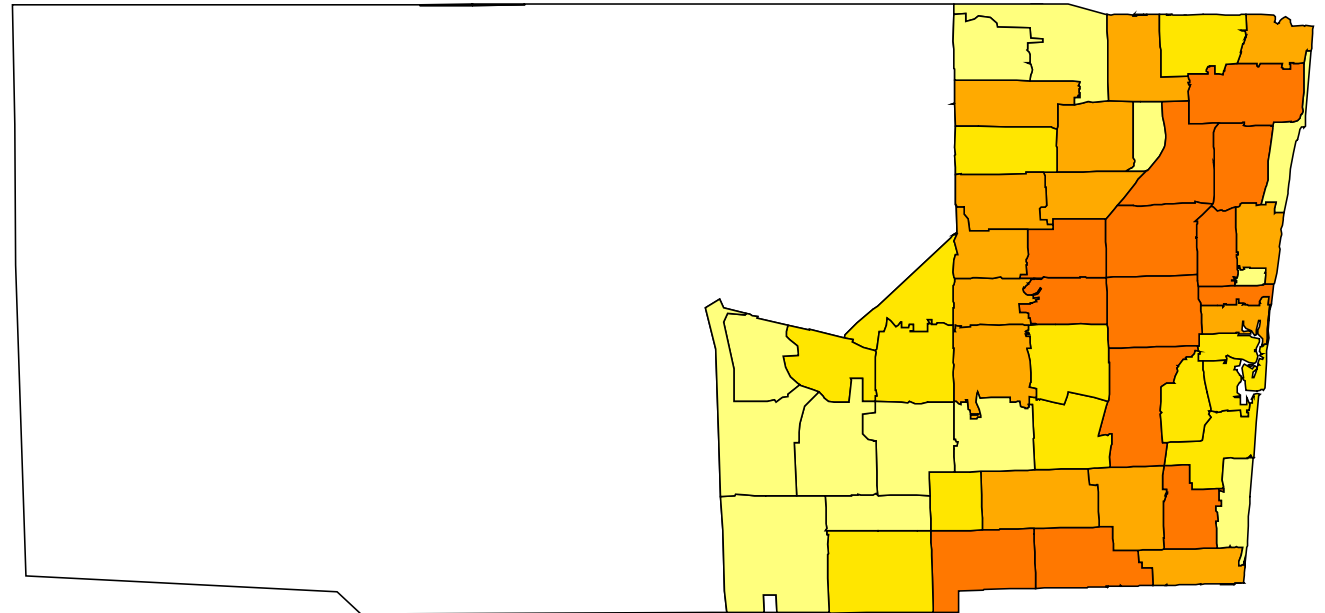


Adult HIV Diagnoses by ZIP Code of Residence at Diagnosis, 2019–2021, Broward County

Adult HIV Diagnoses

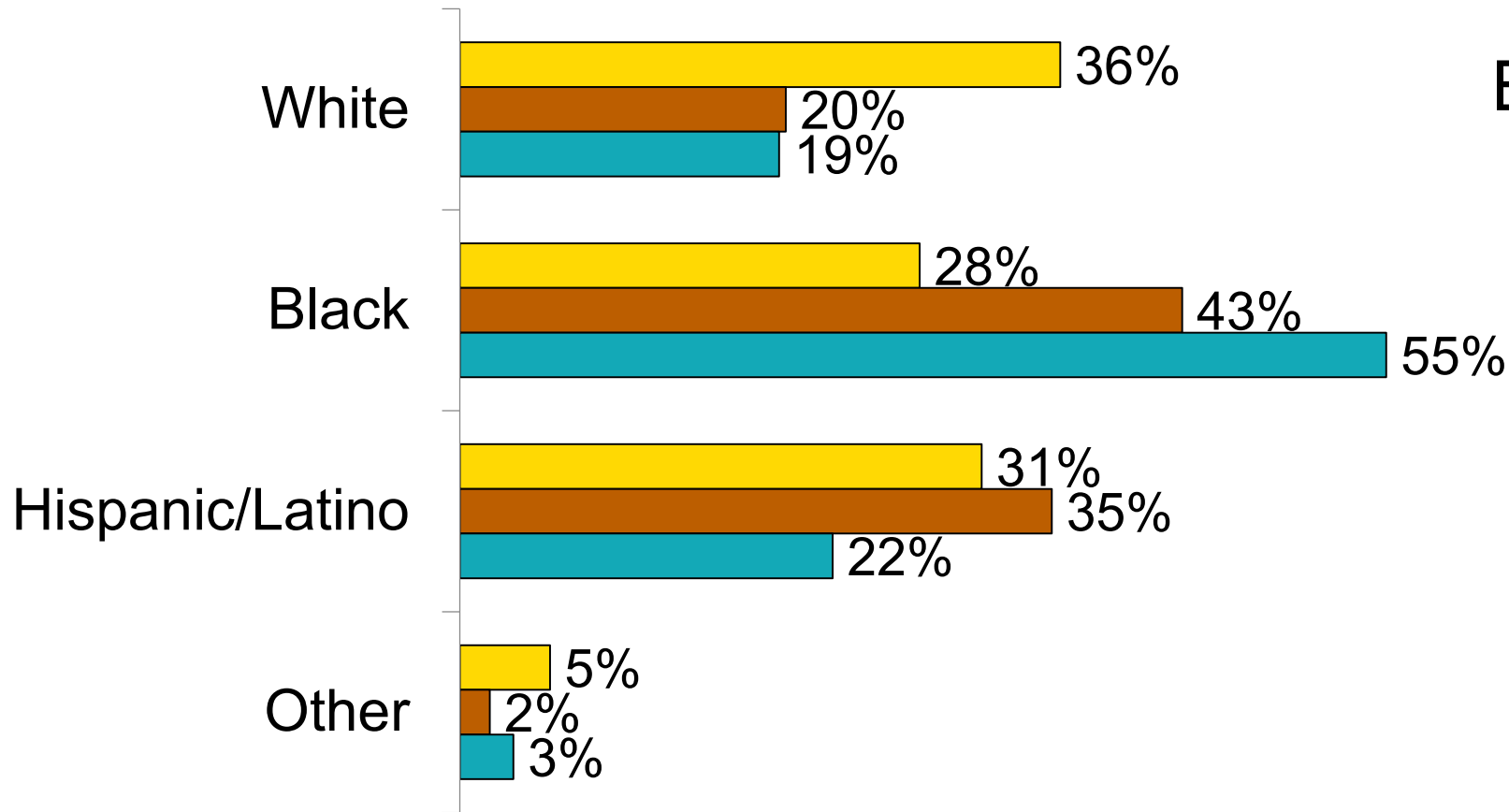


N=1,683



Adult HIV and AIDS Diagnoses and Population By Race or Ethnicity, 2021, Broward County

Population HIV AIDS

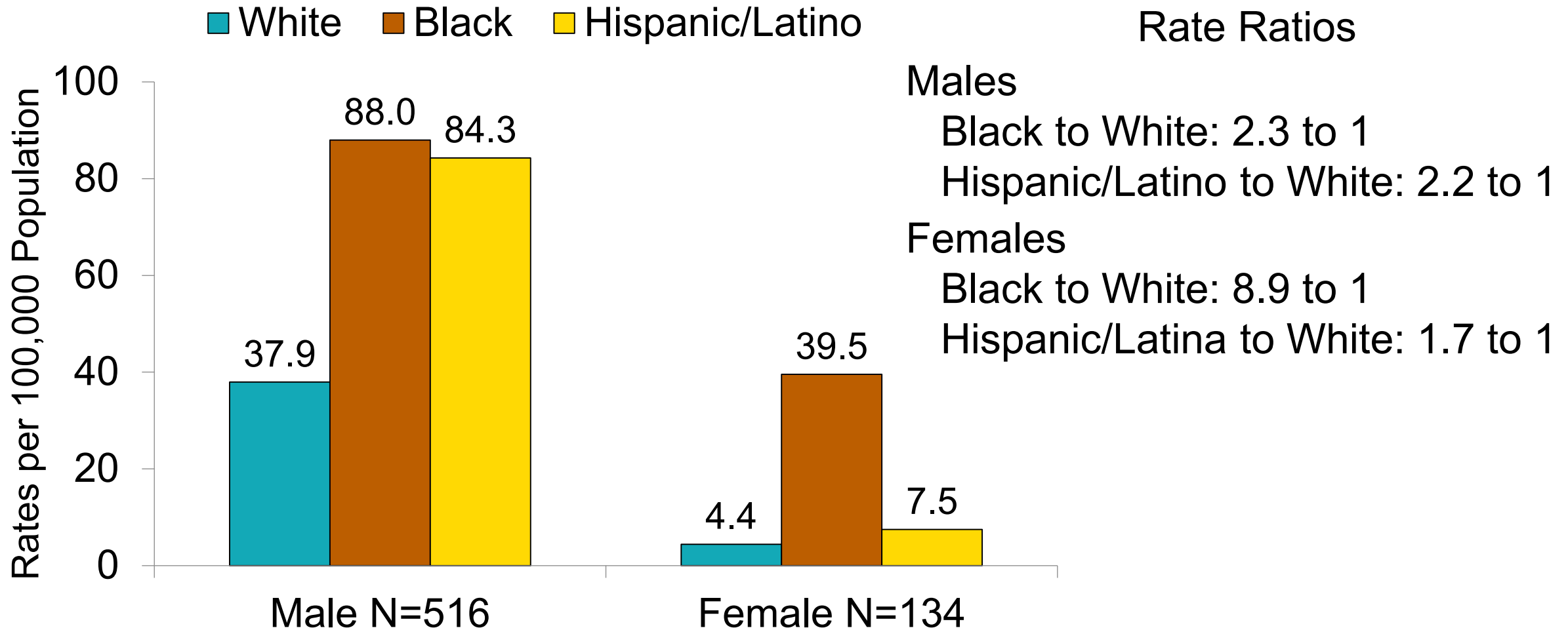


Broward County Adult
Population Estimate
N=1,655,151

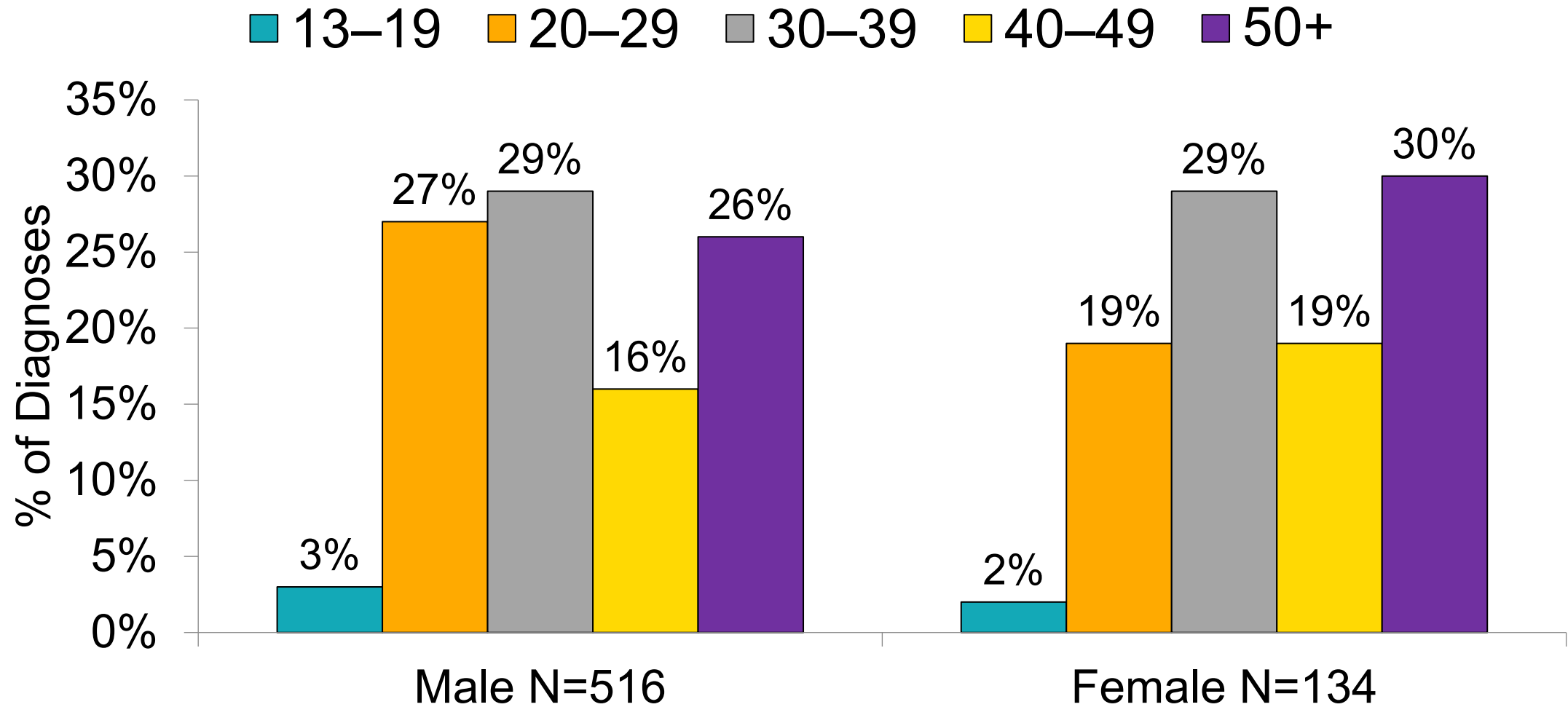
HIV
N=650

AIDS
N=251

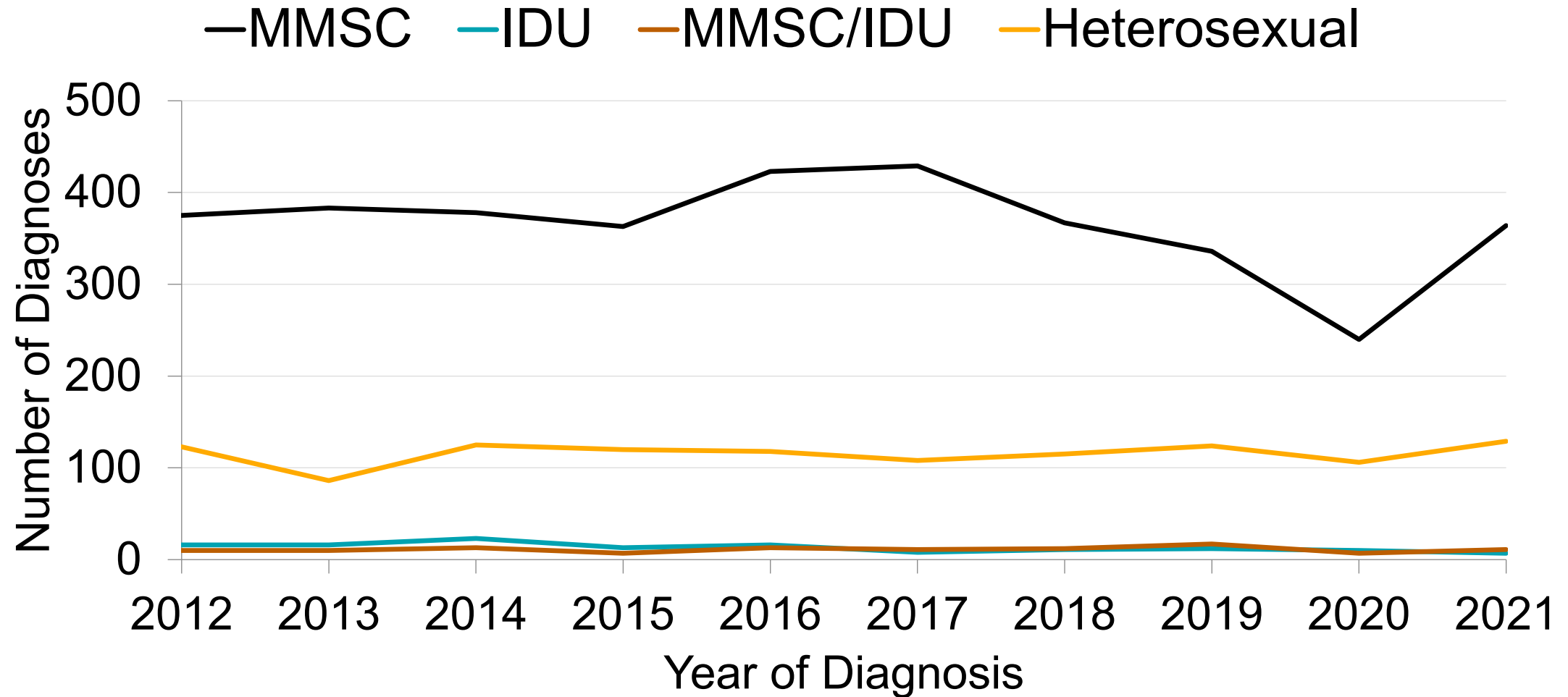
Adult HIV Diagnosis Rates by Sex And Race or Ethnicity, 2021, Broward County



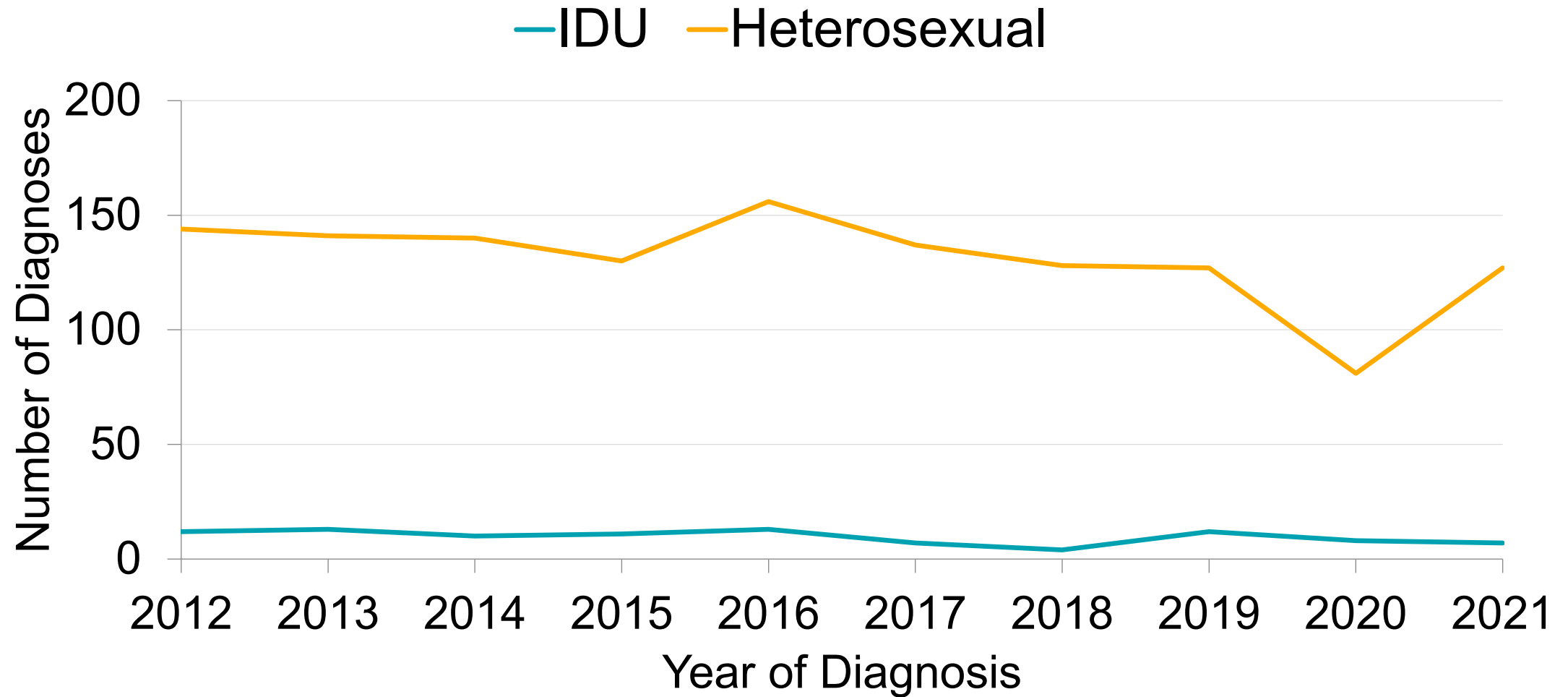
Adult HIV Diagnoses By Sex and Age at Diagnosis, 2021, Broward County

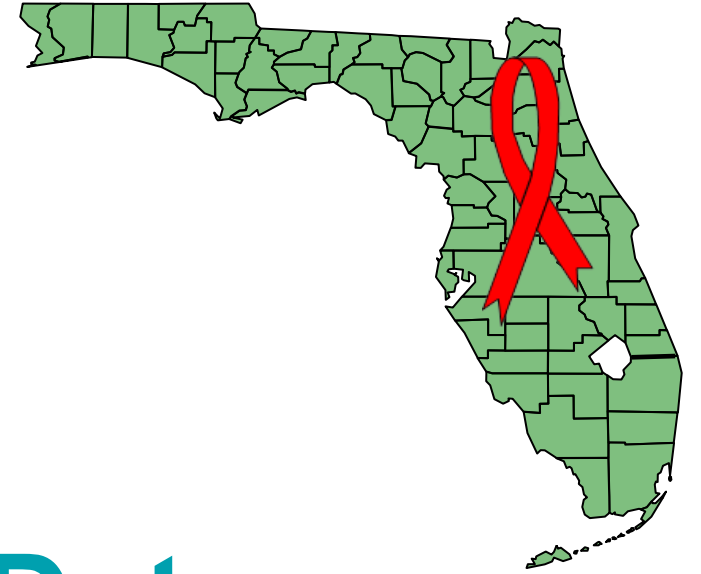


Adult Male HIV Diagnoses by Mode of Exposure, 2012–2021, Broward County



Adult Female HIV Diagnoses by Mode of Exposure, 2012–2021, Broward County

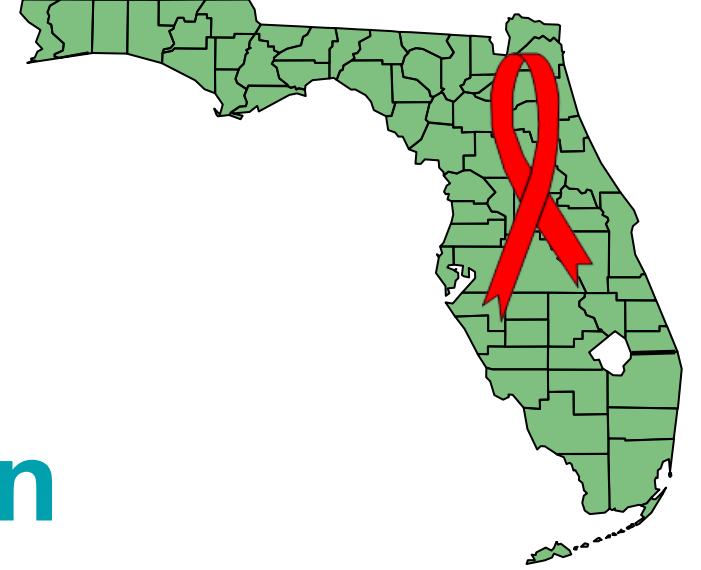




HIV Co-morbidity Data

PWH with a Co-occurring Diagnosis of an STI by Type and Year of STI Report, 2017–2021, Broward County

Year of STI Report	HIV/ Early Syphilis ¹	HIV/ Chlamydia	HIV/ Gonorrhea
2017	476	567	530
2018	610	579	605
2019	636	649	790
2020	711	541	647
2021	986	751	781
Percentage Change	107%	32%	47%

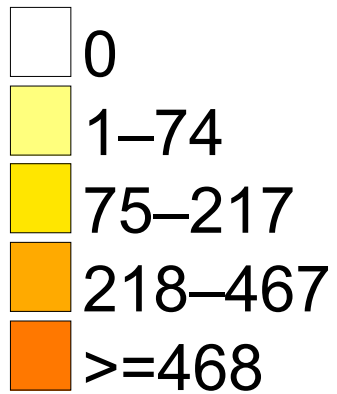


HIV Prevalence in Broward County

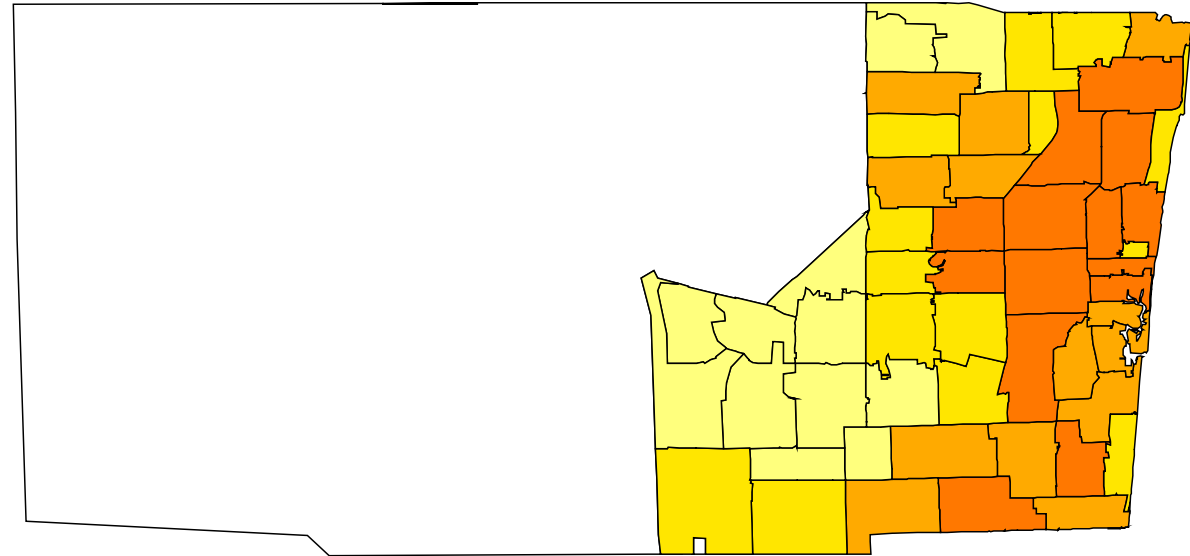
Adult PWH by ZIP Code of Residence,¹ 2021

Living in Broward County

Adult PWH

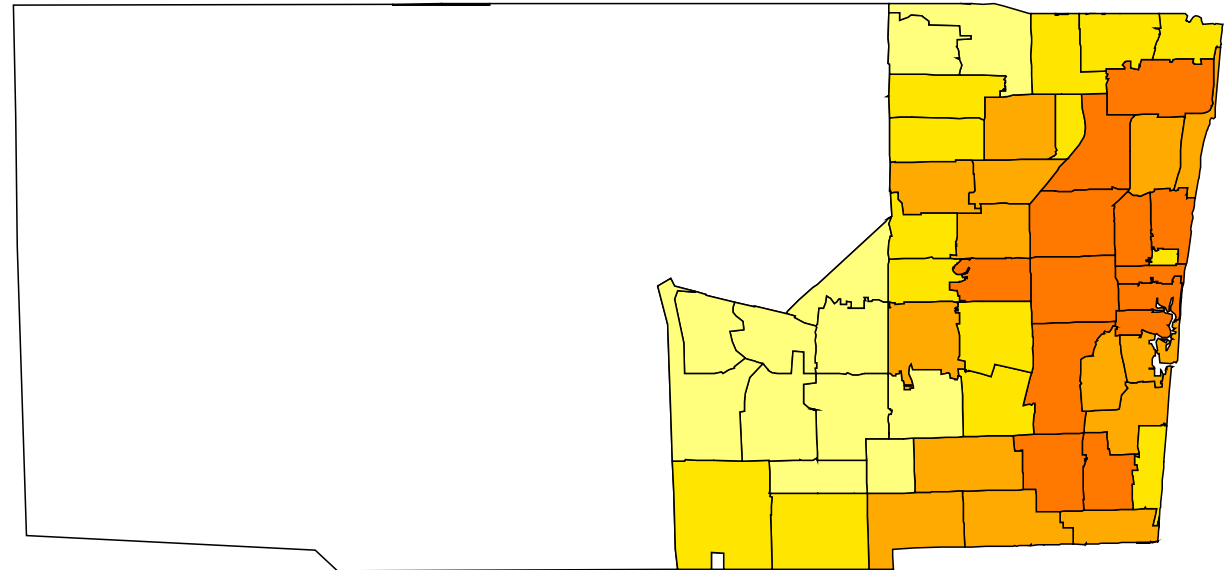
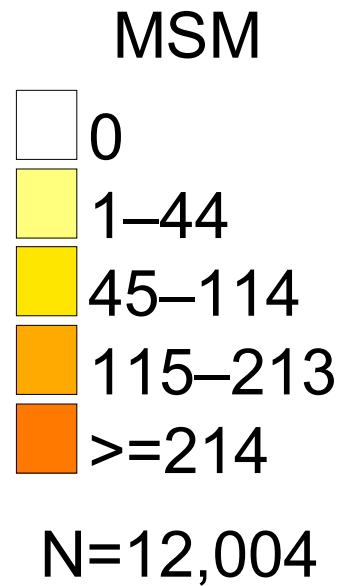


N=20,891



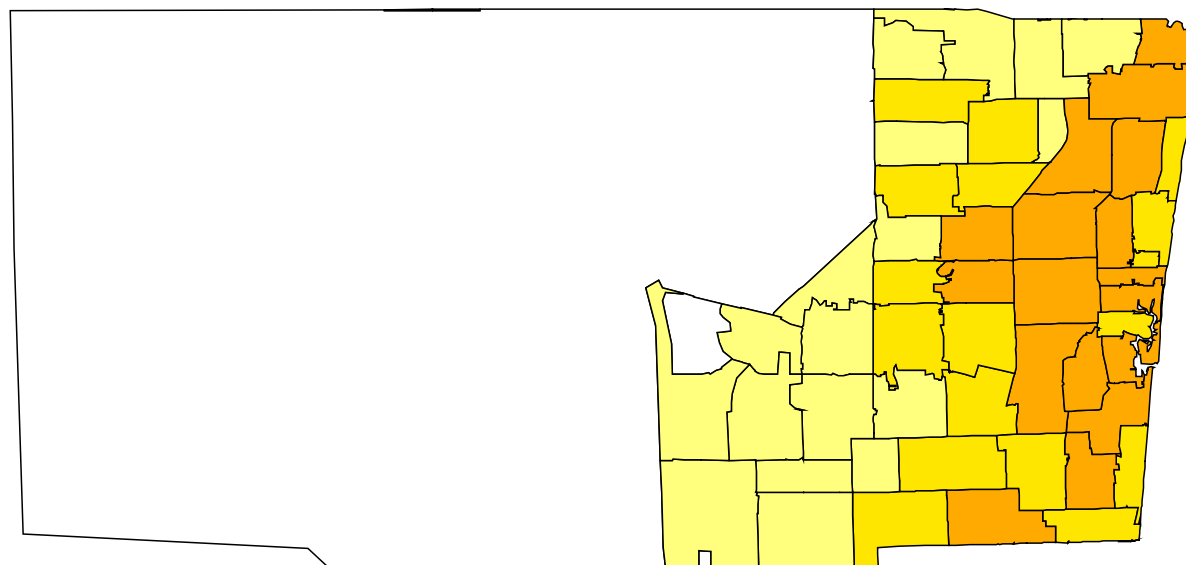
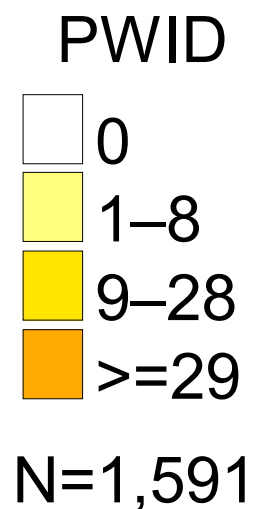
MSM¹ with HIV by ZIP Code of Residence² 2021

Living in Broward County



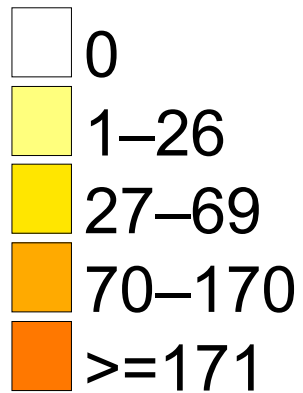
PWID¹ with HIV by ZIP Code of Residence² 2021

Living in Broward County

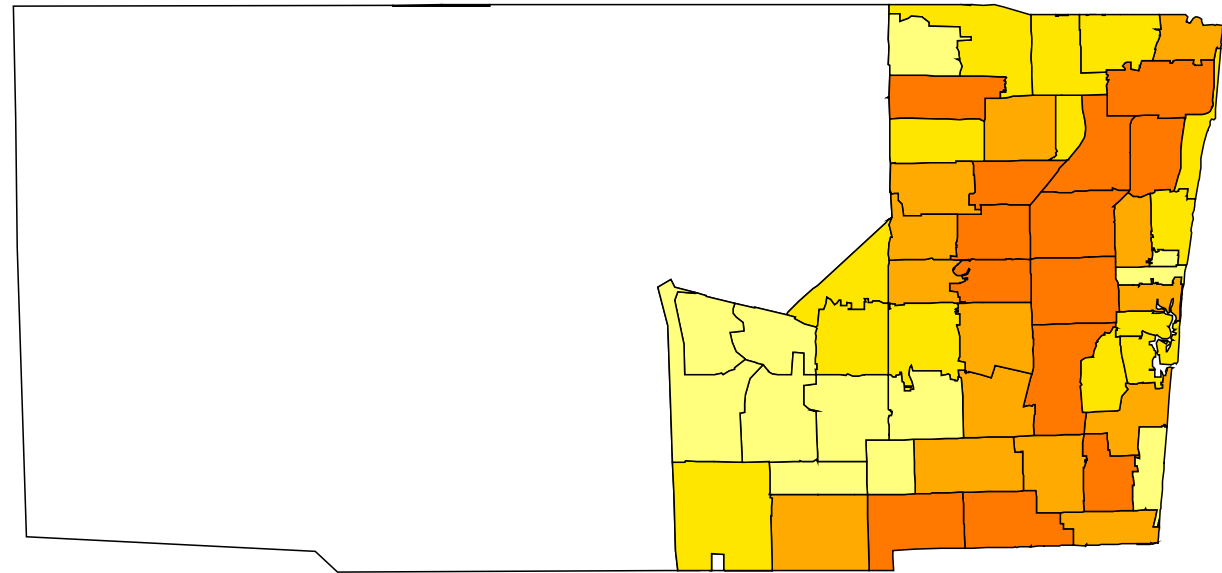


Persons with Heterosexual Contact with HIV by ZIP Code of Residence,¹ 2021, Living in Broward County

Heterosexual Contact

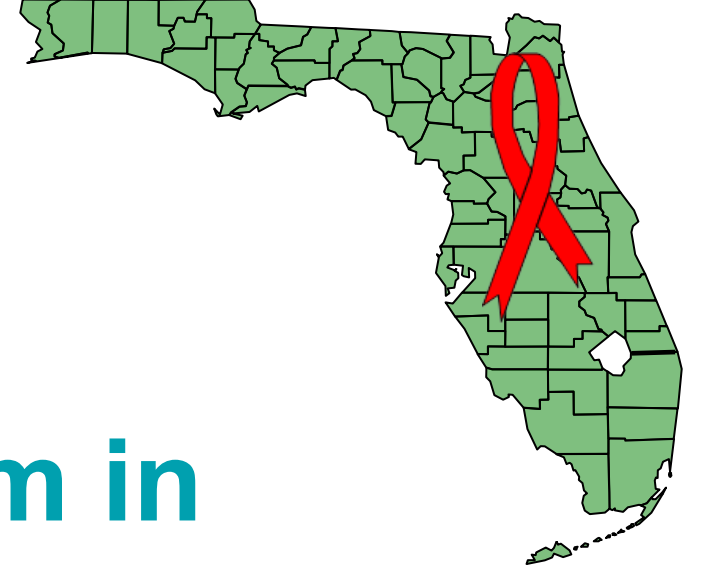


N=7,582






Adults with HIV, 2021, Living in Broward County

		Male #	%	Female #	%	Total #	%
Race / Ethnicity	White	6,087	38.4%	429	8.3%	6,516	31.0%
	Black	5,567	35.2%	4,064	78.7%	9,631	45.9%
	Hispanic/Latino	3,783	23.9%	555	10.7%	4,338	20.7%
	Other	399	2.5%	116	2.2%	515	2.5%
Age Group	13-19	24	0.2%	8	0.2%	32	0.2%
	20-29	917	5.8%	249	4.8%	1,166	5.6%
	30-39	2,352	14.9%	745	14.4%	3,097	14.7%
	40-49	2,674	16.9%	1,233	23.9%	3,907	18.6%
	50+	9,869	62.3%	2,929	56.7%	12,798	60.9%
Mode of Exposure	MMSC	11,433	72.2%	0	0.0%	11,433	54.4%
	IDU	560	3.5%	429	8.3%	989	4.7%
	MMSC/IDU	623	3.9%	0	0.0%	623	3.0%
	Heterosexual Contact	3,043	19.2%	4,584	88.8%	7,627	36.3%
	Transgender Sexual Contact	72	0.5%	4	0.1%	76	0.4%
	Other risk	106	0.7%	147	2.8%	253	1.2%






HIV Care Continuum in Broward County

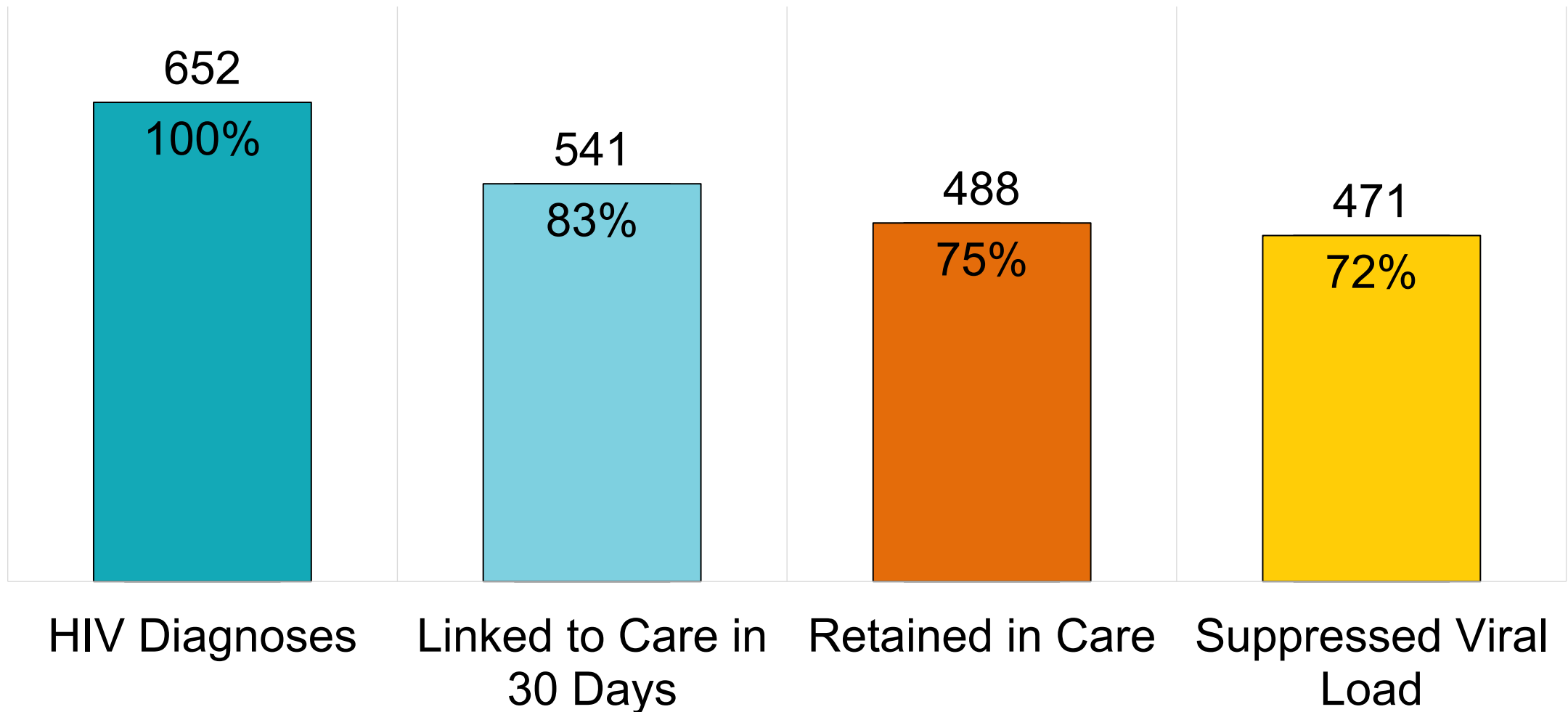
HIV Care Continuum Definitions

-  **PWH:** Persons with HIV living in Florida at the end of 2021.
-  **In Care:** PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2021 through 3/31/2022.
-  **Retained in Care:** PWH with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2021 through 6/30/2022.

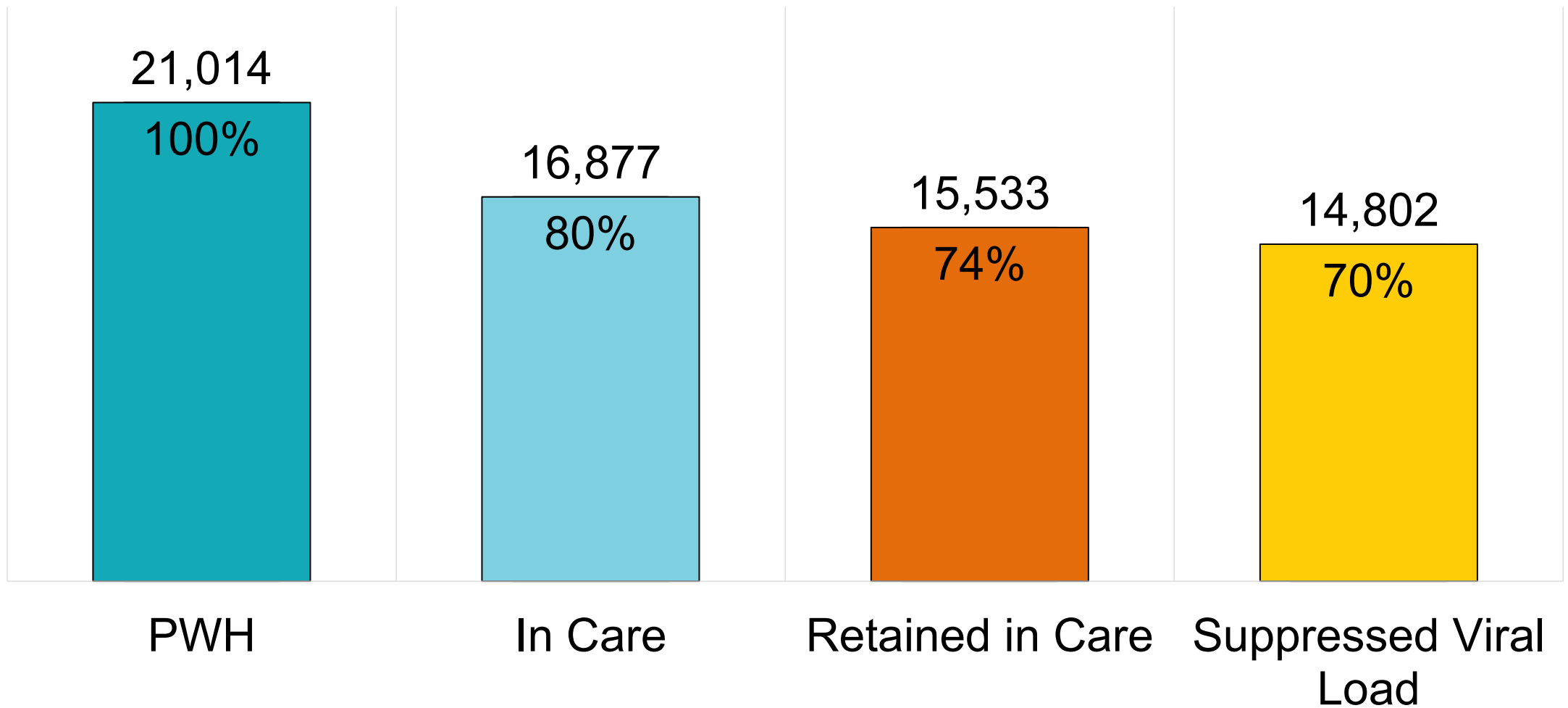
HIV Care Continuum Definitions, continued

-  **Suppressed Viral Load:** PWH with a suppressed VL (<200 copies/mL) on their last VL lab from 1/1/2021 through 3/31/2022.
-  **Not in Care:** PWH with no documented VL or CD4 lab, medical visit or prescription from 1/1/2021 through 3/31/2022.
-  **Linked to Care:** PWH with at least one documented VL or CD4 lab, medical visit, or prescription following their first HIV diagnosis date.

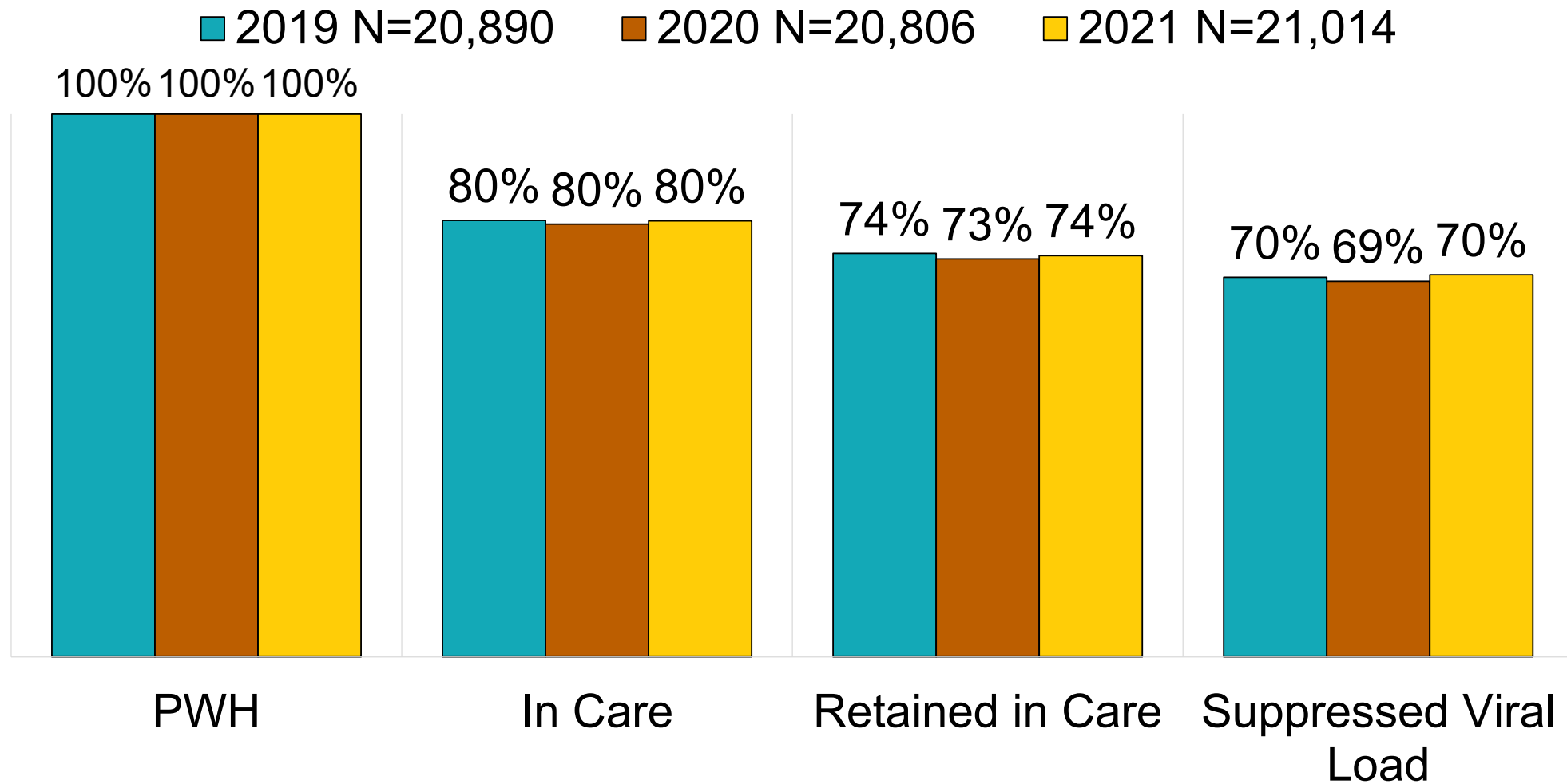
Persons Who Received an HIV Diagnosis Along the HIV Care Continuum in 2021, Broward County



PWH Along the HIV Care Continuum in 2021 Living in Broward County

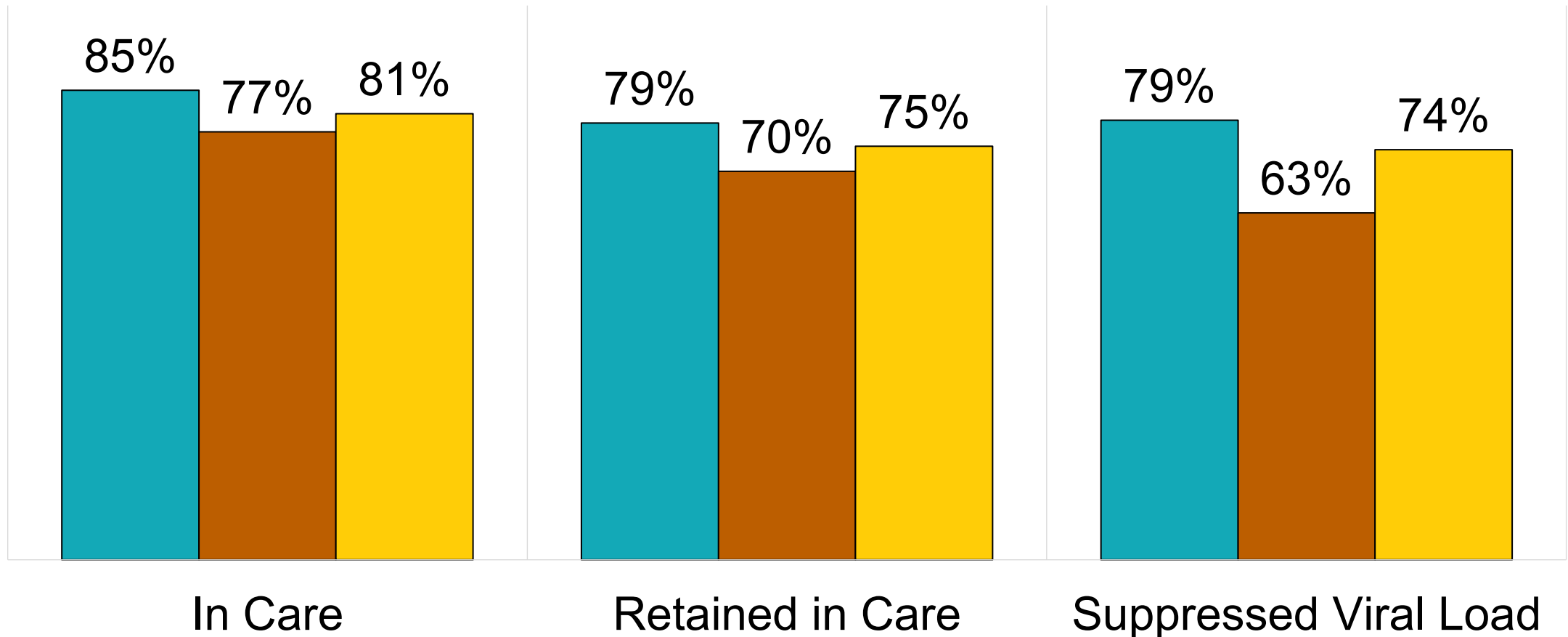


PWH Along the HIV Care Continuum, 2019–2021 Living in Broward County



PWH by Race or Ethnicity Along the HIV Care Continuum In 2021, Living in Broward County

■ White N=6,517 ■ Black N=9,642 ■ Hispanic/Latino N=4,338

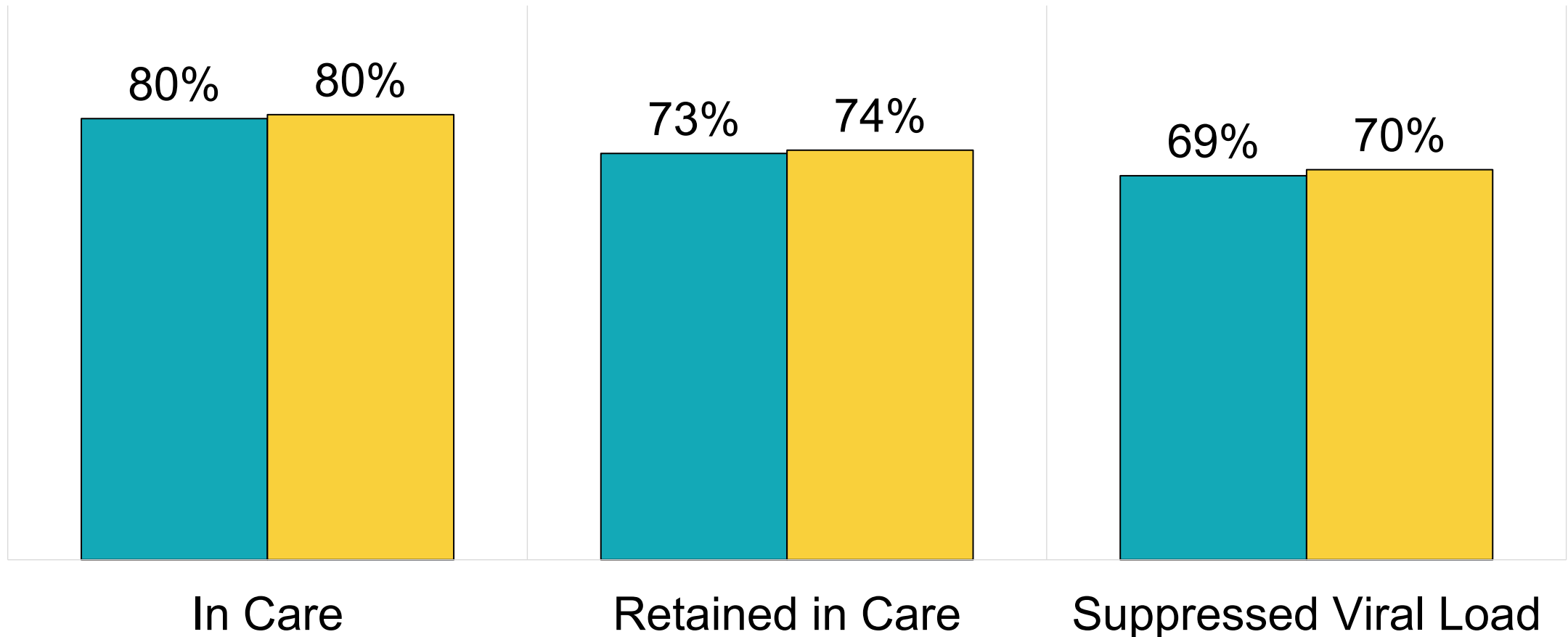


PWH Along the HIV Care Continuum in 2021

Living in Florida Compared to Broward County

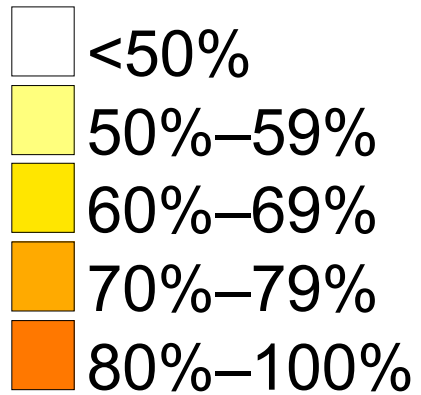
■ Florida N=120,502

■ Broward County N=21,014

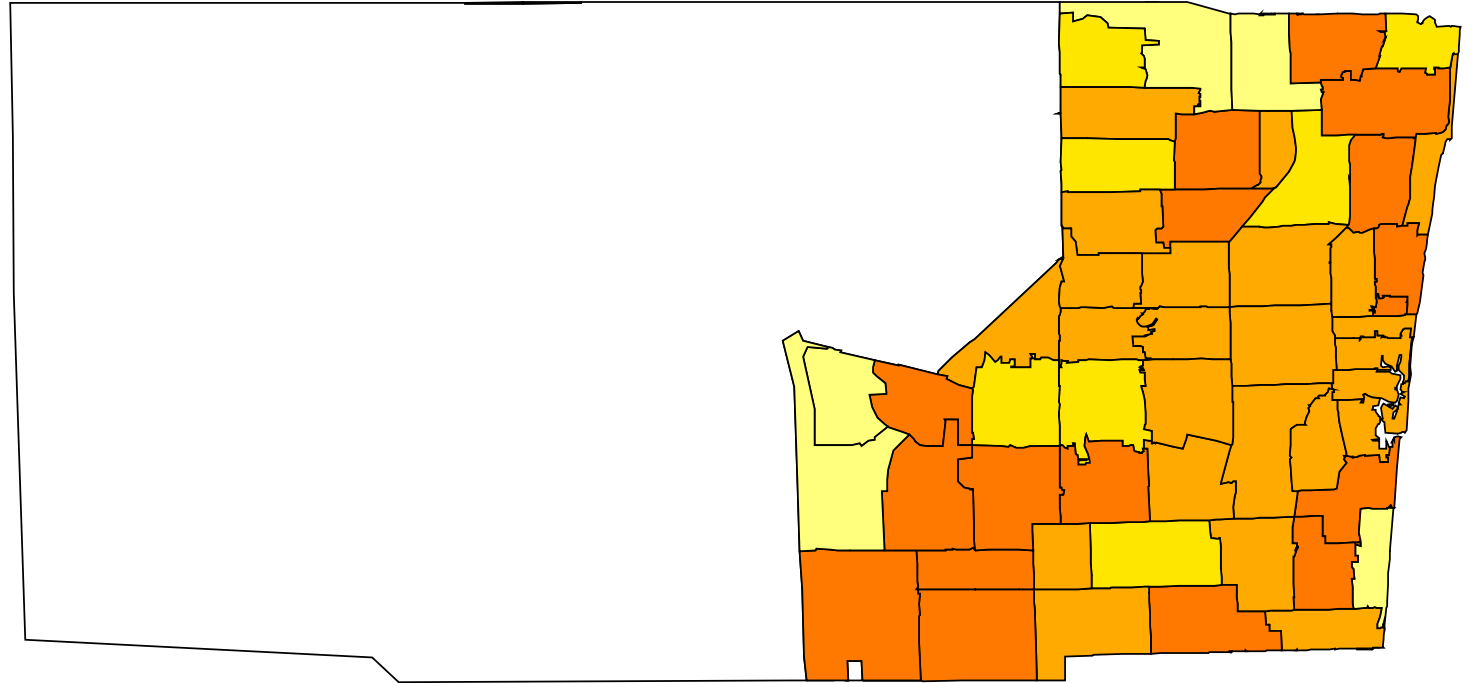


Percentage of PWH Who Were Retained in Care by ZIP Code of Residence¹ in 2021, Living in Broward County

Retained in Care

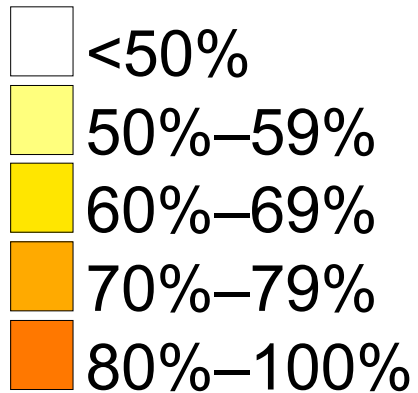


Overall 75%

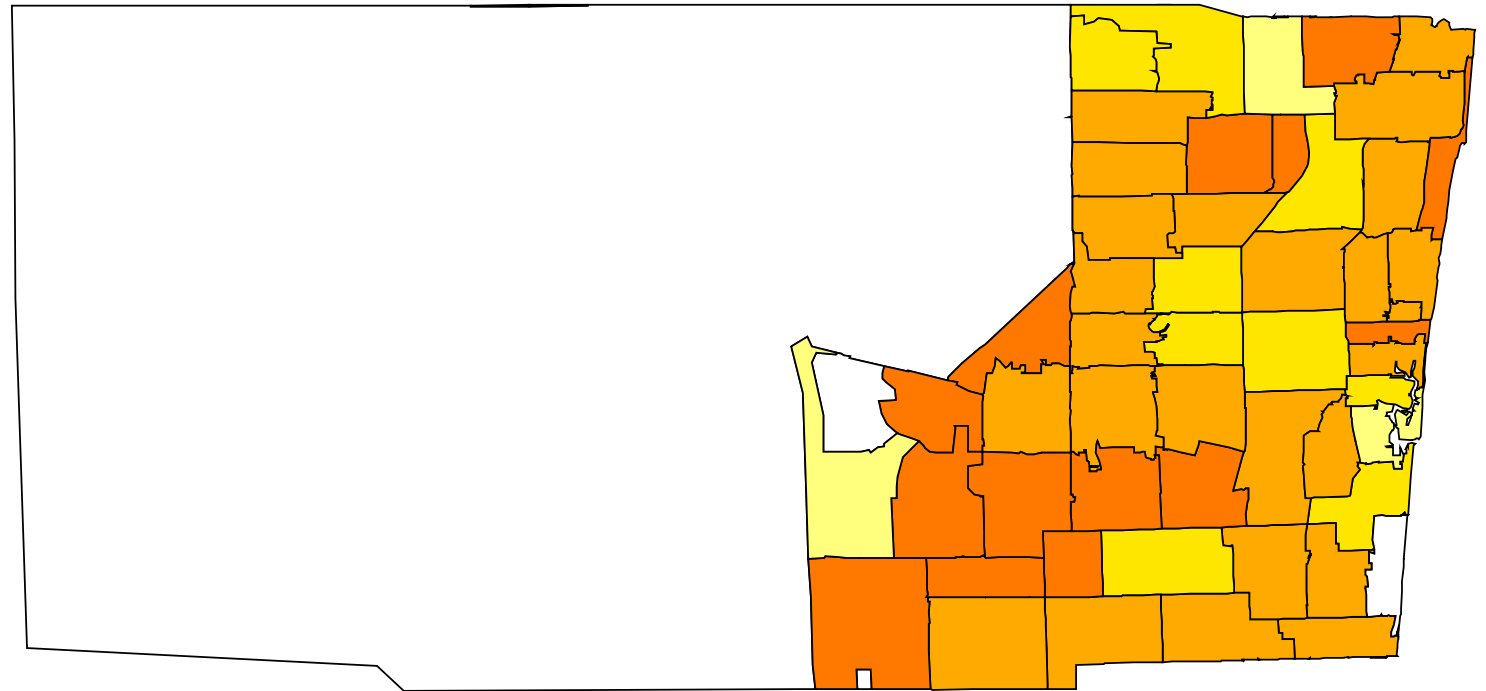


Percentage of PWH Who Had a Suppressed VL by ZIP Code of Residence,¹ 2021, Living in Broward County

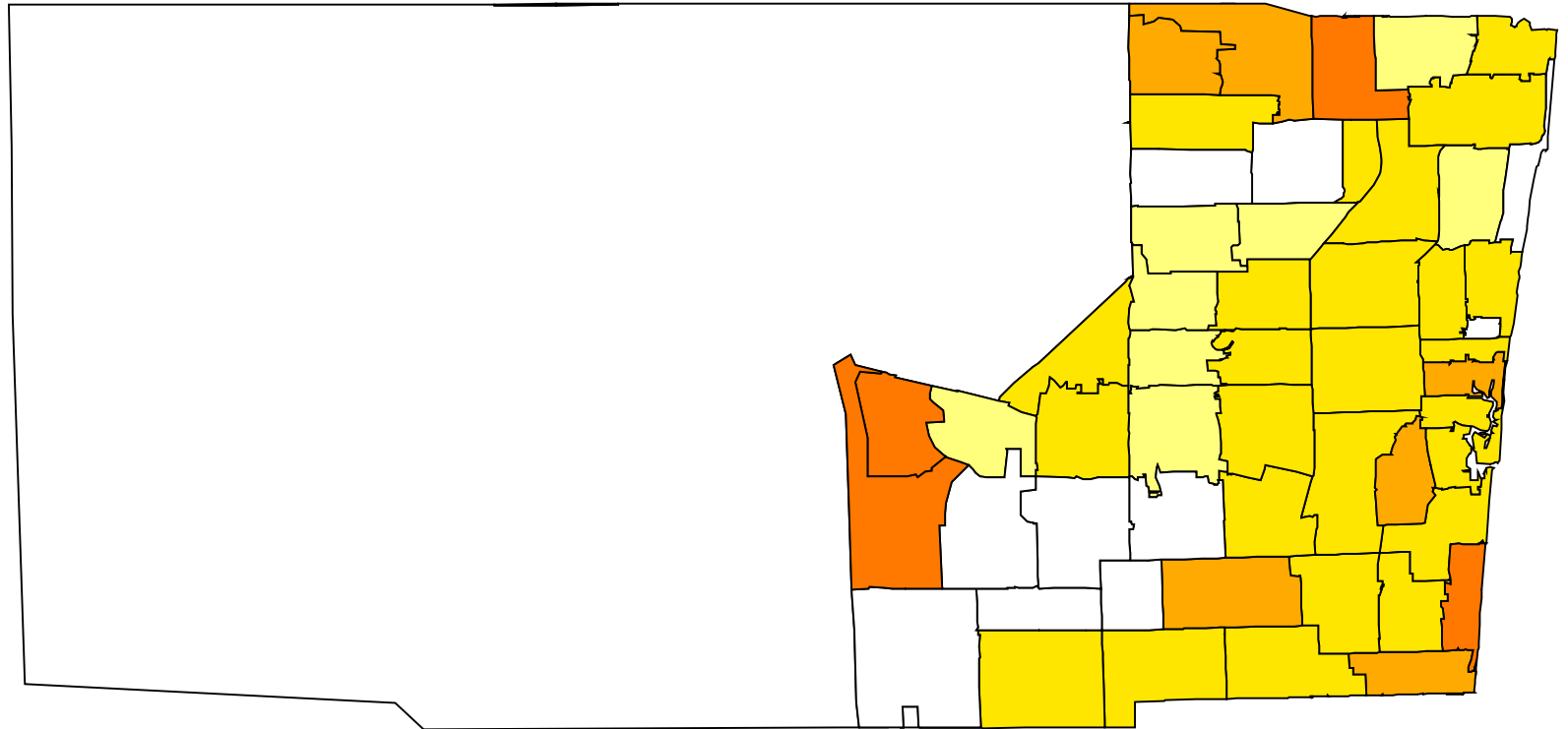
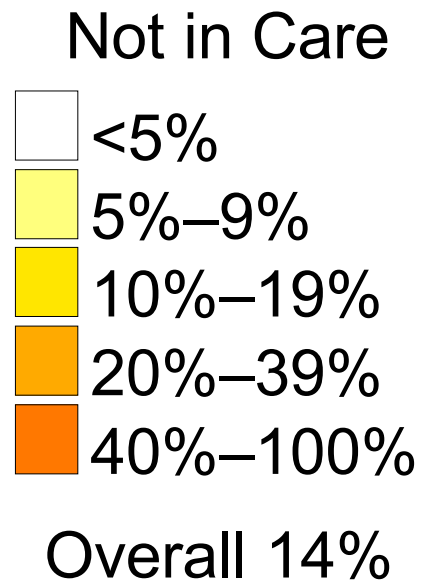
Suppressed VL

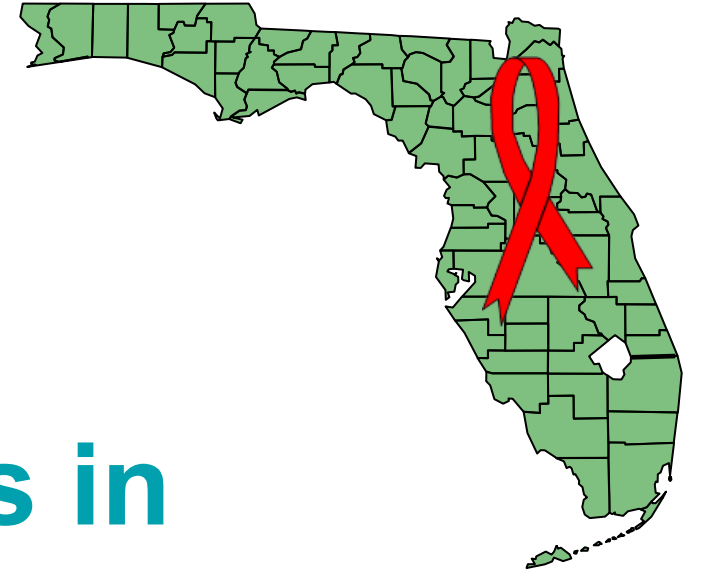


Overall 72%



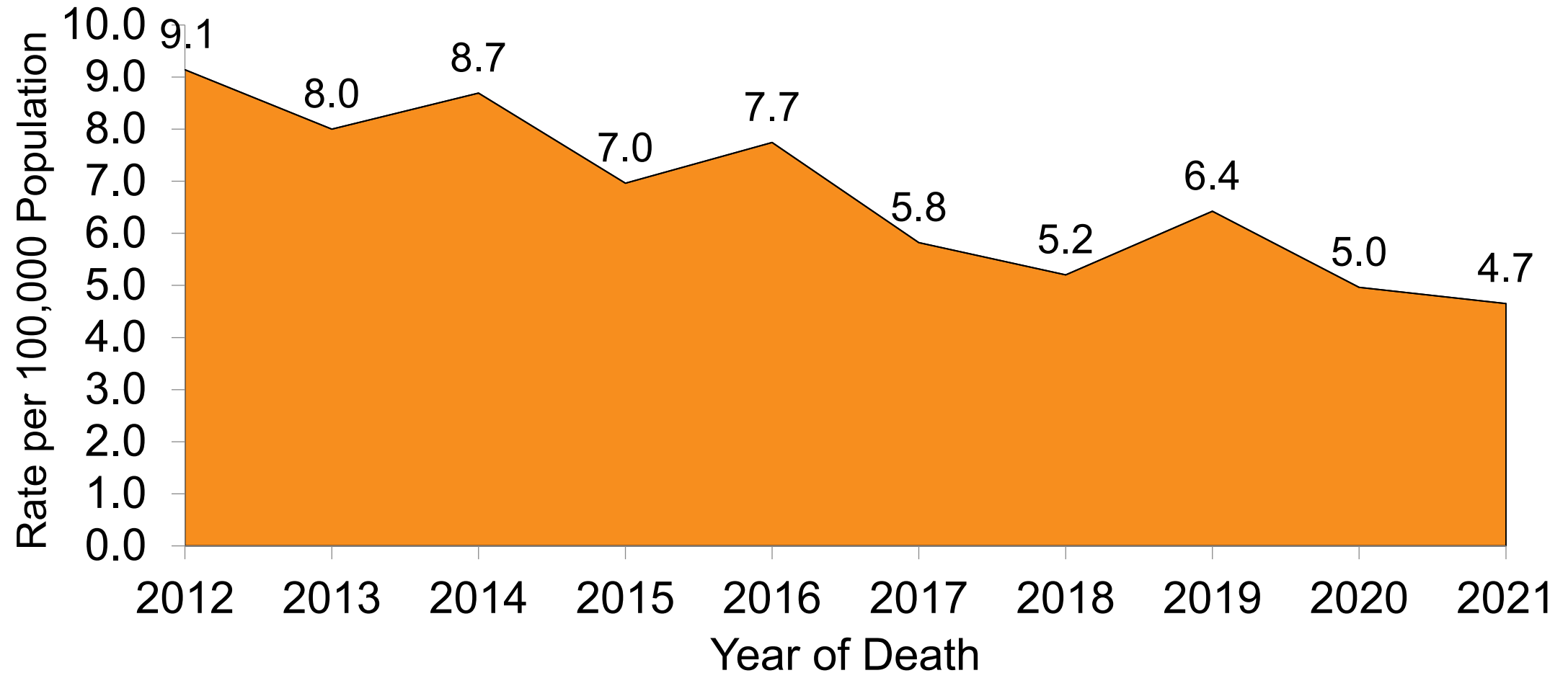
Percentage of PWH Who Were Not in Care by ZIP Code of Residence¹ in 2021, Living in Broward County



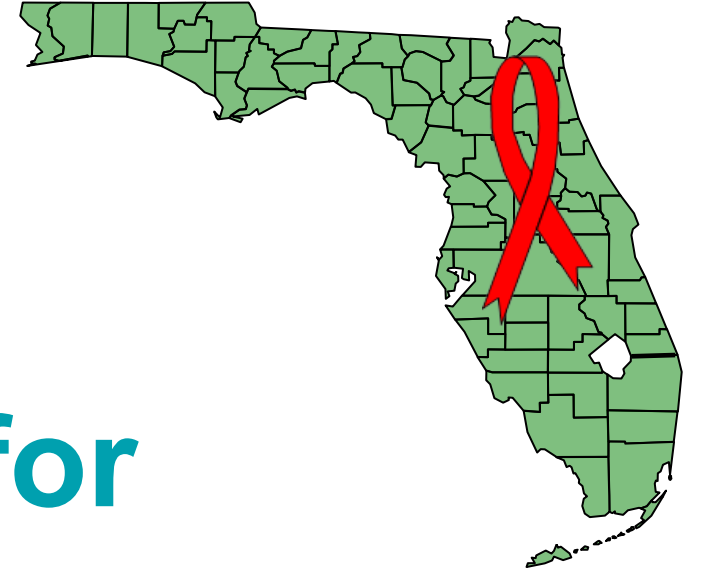


HIV-Related Deaths in Broward County

Rate of HIV-Related Deaths 2012–2021, Broward County



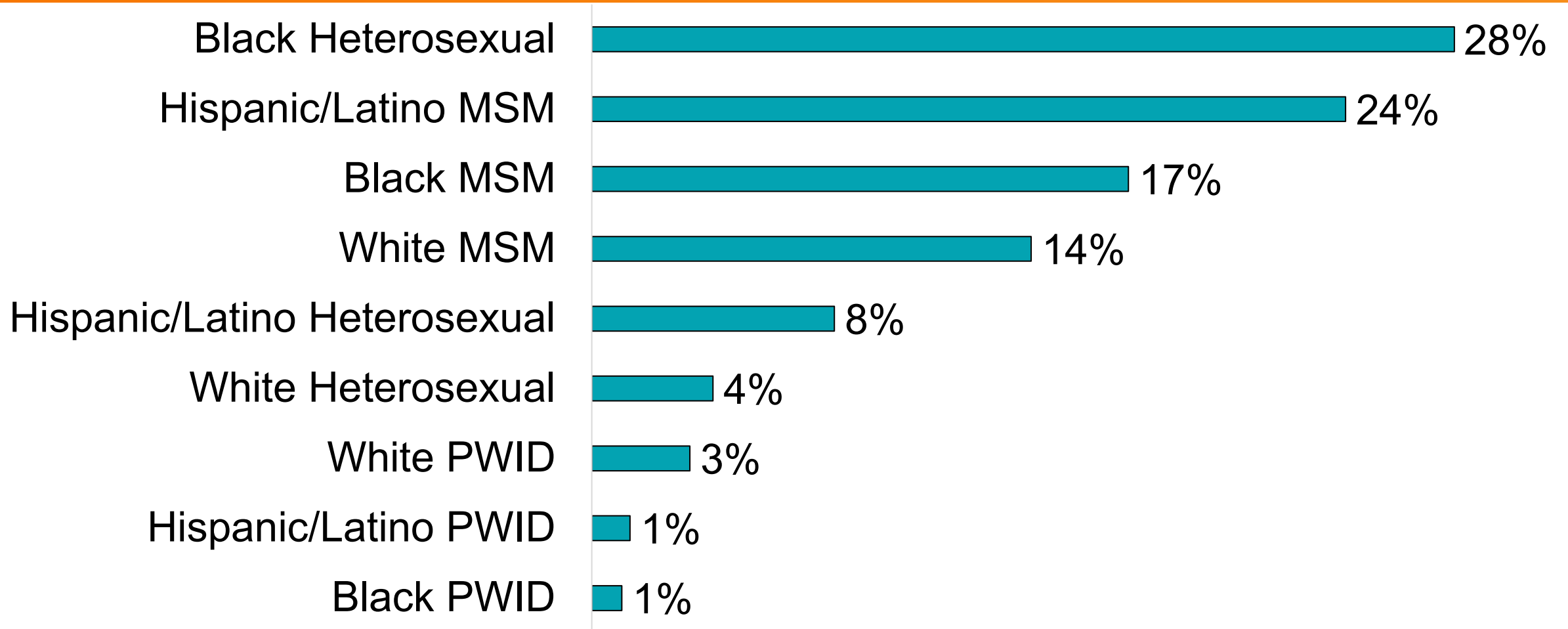
HIV Prevention for Broward County



Priority Populations for Primary HIV Prevention

- 🧡 These data were calculated from HIV diagnoses 2019–2021 and represent the proportion of each race or mode of exposure group to the total diagnoses.
- 🧡 These data are used to identify and prioritize testing, PrEP and other HIV prevention services to those at greatest risk for acquiring HIV in Florida.

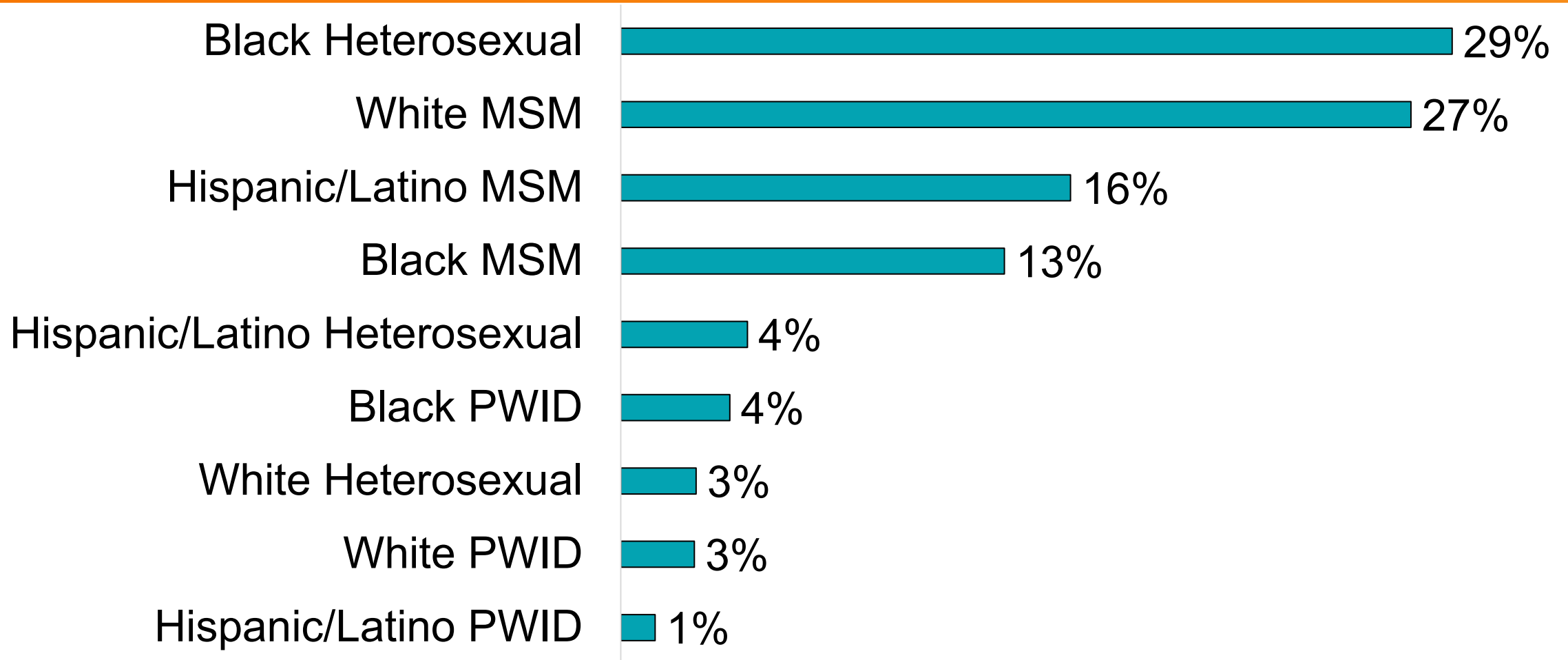
Priority Populations for Primary HIV Prevention in 2021, Broward County



Priority Populations for Prevention for PWH

- 🧡 These data were calculated from PWH living in Florida at year-end 2021 and represent the proportion of each race or mode of exposure group to the total PWH.
- 🧡 These data are used to prevent further transmission of HIV for those already diagnosed with HIV by providing linkage to care and other services to improve health outcomes and viral suppression to those who need it.

Priority Prevention Populations for PWH in 2021, Living in Broward County



HIV Testing

Everyone between the ages of 13 and 64 should get tested for HIV at least once. Persons at [increased risk](#) for HIV should get tested at least annually. Visit [knowyourhivstatus.com](https://www.knowyourhivstatus.com) for testing options in your area or to order a free at-home testing kit.

[Florida law](#) (section 384.31, Florida Statutes) requires all pregnant women to be tested for HIV and other STIs at their initial prenatal care visit, again at 28–32 weeks and at labor and delivery if their HIV status is unknown.

PrEP

PrEP medication, taken as directed, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk. To find a PrEP provider who can help you decide if PrEP is right for you, visit [prelocator.org](https://www.prelocator.org).

Antiretroviral Therapy (ART)

For PWH, starting ART as soon as possible improves health outcomes and quality of life by reducing viral load and the risk of disease progression. People living with HIV who take antiretroviral medication as prescribed and achieve and maintain an undetectable viral load cannot transmit HIV to their sexual partners. ART is recommended for all PWH, regardless of how long they have had HIV or how well they feel. To find a care provider or to learn more about the resources available to PWH, visit [floridaaids.org](https://www.floridaaids.org).

Florida HIV/AIDS Hotline

1-800-352-2437 English
1-800-545-7432 Spanish
1-800-243-7101 Haitian Creole
1-888-503-7118 Hearing/Speech Impaired
211bigbend.org/flhivaids hotline
Text 'FLHIV' or 'flhiv' to 898211

For more information, email
DiseaseControl@flhealth.gov

Some Useful Links

Department of Health HIV/AIDS Section
floridaaids.org

CDC HIV Surveillance Reports (State and Metro Data)
cdc.gov/hiv/library/reports/hiv-surveillance.html

CDC's Morbidity and Mortality Weekly Report
(Special Articles on Diseases, including HIV)
cdc.gov/mmwr

U.S. Census Data (Available by State and County)
census.gov

Florida HIV/AIDS Surveillance Data Broward County Contact

Evariste Akpele

Florida Department of Health in
Broward County

Phone: 954-847-8042

Email: Evariste.Akpele@flhealth.gov

HIV/AIDS surveillance data are frozen on June 30 for the previous calendar year. These are the same data used for FLHealth CHARTS and all grant-related data.

flhealthcharts.com/charts/CommunicableDiseases/default.aspx

DEPARTMENT OF HEALTH

Thank you!



**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">1. Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate. (System of Care)2. Inform appropriate parties that coverage of services is contingent on available funds. (PSRA Committee)3. Ensure that subrecipients have a plan to address payment of services when funds are low. (PSRA Committee)
<ul style="list-style-type: none">• Outpatient Ambulatory Health Services• Case Management Non-Medical• Centralized Intake and Eligibility	<p>Educate clients about:</p> <ol style="list-style-type: none">1. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and (System of Care)2. Private Insurance/ACA Options. (System of Care)

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

ALL SERVICES	
Recommended Language	
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).
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).
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).
4.	Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)
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.
6.	Provide Care Coordination across multiple service categories.
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.
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.
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: <ul style="list-style-type: none"> a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age
10.	Integrate care collaboration with members of the client’s service providers.
11.	Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.
12.	Ensure that client-level data entered in the Provide Enterprise System designated HIV Management Information System (MIS) are verified and accurate.
13.	Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
14.	Co-locate services where applicable, to facilitate a medical home for Part A clients.
15.	
CORE MEDICAL SERVICES	
Outpatient Ambulatory Health Services (OAHS)	
Services Criteria: (≤ 400% FPL)	
FY2024-2025 FPL To Be Determined	
Recommended Language	

3. 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.**
4. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
5. 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.
6. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
7. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
8. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
9. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
10. 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.
11. Provide after-hours services availability to include Crisis Intervention.
12. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
13. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).
14. Incorporate prevention messages into the medical care of PLWHA.
15. 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.
16. **Inform appropriate parties that coverage of services is contingent on available funds.**
17. **Ensure that subrecipients have a plan to address payment of services when funds are low.**

AIDS Pharmaceuticals (Local)

Services Criteria: (\leq 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: (\leq 400% FPL)
FY2024-2025 FPL To Be Determined

Recommended Language	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 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	
<ol style="list-style-type: none"> 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, 	

<p>especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)</p> <ol style="list-style-type: none"> Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. Report changes in viral load status as clients progress through the program.
Substance Abuse/Outpatient
<p>Services Criteria: (≤ 400% FPL) FY2024-2025 FPL To Be Determined</p>
Recommended Language
<ol style="list-style-type: none"> No recommended language for FY2024-2025 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)
<p>Services Criteria: (≤ 400% FPL) FY2024-2025 FPL To Be Determined</p>
Recommended Language
<ol style="list-style-type: none"> Educate clients about: <ol style="list-style-type: none"> 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), Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and Private Insurance/ACA Options. Implementation of test and treat increases demand for more services. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc. Provide education to reduce fear and denial and promote entry into primary medical care. Educate clients on the importance of remaining in primary medical care. At least 30% of Non-Medical Case Management funded personnel to be dedicated to Peers. Incorporate prevention messages into the medical care of PLWHA. Educate consumers on their role in the case management process. Provide initial/ongoing training and development for HIV peer workers. Overview of health care plan summary benefits (coverage and limitations). 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 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: (\leq 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: (\leq 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: (\leq 400% FPL)

FY2024-2025 FPL To Be Determined
Recommended Language
No recommended language for FY2024-2025