



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

## **Priority Setting & Resource Allocation Committee Meeting**

**Thursday, October 19, 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 October 19, 2023
- V. ACTION: Approval of Minutes from August 17, 2023 (**Handout A**)
- VI. Standard Committee Items
  - a. **Ryan White Part A Office: Monthly Expenditure/Utilization Report – by service category (Handout B)**
- VII. Unfinished Business

None.
- VIII. New Business
  1. **Review FY24-25 PSRA Process Timeline (Handout C)**
  2. **Discussion: Affordable Care Act (ACA) Enrollment**
  3. **Discussion: Minority AIDS Initiative (MAI) Programs**
- IX. Recipient Report
- X. Public Comment
- XI. Agenda Items for Next meeting:
  - a. **Next Meeting Date:** November 16, 2023, at 9:00 a.m. Location: Broward Regional Health Planning Council.
- 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](#)



# October 2023

## Broward HIV Health Services Planning Council Calendar



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change.</p> <p>Please contact support staff at <a href="mailto:hivpc@brhpc.org">hivpc@brhpc.org</a> or (954) 561-9681 ext. 1244/1343. Visit <a href="http://www.brhpc.org">http://www.brhpc.org</a> for updates.</p>						
1	2	<b>3</b> <b>Community Empowerment Committee Meeting (CEC)</b> <b>3:00PM – 5:00PM</b> <b>Location: BRHPC/WebEx</b>	4	<b>5</b> <b>Medical Provider Network Meeting</b> <b>2:30 PM – 3:45 PM</b>	<b>6 South Florida AIDS Network Meeting (SFAN)</b> <b>9:30AM</b>	7
8	9	<b>10</b> <b>Behavioral Health Meeting</b> <b>2:00 PM – 3:15 PM</b>	<b>11</b> <b>Oral Health Network Meeting</b> <b>3:00 PM – 4:15 PM</b>	<b>12</b> <b>Membership/Council Development Committee Meeting</b> <b>9:30 AM – 11:30 AM</b> <b>Location: BRHPC/WebEx</b> <b>Ad-Hoc Nomination</b> <b>11:30 AM-1:00PM</b> <b>Location: BRHPC/WebEx</b>	13	14
<b>October 15</b> <b>Latinx Awareness Day</b>	16	17	18	<b>19</b> <b>Priority Setting &amp; Resource Allocation Committee Meeting</b> <b>9:00AM -11:30AM</b> <b>Executive Committee Meeting</b> <b>11:30AM – 1:30PM</b> <b>Ad-Hoc Term Limits</b> <b>2:00PM – 3:00PM</b> <b>Locations: BRHPC/Webex</b>	20	21
22	23	<b>24</b> <b>Integrated Planning Workgroup</b> <b>12:00 PM – 4:00 PM</b>	25	<b>26</b> <b>HIV Planning Council (HIVPC) Meeting</b> <b>9:30 AM – 11:30 AM</b> <b>Location: BRHPC/WebEx</b>	27	28
29	30	31				



# October 2023



## Broward HIV Health Services Planning Council Calendar

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

TODOS ESTAN BIENVENIDOS!

ALL ARE WELCOME!

BON VINI!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020

Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

Unless otherwise noted on the calendar, all meetings are held at:

Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020

To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyòl; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

### HIVPC Committee Descriptions

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

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

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

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

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

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

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



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

**Thursday, August 17, 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, V. Biggs, E. Dsouza, J. Rodriguez, L. Robertson, R. Jimenez, B. Fortune-Evans

PSRA Members Absent: M. Schweizer

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

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

Guests Present: E. Davis, M. Barrett, P. Jenkins, K. Drummond.

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

The PSRA Chair called the meeting to order at 9:10 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 August 17, 2023, Priority Setting and Resource Allocation Committee meeting was proposed by L. Robertson, seconded by J. Rodriguez, and passed unanimously. The approval for the minutes of the June 22, 2023, meeting was tabled for the next meeting as requested by the chair to include and address the process of PSRA's rankings.

**Motion #1: L. Robertson, on behalf of PSRA, made a motion to approve the August 17, 2023, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by J. Rodriguez and adopted unanimously.**

4. Standard Committee Items

Ryan White Part A Office: Monthly Expenditure/Utilization Report

B. Barnes decided to combine the Ryan White Part A Office: Monthly Expenditure/Utilization Report with today's PSRA Reallocations/Sweeps to avoid any duplication of information.

5. Unfinished Business

Discussion on FY24-25 PSRA Allocations Process

B. Barnes decided to proceed with today's PSRA Reallocations/Sweeps to avoid any duplication of information.

6. New Business

FY23-24 PSRA Sweeps

The Part A Recipient's Office provided a line-by-line overview of the basis for the recommended allocations. After some discussion, the members voted on funding allocations for FY2023-2024.

- **L. Robertson made a motion to reallocate \$1,056,408 from Ambulatory-Integrated Primary Care and Behavioral Health Services for FY2023-2024. J. Rodriguez seconded the motion. The motion was adopted unanimously.**
- **L. Robertson made a motion to reallocate \$180,454 from AIDS Pharmaceutical Assistance for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**
- **L. Robertson made a motion to reallocate \$442,500 from Oral Health for FY2023-2024. J. Rodriguez seconded the motion. The motion was adopted unanimously.**

- **J. Rodriguez made a motion to reallocate \$12,000 from Disease Medical Case Management for FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.**

- **B. Fortune-Evans made a motion to reallocate \$20,000 from Mental Health for FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.**

- **J. Rodriguez made a motion to reallocate \$340,000 from Non-Medical Case Management (Centralized Intake & Eligibility Determination [CIED]) FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.**

- **J. Rodriguez made a motion to reallocate \$43,000 from Non-Medical Case Management FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.**

**Total Reallocation/Sweeps from Core & Support Services = (\$2,094,362)**

- **J. Rodriguez made a motion to reallocate \$116,092 from MAI Ambulatory FY2023-2023. B. Fortune Evans seconded the motion. The motion was adopted with two abstentions.**

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

- **B. Fortune-Evans made a motion to reallocate \$896,903 to Ambulatory-Integrated Primary Care and Behavioral Health Services for FY2023-2024. J. Rodriguez seconded the motion. The motion was adopted unanimously.**

- J. Rodriguez made a motion to reallocate \$51,000 to AIDS Pharmaceutical Assistance for FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.
- J. Rodriguez made a motion to reallocate \$140,817 to Oral Health Care for FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.
- J. Rodriguez made a motion to reallocate \$270,730 to Disease Case Management for FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.
- L. Robertson made a motion to reallocate \$384,912 to Non-Medical Case Management for FY2023-2024. J. Rodriguez seconded the motion. The motion was adopted unanimously.
- J. Rodriguez made a motion to reallocate \$250,000 to Food Services (Food Bank) for FY2023-2024. L. Robertson seconded the motion. The motion was adopted with two abstentions.
- L. Robertson made a motion to reallocate \$100,000 to Food Services (Food Voucher) for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.

**Total Reallocation/Sweeps to Core & Support Services  
= (\$2,094,361)**

- J. Rodriguez made a motion to reallocate \$45,071 from MAI Medical Case Management for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted with two abstentions.
- B. Fortune-Evans made a motion to reallocate \$193,021 from MAI Non-Medical Case Management (CIED) for FY2023-2024. V. Biggs seconded the motion. The motion was adopted with two abstentions.

**Total Reallocation/Sweeps from MAI Core & Support Services = (\$238,092)**

#### Review Eligibility – (FPL+)

T. Thompson from the Part A office lead the discussion on the FPL, utilizing Part A Data. V. Biggs made a motion to table the FPL Discussion to request more data. B. Fortune-Evans seconded the motion and motion did not carry.

**Motion #2: V. Biggs, on behalf of PSRA, made a motion to table the FPL Discussion to request more data. The motion was seconded by B. Fortune-Evans and was not passed.**

T. Thompson, on behalf of Part A, recommends setting the FPL as follows:

- 0-150- 2 units per month
- 151-250- 1 unit per month
- 251-300- 3 units per year.

B. Fortune-Evans made a motion to set the FPL to <300- 2 units per month. J. Rodriguez seconded the motion and passed with two abstentions.

**Motion #3: B. Fortune-Evans made a motion to set the FPL to <300- 2 units per month. The motion was seconded by J. Rodriguez. The motion was passed with two abstentions.**

J. Rodriguez motioned a friendly amendment to set the FPL to 0-200- 2 units per month and 201-300- 1 unit per month with a possibility of overriding. B. Fortune-Evans seconded the motion and passed with two abstentions.

**Motion #4: J. Rodriguez motioned a friendly amendment to set the FPL to 0-200-2 units per month and 201-300- 1 unit per month with a possibility of overriding. B. Fortune-Evans seconded the motion and passed with two abstentions.**

This motion will be tabled for the next HIVPC Meeting and the discussion on Health Care Benefits Service Category (HICP) will be tabled for the next PSRA Meeting. As for the discussion on eligibility for the new service category, Medical Nutrition Therapy, L. Robertson made a motion to allow the Quality Management Committee to set the eligibility for Medical Nutrition Therapy. B. Fortune-Evans seconded the motion and passed unanimously. The Executive Committee will vote during their next meeting to give authority to QMC to set the eligibility.

**Motion #5: L. Robertson made a motion to allow the Quality Management Committee to set the eligibility for Medical Nutrition Therapy. B. Fortune-Evans seconded the motion and passed unanimously.**

The discussion on ACA Enrollment will be tabled for the next PSRA Meeting.

Revisit “How Best to Meet the Needs”.

PSRA Committee decided to resend “How Best to Meet the Needs” back to SOC for their review.

Review FY23-24 PSRA Work Plan

Review of the FY23-24 PSRA Work Plan will be tabled for the next PSRA Meeting.

7. Recipient’s Report

There was no Recipient report for this meeting.

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 October 19, 2023, at 9:00 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

Next Meeting Agenda Items

- Review Work Plan
- ACA Enrollment
- Discussion on MAI Programs

10. Announcements

None

11. Adjournment

There being no further business, the meeting was adjourned at 11:44 a.m.



# PSRA Attendance for CY 2023

Consumer	PLM	HA	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		17					
0	1	0	1	1	Barnes, B., Chair	X	X	X	C	X	X	X	C	X	C				
0	0	0	2	2	Fortune-Evans, B.	X	X	X	C	E	X	X	C	X	C				
0	0	0	3	3	Mester, B.	X	X	X	C	X	X	X	C	X	C				
0	1	0	4	4	Robertson, L.	X	X	X	C	X	X	X	C	X	C				
0	0	0	5	5	Dsouza, E.	X	X	X	C	X	X	X	C	X	C				
0	0	0	6	6	Rodriguez, J.	X	X	X	C	X	X	X	C	X	C				
0	1	0	7	7	Biggs, V.	X	X	X	C	X	X	X	C	X	C				
0	0	1	8	8	Jimenez, R.	X	X	X	C	X	X	A	C	X	C				
			9	9	Schwiezer, M.					X	A	A	C	A	C				
					Quorum = 5	8	8	8		8	8	7		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 – August 18, 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 SEP Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,277,024	3,237,090	61%	2,039,934	462,441	5,549,297	-	(272,273)
	AIDS Pharmaceutical Assistance (2)	104,590	104,590	100%	-	14,941	179,297	-	(74,707)
	Oral Health Care Routine (4)	1,608,792	1,002,356	62%	606,436	143,194	1,718,325	-	(109,533)
	Specialty (1)	736,489	360,573	49%	375,916	51,510	618,126	-	118,363
	Medical Case Management Disease Case Management (5)	770,847	432,710	56%	338,137	61,816	741,789	-	29,058
	Mental Health- Trauma-Informed (2)	139,939	74,204	53%	65,735	10,601	127,208	-	12,731
	Health Insurance Premium & Cost Sharing Assistance	779,279	200,163	26%	579,116	28,595	343,136	-	436,143
	Substance Abuse-Outpatient (1)	337,498	21,831	6%	315,667	3,119	37,425	-	300,073
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	242,488	116,324	48%	126,164	16,618	199,412	-	43,076
	Non-Medical Case Management Case Management (7)	1,581,271	888,863	56%	692,408	126,980	1,523,766	-	57,505
	Food Services Food Bank (1)	950,000	699,978	74%	250,022	99,997	1,199,962	-	(249,962)
	Food Voucher (1)	182,586	139,493	76%	43,093	19,928	239,131	-	(56,545)
	Legal Assistance (1)	129,151	85,509	66%	43,642	12,216	146,587	-	(17,436)
	Emergency Financial Assistance (1)	115,872	4,969	4%	110,903	710	-	-	-
	Total Part A Funds	12,955,826	7,368,656	57%	5,587,170	1,052,665	12,631,981	-	216,492
	* Some of the providers have not billed for month of Sep 2023.								
	Service Category	Contract/ Allotted Amount	Expended Amount As of SEP Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	-	-		-	-	-	-	0
	MAI Medical Case Management (2)	138,283	93,143	67%	45,140	13,306	159,673	28,749	(21,390)
	MAI Mental Health (1)	62,469	33,309	53%	29,160	4,758	57,102	-	5,367
	MAI Substance Abuse-Outpatient (1)	400,000	399,988	100%	12	57,141	685,693	5,900	(285,693)
Support Services	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	483,977	342,939	71%	141,038	48,991	587,896	-	(103,919)
	Total MAI Funds	1,084,729	869,379	80%	215,350	124,197	1,490,363	34,649	(405,634)
	* Some of the providers have not billed for month of Sep 2023.								
	Total Part A and MAI Funding	14,040,555	8,238,034	59%	5,802,521	1,176,862	14,122,345	34,649	(189,142)

## PSRA Timeline & Work Plan for Priority Setting and Resource Allocation Process for Fiscal Year 2024-2025

DATE	TASK	RESPONSIBLE PARTY
Thursday, <b>October 19, 2023</b> 9:00 A.M. to 11:00 A.M.  BRHPC: In-Person (Voting required)	<b>Review and approve the proposed PSRA Timeline</b>  <i>Vote to establish the PSRA Process</i>  <b>Action Plan: Affordable Care Act (ACA) Enrollment Plan</b>	PSRA Chair
Thursday, <b>November 30, 2023</b> 9:30 A.M. to 12:30P.M.  BRHPC: In-Person (Voting required)	<b>Review and approve the proposed FY2024-2025 PSRA Workplan</b>  <b>Action Plan: Affordable Care Act (ACA) Enrollment</b>  <b>PSRA Sweeps</b>	PSRA Chair
Thursday, <b>December 21, 2023</b> 9:30 A.M. to 12:30 P.M.	<b>Action Plan: Affordable Care Act (ACA) Enrollment</b>	PSRA Chair
Thursday, <b>January 18, 2024</b> 9:30 A.M. to 12:30 P.M.	<b>Action Plan: Affordable Care Act (ACA) Enrollment Plan Vote</b>  <b>Action Plan: Minority AIDS Initiative (MAI) Evaluation</b>	PSRA Chair  Recipient Office
Thursday, <b>February 18, 2024</b> 9:30 A.M. to 12:30 P.M.	<b>Action Plan: Minority AIDS Initiative (MAI) Evaluation</b>	PSRA Chair/Recipient Office
<b>March 2024</b>	<b>PSRA Town Hall workshop (With Clients) Meeting (PM)</b>	PSRA Chair/Members

Thursday, <b>April 18, 2024</b> 9:30 A.M to 12:30 P.M.	<b>Action Plan: Minority AIDS Initiative (MAI) Vote</b>	PSRA Chair
Thursday, <b>May 16, 2024</b> 9:30 A.M. to 12:30 P.M.	<b>Eligibility Determination</b> (Reviewing Federal Poverty Level for each Service Category)  <b>Overview of the PSRA Process</b>  <b>Discuss recommendations from the System of Care Committee on How Best to Meet the Need</b> <ol style="list-style-type: none"> <li>Justification for recommendations</li> <li>Discussion for additional revisions to the language</li> </ol>	Recipient Office   PCS Team  PCS Team
Thursday, <b>June 20, 2024</b> 11:00 A.M. to 5:00 P.M.	<b>Review Service Categories (RW Parts A and B)</b>  <b>Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations</b> including data related to: <ol style="list-style-type: none"> <li>Client utilization</li> <li>Budget</li> <li>Provided services</li> <li>Notable Trends</li> <li>Recommendations for Part A</li> </ol> <b>Broward MAI &amp; EHE Activities Presentation</b>  <b>Present Notable trends of Needs Assessment/Community Input:</b> <ol style="list-style-type: none"> <li>Consumer Data (Community Conversation Data/CEC Data/Community Outreach Data)</li> </ol> <b>Review 2023 RSR</b>  <b>Review FL and Broward IP</b>	PCS Team   Funders/Stakeholders (20 minutes each)   Recipient Office  BRHPC Needs Assessment Consultant

<p>Friday, <b>June 21, 2024</b> 11:00 A.M. to 5:00 P.M.</p>	<p><b>HIV Surveillance Epidemiological Data</b> Presentation focused on:</p> <ul style="list-style-type: none"> <li>a. Trends in new infections</li> <li>b. Current and emerging priority populations</li> <li>c. Changes in demographics of the EMA's HIV/AIDS cases</li> </ul> <p><b>Quality Management Part A Client Health Outcomes Presentation:</b> Analysis of Part A FY2023 – March 1, 2023 – February 28, 2024, client continuum of care health outcomes including:</p> <ul style="list-style-type: none"> <li>. <b>Quality Management Part A Client Health Outcomes Presentation:</b> Analysis of Part A FY2023 – March 1, 2023 – February 28, 2024, client continuum of care health outcomes including: <ul style="list-style-type: none"> <li>a. Viral Load Suppression</li> <li>b. Retention in Care; Variations by demographics</li> </ul> </li> </ul> <p><b>FY2023-2024 Service Utilization Scorecards</b></p> <ul style="list-style-type: none"> <li>a. CQM Team reports on service category expenditures</li> </ul> <p><b>Review the Community Empowerment Committee's (CEC) Rankings of Part A Services</b></p> <p><b>Complete Rankings (E-mail/Survey Link for Members)</b></p>	<p>FLDOH-BC: HIV Surveillance Office</p> <p>QMC Team</p> <p>CQM Team</p> <p>PCS Team</p> <p>PSRA Members</p>

<p>Thursday, <b>July 18, 2024</b> 9:30 A.M. to 2:00 P.M.</p>	<p><b>Vote:</b></p> <p><b>Priority Setting:</b></p> <p>a. Review and vote on the results of PSRA's core and support services ranking.</p> <p><b>"How to Best to Meet the Need"</b></p> <p><b>Fort Lauderdale/ Broward EMA 2024/2025 Funding Service Categories with Justification.</b></p> <p><b>FY2025-2026 Resource Allocations:</b></p> <p>a. Allocate Part A Core, Support Services &amp; MAI funding based on Ryan.</p>	<p>CQM Team</p> <p>PSRA Members</p> <p>RW Part A Office/PCS Team/PSRA Members</p>
<p>Thursday, <b>August 15, 2024</b> 9:00 A.M. to 1:00 P.M.</p>	<p><b>PSRA Sweeps</b></p>	<p>RW Part A Office/PCS Team/PSRA Members</p>

<b>September 2024</b>	<b>No Meeting</b>	
Thursday, <b>October 17, 2024</b>	<b>PSRA Retreat</b>	PSRA Members
Thursday, <b>November 21, 2024</b>	<b>PSRA Sweeps</b>  <b>2025-2026 Workplan and PSRA Timeline</b>	RW Part A Office/PCS Team/PSRA Members  PSRA Chair
<b>December 2024</b>	<b>Administrative Mechanism Vote</b>	PSRA Members



# **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.

# HIVPC ATTENDANCE POLICIES

## BROWARD COUNTY CODE OF ORDINANCES CHAPTER 1, ARTICLE XII. BOARDS, AUTHORITIES AND AGENCIES GENERALLY

### GENERAL REQUIREMENT AND POLICIES

#### **Sec. 1-233. Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum**

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##### **Removal based on Attendance**

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing for (4) properly noticed meetings in one (1) calendar year.

##### **Excused Absences**

Require written notice to the chair of the board prior to the meeting (when practicable). The chair of the board shall determine whether the absence meets the criteria for an excused absence. Members may be excused **ONLY** for the following reasons:

1. Member performing an authorized alternative activity relating to outside advisory board business that directly conflicts with the properly noticed meeting;
2. Death of an immediate family member (spouse, father, mother, stepparent, in loco parentis, child, or stepchild domiciled in member's household);
3. Death of member's domestic partner;
4. Member's hospitalization;
5. Member summoned for jury duty; or
6. Member is issued a subpoena by a court of competent jurisdiction.

##### **Non-excused absences**

1. Out of town business.
2. Doing business or attending a meeting for member's company.
3. Attending another meeting as an elected official.
4. Car problems.

##### **Requirements of Appointment**

Any advisory board appointee who fails to meet the requirements of his or her appointment, including residency, if required to live in the district, is automatically disqualified, and his or her appointment shall immediately cease and be deemed vacant.

##### **Quorum Rules**

Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

**Appointees shall notify the board coordinator *at least two (2) business days prior* to the scheduled meeting date as to whether they will or will not attend the meeting.** This will allow the cancellation of a meeting due to a lack of quorum prior to the actual meeting date.

***If a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meeting, he or she will be marked absent where such failure results in the meeting being cancelled for lack of quorum.***

## HIVPC ATTENDANCE POLICIES

If a meeting is **scheduled and a sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting:

- Members present will be marked as attending.
- Members who telephone in, will be marked as attending.
- Members not present will be marked absent.
- Members, who did not confirm they were attending and attend, will be marked present.

If a meeting is **scheduled and a sufficient number of members to have quorum DID NOT CONFIRM** that they will be physically present at the meeting, **THE MEETING WILL BE CANCELLED PRIOR TO THE MEETING DATE:**

- Members who intended to telephone in, will be marked absent.
- Members, who did not confirm that they were attending, will be marked absent.
- Members who confirmed they would be attending will be marked *present* and it will be noted on the attendance sheet that the meeting was cancelled.

If a meeting is **scheduled and sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting, **BUT QUORUM WAS NOT PRESENT AT THE MEETING, THE MEETING WILL BE CANCELLED:**

- Members present will be marked as attending but it will be noted that the meeting was cancelled.
- Members not present will be marked absent.
- Members, who telephone in, will be absent.
- Members, who did not confirm that they were attending, and attend, will be marked present.
- Members who did not confirm that they were attending, and do not attend, will be marked absent.

(Ord. No. 79-36, § 1, 6-20-79; Ord. No. 89-19, § 1, 5-9-89; Ord. No. 92-4, § 1, 3-10-92; Ord. No. 92-13, § 1, 5-12-92; Ord. No. 92-46, § 1, 11-10-92; Ord. No. 95-18, § 1, 4-11-95; Ord. No. 1999-06, § 1, 2-23-99; Ord. No. 2001-01, § 1, 1-9-01; Ord. No. 2001-10, § 1, 3-27-01; Ord. No. 2002-10, § 1, 3-18-02; Ord. No. 2003-21, § 1, 6-10-03; Ord. No. 2005-01, § 1, 1-11-05; Ord. No. 2005-16, § 1, 6-28-05; Ord. No. 2006-17, § 1, 6-13-06; Ord. No. 2008-36, § 1, 9-9-08; Ord. No. 2009-39, § 1, 6-23-09; Ord. No. 2012-30, § 1, 10-23-12; Ord. No. 2014-08, § 1, 02-25-14)



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