



**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, August 17, 2023 - 9:00 AM - 11:00 AM**

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

**Chair: Brad Barnes • Vice Chair: Vacant**

***This meeting is audio and video recorded.***

Quorum for this meeting is 5

### **DRAFT AGENDA**

#### **ORDER OF BUSINESS**

- 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 August 17, 2023
- V. ACTION: Approval of Minutes from June 22, 2023 (**Handout A**)
- VI. Standard Committee Items
  - a. **Ryan White Part A Office: Monthly Expenditure/Utilization Report – by service category**
- VII. Unfinished Business
  - a. **Discussion on FY24-25 PSRA Allocations Process.**
- VIII. New Business
  1. **FY23-24 PSRA Sweeps (Handout B).**
  2. **Review Eligibility – (FPL+) (Handout C)**
    - a. Food Bank Services
    - b. Health Care Benefits Service Category (HICP)
    - c. Medical Nutrition Therapy
    - d. Any Other Service Category
  3. **Revisit “How Best to Meet the Needs”. (Handout D)**
    - a. **Discussion:** Part A should clarify the following according to the Ryan White Contract:

- i. Inform appropriate parties that coverage of services is contingent on available funds.
- ii. Ensure that subrecipients have a plan to address payment of services when funds are low.

**4. Review FY23-24 PSRA Work Plan. (Handout E)**

**5. Discussion regarding the new Ad-Hoc Committee to review Service Categories**

- IX. Recipient Report
- X. Public Comment
- XI. Agenda Items for Next meeting:
  - a. **Next Meeting Date:** October 19, 2023, at 9:00 a.m. Location: Broward Regional Health Planning Council.
  - b. **Future Tentative Meeting Dates:** November 16, 2023 & December 2023 (TBD)
  - c. **Please be aware of a possible an Emergency PSRA Meeting in September due to the Federal Budget**
- XII. Announcements
- XIII. 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](#)



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## **Priority Setting and Resource Allocation Committee**

**Thursday, June 22, 2023- 11:00 AM**

**Meeting at Florida Department of Health (Broward County) and via [WebEx](#) Video conference**

### **DRAFT MINUTES**

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

PSRA Members Absent: M. Schweizer, R. Jimenez

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

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

Guests Present: S. Jackson- Tinsley, J. Wynn, J. Hildago, S. Cook, K. Kirkland-Mobley

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

The PSRA Chair called the meeting to order at 11:13 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

#### **2. Public Comment**

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

#### **3. Meeting Approvals**

The approval for the agenda of the June 22, 2023, Priority Setting and Resource Allocation Committee meeting was proposed by L. Robertson, seconded by B. Fortune - Evans, and passed unanimously. The approval for the minutes of the January 19, 2023, meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

**Motion #1: L. Robertson, on behalf of PSRA, made a motion to approve the June 22, 2023, Priority Setting and Resource Allocation Committee agenda with the amendments as presented. The motion was seconded by B. Fortune – Evans and adopted unanimously.**

**Motion #2: V. Biggs, on behalf of PSRA, made a motion to approve the January 19, 2023, Priority Setting and Resource Allocation meeting minutes. The motion was seconded by L. Robertson and adopted unanimously.**

4. Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed expenditures and utilization through June of FY2023 - 2024 (Handout A). Part A service categories have expended 15% of service category funding, and MAI funds have been utilized 30%. The Committee was advised that there are still outstanding provider invoices through June of FY2022.

5. Unfinished Business: None.

6. New Business

How Best to Meet the Need

The Committee discussed the How Best to Meet the Need (HBTMTN) language for FY2023-2024. Once the Committee reviewed and revised the recommended language, the motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2024-2025 with amendments was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously. Also, before proceeding to the PSRA Ranking Results, J. Rodriguez presented the following: FLDOH: Department of Health and HIV Surveillance Epidemiological Data.

**Motion #4: V. Biggs, on behalf of PSRA, made a motion to approve the recommended How Best to Meet the Need (HBTMTN) language for FY2024-2025 with amendments. The motion was seconded by L. Robertson and adopted unanimously.**

FY 2024-2025 PSRA Priority Ranking Results

The motion to approve the FY2024-2025 Core Services Rankings was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously. The motion to approve the FY2024-2025 Support Services Rankings was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

**Motion #5: V. Biggs, on behalf of PSRA, made a motion to approve the FY2024-2025 Core Services Ranking. The motion was seconded by L. Robertson and adopted unanimously.**

**Motion #6: V. Biggs, on behalf of PSRA, made a motion to approve the FY2024-2025 Support Services Ranking. The motion was seconded by L. Robertson and adopted unanimously.**

**Motion #7: V. Biggs, on behalf of PSRA, made a motion to accept the FY2024-2025 Core Services Ranking's numbers 1 to 9 while excluding Service #6 (ADAP). The motion was seconded by B. Fortune-Evans and adopted unanimously.**

**Motion #8: V. Biggs, on behalf of PSRA, made a motion to accept the following FY2024-2025 Support Services Rankings: Food Bank/ Home Delivered, Emergency Financial Assistance, Non-Medical Case Management and Legal Services. The motion was seconded by J. Rodriguez and adopted unanimously.**

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

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

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

#### FY2024-2025 Resource Allocations:

PSRA received allocation data for FY2024-2025 based on a review of data and anticipated needs by representatives of the Ryan White Part A Office. In addition, members reviewed Part A client utilization trends, FY2023-20234 Committee rankings completed for Core and Support Services, and recommendations to help inform the PSRA process. Following the review, members completed their FY2024-2025 allocations and voted to approve the Committee's Core and Support Services allocations.

- **L. Robertson made a motion to allocate \$5,871,451 to Outpatient Ambulatory Healthcare Services for FY2024-2025. E. Dsouza seconded the motion. The motion was adopted unanimously.**
- **L. Robertson made a motion to allocate \$100,000 to AIDS Pharmaceutical Assistance (LPAP) for FY2024-2025. V. Biggs seconded the motion. The motion was adopted with three abstentions.**
- **B. Fortune-Evans made a motion to allocate \$2,223,450 to Oral Health Care for FY2024-2025. J. Rodriguez seconded the motion. The motion was adopted with one rejection unanimously.**
- **L. Robertson made a motion to allocate \$779,279 to Health Insurance Premium & Cost Sharing (HICP) for FY2024-2025. E. Dsouza seconded the motion. The motion was adopted unanimously.**
- **V. Biggs made a motion to allocate \$701,600 to Medical Case Management – DCM for FY2024-2025. L. Robertson seconded the motion. The motion was adopted unanimously.**
- **V. Biggs made a motion to allocate \$159,939 to Mental Health for FY2024-2025. J. Rodriguez seconded the motion. The motion was adopted with two abstentions.**
- **V. Biggs made a motion to allocate \$300,000 to Medical Nutrition Therapy for FY2024-2025. B. Fortune-Evans seconded the motion. The motion was adopted with one rejection unanimously.**
- **V. Biggs made a motion to allocate \$229,499 to Substance Abuse – Outpatient for FY2024-2025. J. Rodriguez seconded the motion. The motion was adopted with two abstentions.**
- **V. Biggs made a motion to approve the \$10,365,218 Part A Total Core Services for FY2024-2025. E. Dsouza seconded the motion. The motion was adopted unanimously.**
- **L. Robertson made a motion to combine Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) and Non-Medical Case Management (Case Management). B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**
- **J. Rodriguez made a motion to allocate \$1,895,842 to Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED])- \$250,000 (Case Management- \$1,645,842) for FY2024-2025. B. Fortune-Evans seconded the motion. The motion was adopted with one rejection unanimously.**
- **L. Robinson made a motion to allocate \$115,872 to Emergency Financial Assistance for FY2024-2025. V. Biggs seconded the motion. The motion was adopted with two rejections unanimously.**
- **J. Rodriguez made a motion to allocate \$1,142,537 to Food Bank/Food**

Voucher for FY2024-2025. B. Fortune-Evans seconded the motion. The motion was adopted with one abstention.

- L. Robertson made a motion to allocate \$129,148 to Legal Services for FY2024-2025. V. Biggs seconded the motion. The motion was adopted unanimously.
- J. Rodriguez made a motion to allocate \$116,092 to MAI Outpatient Ambulatory Healthcare Services for FY2024-2025. V. Biggs seconded the motion. The motion was adopted with two abstentions.
- V. Biggs made a motion to allocate \$62,469 to MAI Mental Health for FY2024-2025. J. Rodriguez seconded the motion. The motion was adopted with two abstentions.
- J. Rodriguez made a motion to allocate \$632,000 to MAI Substance Abuse (Outpatient) for FY2024-2025. E. Dsouza seconded the motion. The motion was adopted with two abstentions.
- V. Biggs made a motion to approve the \$810,561 MAI Total Core Services for FY2024-2025. J. Rodriguez seconded the motion. The motion was adopted unanimously.
- V. Biggs made a motion to allocate \$450,982 to MAI Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) and \$175,239 to Non-Medical Case Management Services for FY2024-2025. J. Rodriguez seconded the motion. The motion was adopted unanimously.
- J. Rodriguez made a motion to approve the \$1,436,781 MAI Core and Support Services allocations for FY2024-2025. V. Biggs seconded the motion. The motion was adopted unanimously.

#### 7. Recipient's Report

J. Roy updated the PSRA Committee with the successful visit and room-for-improvement recommendations from HRSA. One of HRSA's biggest recommendations was to make adjustment where the categorization of Non-Medical Case Management is listed under Core Services instead of Supportive Services which negatively impacts the 75/25% split.

- **Motion #3: L. Robertson, on behalf of PSRA, made a motion to allow the Part A Recipient Office to move Non-Medical Case Management from Core Services to Supportive Services while maintaining the 75/25% funding split to adhere to HRSA's guidelines. The motion was seconded by V. Biggs and adopted unanimously.**

#### 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 August 17, 2023, at 9:00 a.m. at the Florida Department of Health and via WebEx Videoconference.

Next Meeting Agenda Items

- Reallocations/Sweeps
- Federal Poverty Level Discussion

#### 10. Announcements: None

## 11. Adjournment

There being no further business, the meeting was adjourned at 5:44 p.m.

### PSRA Attendance for CY 2023

Consumer	PLMHA	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	22							
0	1	0	1	Barnes, B., Chair	X	X	X	C	X	X	X							
0	0	0	2	Fortune-Evans, B.	X	X	X	C	E	X	X							
0	0	0	3	Mester, B.	X	X	X	C	X	X	X							
0	1	0	4	Robertson, L.	X	X	X	C	X	X	X							
0	0	0	5	Dsouza, E.	X	X	X	C	X	X	X							
0	0	0	6	Rodriguez, J.	X	X	X	C	X	X	X							
0	1	0	7	Biggs, V.	X	X	X	C	X	X	X							
0	0	1	8	Jimenez, R.	X	X	X	C	X	X	A							
			9	Schwiezer, M.					X	A	E							
				Quorum = 5	8	8	8		8	8	7							

#### 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 – June 23, 2023 Minutes prepared by PCS Staff*



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

HANDOUT B

	Service Category	Contract/ Allotted Amount	Expended Amount As of JUNE Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,436,529	1,726,528	32%	3,710,001	431,632	5,179,583	-	256,946	1,497,561	(356,209)	896,903	(1,056,408)	(159,505)	5,277,024	
	AIDS Pharmaceutical Assistance (2)	234,044	90,291	39%	143,753	22,573	270,874	-	(36,830)	102,349	-	51,000	(180,454)	(129,454)	104,590	
	Oral Health Care	Routine (4)	1,910,475	700,413	37%	1,210,062	175,103	2,101,239	-	(190,764)	140,817	-	140,817	(442,500)	(301,683)	1,608,792
		Specialty (1)	736,489	239,895	33%	496,594	59,974	719,684	-	16,805	-	-	-	-	-	736,489
	Medical Case Management	Disease Case Management (5)	512,117	221,716	43%	290,401	55,429	665,149	31,776	(153,032)	298,268	-	270,730	(12,000)	258,730	770,847
	Mental Health- Trauma-Informed (2)		159,939	43,919	27%	116,020	10,980	131,756	-	28,183	-	-	-	(20,000)	(20,000)	139,939
	Health Insurance Premium & Cost Sharing Assistance		779,279	120,410	15%	658,869	30,103	361,230	-	418,049	-	-	-	-	-	779,279
	Substance Abuse-Outpatient (1)		337,498	16,581	5%	320,917	4,145	49,743	-	287,755	-	-	-	-	-	337,498
Support Services	Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	582,488	58,476	10%	524,012	14,619	175,428	-	407,060	-	(370,258)	-	(340,000)	(340,000)	242,488
	Non-Medical Case Management	Case Management (7)	1,239,359	435,404	35%	803,955	108,851	1,306,211	84,980	(66,852)	467,462	-	384,912	(43,000)	341,912	1,581,271
	Food Services	Food Bank (1)	700,000	523,602	75%	176,398	130,900	1,570,806	-	(870,806)	500,000	-	250,000	-	250,000	950,000
		Food Voucher (1)	82,586	82,575	100%	11	20,644	247,724	31,850	(165,138)	165,138	-	100,000	-	100,000	182,586
	Legal Assistance (1)		129,151	62,553	48%	66,598	15,638	187,658	-	(58,507)	-	-	-	-	-	129,151
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	-	-	-	-	-	-	-	-	115,872
	Total Part A Funds	12,955,826	4,322,362	33%	8,633,464	1,080,590	12,967,085	148,606	(127,131)	3,171,595	(726,467)	2,094,362	(2,094,362)	-	12,955,826	
	* Some of the providers have not billed for month of June 2023.															
	Service Category	Contract/ Allotted Amount	Expended Amount As of JUNE Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	
Core Medical Services	MAI Ambulatory (1)	116,092	-	0%	116,092	-	-	-	116,092	-	-	-	(116,092)	(116,092)	-	
	MAI Medical Case Management (2)	93,212	85,751	92%	7,461	21,438	257,252	10,863	(164,040)	68,183	-	45,071	-	45,071	138,283	
	MAI Mental Health (1)	62,469	15,929	25%	46,540	3,982	47,788	-	14,681	-	-	-	-	-	62,469	
	MAI Substance Abuse-Outpatient (1)	400,000	274,308	69%	125,692	68,577	822,924	-	(422,924)	-	-	-	-	-	400,000	
Support Services	MAI Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	290,956	166,531	57%	124,425	41,633	499,594	-	(208,638)	313,181	-	193,021	-	193,021	483,977
	Total MAI Funds	962,729	542,519	56%	420,210	135,630	1,627,557	10,863	(664,828)	381,364	-	238,092	(116,092)	122,000	1,084,729	
	* Some of the providers have not billed for month of June 2023.															
	Total Part A and MAI Funding	13,918,555	4,864,880	35%	9,053,675	1,216,220	14,594,641	159,469	(791,958)	3,552,959	(726,467)	2,332,454	(2,210,454)	122,000	14,040,555	

FPL	# of Units	Total Spent FY 22-23	Hypothetical Spent Under Parameters	Potential Savings Based on Parameters	Hypothetical Clients Served	Total Served FY 22-23
0-150	2/Mo	\$1,038,669.67	\$724,553.00	\$314,116.67	1864	2642
0-250	1/Mo	\$1,038,669.67	\$468,918.00	\$569,751.67	2399	2642
0-300	3/Year	\$1,038,669.67	\$398,650.00	\$640,019.67	2507	2642

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

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

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

*Recommendations are in bold font.*

ALL SERVICES	
Recommended Language	
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"> <li>a. Black heterosexual men and women</li> <li>b. Black men who have sex with men (MSM) 18-38 years of age</li> </ul>
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.	<b>Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate.</b>
13.	<b>When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS.</b>
14.	Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
15.	Co-locate services where applicable, to facilitate a medical home for Part A clients.
16.	<b>Inform appropriate parties that coverage of services is contingent on available funds.</b>
17.	<b>Ensure that subrecipients have a plan to address payment of services when funds are low.</b>
18.	<b>Providers will follow HHS guidelines for newly diagnosed clients that are not virally suppressed until virally suppressed.</b>

CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: ( 400% FPL) FY2024-2025 FPL To Be Determined
Recommended Language
<ol style="list-style-type: none"> <li>Educate clients about: <ol style="list-style-type: none"> <li>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),</li> <li><b>Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and</b></li> <li><b>Private Insurance/ Affordable Care Act (ACA) Options.</b></li> </ol> </li> <li>Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).</li> <li>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.</li> <li>Integrated Primary Care &amp; Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.</li> <li>Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.</li> <li>Integrate care provider collaboration with members of the client's treatment team outside of the organization.</li> <li>Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.</li> <li>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.</li> <li>Provide after-hours services availability to include Crisis Intervention.</li> <li>Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.</li> <li>Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).</li> <li>Incorporate prevention messages into the medical care of PLWHA.</li> <li>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.</li> </ol>
AIDS Pharmaceuticals (Local)
Services Criteria: ( 400% FPL) FY2024-2025 FPL To Be Determined
Recommended Language

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

2. Drugs used for Test and Treat.

3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

**Oral Health Care (OHC)**

**Services Criteria: ( 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

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

2. Make provision for the increased demand for services due to an increase in service locations.

3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.

4. Increase Oral Health Care collaboration with mental health providers.

5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

**Health Insurance Continuation Program (HICP)**

**Services Criteria: ( 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

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

2. Increase in clients with access to health insurance.

3. Develop materials for clients to use as quick references.

4. Provide assistance with prior authorizations and appeals process.

5. Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments.

**Mental Health Service (MH)**

**Services Criteria: ( 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

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

2. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.

3. Integrated service may be impacting utilization in this service category.

4. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.

5. Provide after-hours availability to include Crisis Intervention.

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

<p><b>Services Criteria: ( 400% FPL)</b>  <b>FY2024-2025 FPL To Be Determined</b></p>
<b>Recommended Language</b>
<ol style="list-style-type: none"> <li><b>1. No recommended language for FY2024-2025</b></li> <li>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).</li> <li>3. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)</li> <li>4. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.</li> <li>5. Report changes in viral load status as clients progress through the program.</li> </ol>
<b>Substance Abuse/Outpatient</b>
<p><b>Services Criteria: ( 400% FPL)</b>  <b>FY2024-2025 FPL To Be Determined</b></p>
<b>Recommended Language</b>
<ol style="list-style-type: none"> <li><b>1. No recommended language for FY2024-2025</b></li> <li>2. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).</li> </ol>
<b>SUPPORT SERVICES</b>
<b>Case Management (Non-Medical)</b>
<p><b>Services Criteria: ( 400% FPL)</b>  <b>FY2024-2025 FPL To Be Determined</b></p>
<b>Recommended Language</b>
<ol style="list-style-type: none"> <li>1. Educate clients about: <ol style="list-style-type: none"> <li>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),</li> <li><b>b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and</b></li> <li><b>c. Private Insurance/ACA Options.</b></li> </ol> </li> <li>2. Implementation of test and treat increases demand for more services.</li> <li>3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc.</li> <li>4. Provide education to reduce fear and denial and promote entry into primary medical care.</li> <li>5. Educate clients on the importance of remaining in primary medical care.</li> <li>6. At least 30% of Non-Medical Case Management funded personnel to be dedicated to Peers.</li> <li>7. Incorporate prevention messages into the medical care of PLWHA.</li> <li>8. Educate consumers on their role in the case management process.</li> <li>9. Provide initial/ongoing training and development for HIV peer workers.</li> </ol>

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

### Centralized Intake and Eligibility Determination (CIED)

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

#### Recommended Language

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

### Emergency Financial Assistance

#### Services Criteria: (                      )

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: (                      )

FY2024-2025 FPL To Be Determined

#### Recommended Language



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

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

**Legal Services**

**Services Criteria: ( 400% FPL)**

**FY2024-2025 FPL To Be Determined**

**Recommended Language**

**No recommended language for FY2024-2025**

[illegible]



# 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.

**End of Packet**