Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

COMMITTEE: Community Empowerment Committee
Date/Time: June 4, 2019, 3:00 p.m.
Location: Governmental Center Room A-337
Chair: Vacant **Vice Chair:** Pat Fleurinord

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS**: 6/4/19 Agenda, 5/7/19 Minutes

3. **STANDARD COMMITTEE ITEMS** (10 minutes)
   a. Testimonials
4. **UNFINISHED BUSINESS**
   None.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Work Plan Activity 3.2: Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy	
Fashion Show Event Planning Update (Handout A)	ACTION ITEM: Review progress made toward Fashion Show Outreach Event.
Work Plan Activity 1.2: Priority rank Part A and MAI Service Categories and send recommendations to PSRA	
PSRA Service Category Priority Rankings (Handouts B1-B3)	ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA.

6. **RECIPIENT REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** July 2, 2019 **Venue:** A-337

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Fashion Show Event Planning Update	ACTION ITEM: Review progress made toward Fashion Show Outreach Event.
Chill, Chat & Chew Planning	ACTION ITEM: Plan for hosting next community event.

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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MEETING MINUTES

Committee: Community Empowerment Committee (CEC)
Date/Time: Tuesday, May 7, 2019 3:00 p.m.
Location: Government Center A-337
Vice Chair: Patricia Fleurinord

ATTENDANCE

#	Members	Present	Absent
1	Bhrangger, R.	X	
2	Brautigam, A.		A
3	Burgess, D.	X	
4	Fleurinord, P.		A
5	Franks, H.	X	
6	Marcoviche, W.	X	
7	Robertson, L.	X	
8	Ruffner, A.	X	
9	Grant, C.	X	
	Quorum = 5	**7**	

Guests
Shore, R.
Smith, C.
HIVPC Staff
Jolly, J.
Oratien, V.
Martinez, G.
Guice, M.
Recipient Staff
Jones, L.
Anderson, T.

1. CALL TO ORDER:

The HIVPC Vice Chair called the meeting to order at 3:10 p.m. and welcomed all present. The HIVPC Vice Chair notified attendees that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed, and introductions were made by all in attendance.

2. APPROVALS:

Motion #1: To approve 5/7/19 meeting agenda
Proposed by: Franks, H. **Seconded by:** Robertson, L.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 2/5/19
Proposed by: Robertson, L. **Seconded by:** Franks, H.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Testimonials: The testimonial question *(What was an event you have attended that pleasantly surprised you?)* was posed to membership and each member took a moment to share a story. One member shared his experience attending an event at the World AIDS Museum. The event focused on the transgender community and what was pleasant about this event was hearing people telling their stories; which were explicit, transparent and informative. A meeting guest attended the same event and was impressed with the turnout, the honest conversation and the food. Both individuals agreed that it was a good event because it continued and started new conversations specific to the transgender community in Broward County. The HIVPC Vice Chair asked for contact information of the speakers of the event, as she would like to have resources for helping healthcare workers understand the needs of the transgender population,

adding that there is nothing as powerful as a person who has gone through the process. An upcoming symposium on a similar topic will be addressing the same issues. A committee member agreed to share the details of this event with the PC staff.

A Recipient staff member shared her experience during her visit to Washington D.C. for AIDS Watch. This event was powerful because the event hosted over 550 people with shared interests and goals. Attending this event fostered a connection amongst allies as all of the lobbyists were present in one place to advocate. A story was shared about a speaker referring to PLWHA as "infected" and the way attendees corrected his speech to reflect person first language. AIDS Watch attendees participated in breakout sessions, lobbying, listening to speakers, attending coaching sessions and speaking to the delegation concerning HIV in their respective jurisdictions. It was then brought to the attending of the PC staff that the HIVPC website says, "infected and affected by HIV," and suggested for this to be changed to "people living with HIV/AIDS."

ACTION ITEM: Change language on the HIVPC website to reflect person first language.

Another member shared about a library event- Each One Teach One. This event was held for tutors and students on a Saturday morning. The event was well put together from the sign-in process to the event ice breakers. The member talked about the "surprise" recognition ceremony for the students. In closing, this event was very affirming and successful because it was well planned, beneficial to the students, with a clear flow of activities

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

Fashion Show Event Planning- The ad-Hoc Youth Advisory Chair gave committee members an update on the status of the fashion show event. The May date had to be pushed back due to the committee's inability to obtain quorum and conduct a meeting in the past few months. The latest meeting for the ad-Hoc Committee was held during the last week of April.

The event has been rescheduled to July 19th 7pm-10pm. The target audience is 18-38 years old; young adults are the biggest group of newly infected with HIV/AIDS in Broward County. All event details were provided on a handout in the meeting packet; outlining the list of next steps. CEC members were invited to attend this meeting to assist with the planning. One of the event goals is to make sure PLWHA are heavily included in this event, as this can be a great way to engage with people in the community and add more members to the Council. The committee will be speaking to case managers to identify clients in this age group to work with, in addition to partnering agencies.

The goal for the fashion show casting call is to select between 15 and 20 models to walk in the show. Both the casting call and event flyers were shown to the committee. The explanation behind the direction of the promotional material was to create a feeling of inclusion with racially ambiguous models. A comment was made by a committee member to make the flyer more racially inclusive. Suggestions were made to make the flyers a collage of different races as opposed to choosing one main image. Another member praised the flyer and said that it is good for young people because the design is attractive. Committee members agreed that the flyer should be a one pager instead of front and back, for advertising purposes. Another member suggested that the open space be filled with more event details.

The committee asked what was being done to attract the younger audience during the planning process. The ad-Hoc Chair shared the outreach efforts and points of contact to attract this age group: GSA, local high schools, ASO Providers and Case Managers. It was suggested that the committee work to identifying new community members who can participate in the planning process.

A question was asked about the advertising plan for the event. Social media access via Broward County's Twitter and Facebook will be provided through the Recipient Staff. Using the Central Summit's mailing list was suggested as a way to reach this audience, in addition to touching base with groups that young adults hang out with. Utilizing the social networks of the ad hoc CEC members, and reaching out to fashion schools and publications was another suggestion for garnering support.

Event Goal Setting- The PC staff reviewed the analytics from past events to gauge the goals that the committee would like to set for the upcoming fashion show event. The discussion started with the committee members being asked: "*What would you say is a successful event*?" Members referred to the past event analytics, and discussed the past event's page views, page traffic, RSVPs and attendance.

The following bullets were identified as goals for the fashion show:

- **Event Turnout**
  - This goal was not identified.
- **Age Group Representation Percentage**
  - At least 50% of audience should be under 38.
  - Non-Agency attendee's percentage: Majority- over 50%
  - Success of attendees attending HIVPC meeting:
- **Preferred Attendees**
  - Non-agency staff
  - Ryan White Consumers
  - Disconnected community members, etc.

After goals were set, members continued to brainstorm on ways to cater to the younger audience to ensure high attendance. Sending flyers out to all agencies in the county that provide services to young adults was one suggestion. One member stated that the planning members should consider creating an incentive for participation. The ad-Hoc Youth Advisory members are against this idea. One of the biggest challenges will be having less agency staff in attendance and more community members. To combat this, a question was asked if exclusions, to decrease attendance of agency staff, will be included in advertising for the event. The ad-Hoc Chair stated that the committee will be speaking to case managers and can make these exclusions clear at that time. The casting call will be able to inform the decision that the committee will go in. Another suggestion was to not be too exclusive regarding agency staff attendance, as HIV Peers and some staff members are also PLWHA and their attendance should be encouraged. Staff can also be encouraged to invite family and friends who are in the target audience. *Resource suggestions: Impulse, Flux, Latino Salud.*

The ad-Hoc Chair shared that the flyer will include more partners once the partnerships are confirmed. Email notices will go out to HIVPC support services networks as well. It was emphasized by the ad-Hoc Chair that this is a great opportunity to showcase HIVPC and bring in new members; HIVPC needs to be easily and thoroughly explained at the fashion show and there needs to be a fluid follow up process for this as well. The event could also have the same membership drive flyers and palm cards available. The Recipient staff suggested that the committee not focus on membership, but focus on having a fun and successful event that is impactful. Talk about stigma and getting people to join in the conversation within this age group. Having more people attend HIVPC meetings is/should not a measure of the event's success.

6. RECIPIENT REPORT

Monitoring season, where the staff examines provider methods/processes and how they are serving their clients, is underway and is nearing completion. The monitoring process is long, but staff is making sure that check-ins are happening. The Behavioral Health Conference will be at the Signature Grand in Davie, May 14-16, 2019. On May 15th, Recipient staff member Lauren Kettler Gold, the Publications Specialist for the Ryan White Part A Program, will be presenting, *"Communications and Fighting the Good Fight: Harnessing Media in the War on Stigma."*

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: June 4, 2019 **Time**: 3:00 p.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
Fashion Show Event Planning	ACTION ITEM:
PSRA Service Categories	ACTION ITEM:

9. ANNOUNCEMENTS

Tuesday, May 7th: World AIDS Museum, 7-9pm -*Community Dialogue Series* featuring Dr. David Faucet and Doug Nelson. The discussion is around supporting good mental health for PLWHA. This event occurs every second Tuesday of month.

Tuesday, June 4th: World AIDS Museum, 7-9pm -*Community Dialogue Series* "From Stonewall to HIV: Knowing Your Rights". The discussion will include local attorneys who advocate for PLWHA and LGBTQ+ people in the areas of housing, employment, aging, and disclosure laws.

10. ADJOURNMENT

The meeting was adjourned at 4:12 p.m.

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CEC Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:		5	C	C	7								
1	1	1	**1**	Bhrangger, R.	A	X			X								
0	0	1	**2**	Brautigam, A.	X	X			A								
1	1	0	**3**	Burgess, D.	X	X			X								
0	0	0	**4**	Fleurinord, P., *V. Chair*	A	X			A								
0	0	1	**5**	Franks, H.	A	X			X								
1	1	1	**6**	Marcoviche, W.	A	X			X								
0	1	0	**7**	Robertson, L.	X	X			X								
0	0	0	**8**	Ruffner, A.	X	X			X								
				Wilson, E.	A	A	Z- 2/2019										
				Quorum = 5	4	9			6								

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - cancelled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
	R - removal letter

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HANDOUT A

CEC OUTREACH EVENT

"*Fighting Stigma Through Fashion*"

Event Date & Time Friday, July 19th, 2019; 7-10 p.m.

Proposed Venue ArtServe

Demographic Young Adults aged 18-38 in Broward County

Summary

The **purpose** of the Fashion Show is to use fashion to build community across age and status divisions. This event is designed to engage young adults in Broward County in the conversation around HIV in their area. It will illustrate the power and positivity that can be part of life after diagnosis by sharing the stories of PLWH in Broward.

The Fashion Show will utilize three (3) scenes to share messages of prevention and care and treatment.

Accomplishments

- Draft agenda created including
  - CDC videos regarding living with HIV
  - Themed Fashion Show scenes
- All model casting slots filled
- 12/100 tickets registered for Fashion Show as of 6.4.19

Next Steps

- Hold model casting and rehearsals
- Promote event
- Finalize event program

Upcoming Meetings

June	July
11 4:30 p.m.*	9 3:00 p.m.

* The Model Casting Call will take place after the meeting on June 11th

All ad-Hoc Youth Advisory Committee meetings are held at the World AIDS Musuem
Address: 1201 NE 26th St #111, Wilton Manors, FL 33305

HANDOUT B1

CEC PRIORITY RANKINGS

Consumer Involvement in Prioritizing Ryan White Services

PRIORITY SETTING RESOURCE ALLOCATION (PSRA) LEGISLATIVE RESPONSIBILITY INCLUDES:

- **Priority setting** – of up to 30 allowable service categories
- **Directives** to grantee 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 later this month, the CEC rankings will be considered as a part of their decision-making process.

HANDOUT B1

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

HANDOUT B1

SUPPORT SERVICES

1. **Food Bank/Home-Delivered Meals**
2. **Emergency Financial Assistance**
3. **Legal Services**
4. **Non-Medical Case Management (CIED, BISS)**
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

PRIORITY SETTING

Priority setting means **determining what *service categories* are most important** for PLWHAs in the EMA (Broward)

RESOURCE ALLOCATION

Process of deciding how much money to allow for each priority service category

PREVIOUS RANKINGS FOR FY 2019-2020 HANDOUT B1

	FY2019 CEC Rankings	FY2019 Overall HIVPC Rankings
CORE SERVICES		
Outpatient Ambulatory Medical Care	6	1
Medical Case Management (Disease)	2	2
AIDS Pharmaceutical Assistance (Local)	3	3
Health Insurance Premium & Cost-Sharing Assistance (HICP)	4	4
Oral Health Care (Dental)	7	5
Mental Health Services	5	6
AIDS Drugs Assistance Program Treatments (ADAP)	1	7
Substance Abuse Services - Outpatient	8	8
Medical Nutrition Therapy	11	9
Early Intervention Services	9	10
Home and Community-Based Health Services	10	11
Home Health Care	12	12
Hospice Services	13	13

	FY2019 CEC Rankings	FY2019 Overall HIVPC Rankings
SUPPORT SERVICES		
Housing Services	1	1
Food Bank/Home-Delivered Meals	3	2
Non-Medical Case Management	6	3
Medical Transportation Services	4	4
Emergency Financial Assistance	2	5
Psychosocial Support Services	7	6
Legal Services	5	7
Substance Abuse Services — Residential	8	8
Health Education/Risk Reduction	10	9
Referral for Health Care/Supportive Services	11	10
Outreach Services	9	11
Linguistics Services (Interpretation and Translation)	14	12
Child Care Services	15	13
Other Professional Services	13	14
Rehabilitation Services	12	15
Permanency Planning	16	16
Respite Care	17	17

HANDOUT B1

CEC 2020-2021 PRIORITY RANKINGS

- **First**, review HRSA's allowable Part A core and support services and their definitions and last year's CEC and Overall Service Category Rankings.
- **Next**, preliminarily rank the services on the Handout.
- **Finally**, CEC members use the iPads to input Part A Core and Support service rankings into the Survey Gizmo link:
- https://www.surveygizmo.com/s3/5043741/FY-2020-2021-CEC-Ranking-Survey-6-4-19

HANDOUT B1

Please feel free to ask questions before we begin the CEC Ranking Process!!

HRSA Funded Service Categories

Please find listed below the 13 Core Medical Service Categories and the 17 Support Service Categories that are fundable with Ryan White Program Part A and MAI (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds – *Policy Clarification Notice #16-02 [Revised 10/22/18*]). **Those funded by the Broward EMA in 2019-2020 are in bold.** All funded agencies are contractually obligated to engage in activities, which help to engage and/or retain clients in care.

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)
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Support Services:

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

Service Category Definitions

Core Medical Services (services funded by the Broward EMA are in blue text):

1. **AIDS Drug Assistance Program Treatments (ADAP):** A state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV. HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

2. **AIDS Pharmaceutical Assistance:** AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

   A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:
   - Uniform benefits for all enrolled clients throughout the service area
   - A recordkeeping system for distributed medications
   - An LPAP advisory board
   - A drug formulary that is
     - Approved by the local advisory committee/board, and
     - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
   - A drug distribution system
   - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
   - Coordination with the state's HRSA RWHAP Part B ADAP o A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
   - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

3. **Early Intervention Services (EIS)**: Include counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose to the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations of individuals with HIV/AIDS; and the provision of therapeutic measures.

4. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:
    - Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
    - Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
    - Paying cost sharing on behalf of the client.

5. **Home and Community-Based Health Services:** Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
    - Appropriate mental health, developmental, and rehabilitation services
    - Day treatment or other partial hospitalization services
    - Durable medical equipment
    - Home health aide services and personal care services in the home

6. **Home Health Care: T**he provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
    - Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
    - Preventive and specialty care
    - Wound care
    - Routine diagnostics testing administered in the home
    - Other medical therapies

7. **Hospice:** Services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
    - Mental health counseling
    - Nursing care
    - Palliative therapeutics
    - Physician services
    - Room and board

8. **Medical Case Management (including Treatment Adherence Services):** The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

9. **Medical Nutrition Therapy**: Includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

10. **Mental Health Services:** The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

11. **Oral Health Care:** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

12. **Outpatient/Ambulatory Health Services**: Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

    Allowable activities include:
    - Medical history taking
    - Physical examination
    - Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
    - Treatment and management of physical and behavioral health conditions
    - Behavioral risk assessment, subsequent counseling, and referral
    - Preventive care and screening
    - Pediatric developmental assessment
    - Prescription and management of medication therapy
    - Treatment adherence
    - Education and counseling on health and prevention issues
    - Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

13. **Substance Abuse Outpatient Care:** The provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:
    - Screening
    - Assessment
    - Diagnosis, and/or
    - Treatment of substance use disorder, including:
        - Pretreatment/recovery readiness programs
        - Harm reduction
        - Behavioral health counseling associated with substance use disorder
        - Outpatient drug-free treatment and counseling
        - Medication assisted therapy
        - Neuro-psychiatric pharmaceuticals
        - Relapse prevention

    Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Support Services (services funded by the Broward EMA are in blue text):

1. **Child Care Services:** Services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds includes:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

2. **Emergency Financial Assistance:** Provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

3. **Food Bank/Home Delivered Meals:** The provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

4. **Health Education/Risk Reduction:** The provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:
    - Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention

- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

5. **Housing**: Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.
6. **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills

    Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

7. **Linguistic Services:** Provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

8. **Medical Transportation:** The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:
    - Contracts with providers of transportation services
    - Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
    - Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Voucher or token systems

    Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

9. **Non-Medical Case Management Services (NMCM):** Provides a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Client-specific advocacy and/or review of utilization of services
    - Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary
    - Ongoing assessment of the client's and other key family members' needs and personal support systems

10. **Other Professional Services:** Allows for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
    - Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

11. **Outreach Services:** Identifies PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

    Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services. Outreach Services must:

    1. use data to target populations and places that have a high probability of reaching PLWH who
        a. have never been tested and are undiagnosed,
        b. have been tested, diagnosed as HIV positive, but have not received their test results, or
        c. have been tested, know their HIV positive status, but are not in medical care;
    2. be conducted at times and in places where there is a high probability that PLWH will be identified; and
    3. be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

    Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

12. **Permanency Planning:** Includes services to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

13. **Psychosocial Support Services:** Provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
    - Bereavement counseling
    - Caregiver/respite support (RWHAP Part D)
    - Child abuse and neglect counseling
    - HIV support groups
    - Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
    - Pastoral care/counseling services

    Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership. For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

14. **Referral for Health Care and Support Services:** Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

    Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

15. **Rehabilitation Services:** Provides HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

16. **Respite Care:** The provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

    Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV

Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

17. **Substance Abuse Services (residential):** The provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention
    - Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

    Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

    Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

FY2020 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the core medical services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **13** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Core Medical Services:

- Outpatient/Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Health Insurance Premium & Cost-Sharing Assistance (HICP)
- Medical Case Management (Disease)
- Mental Health Services
- Oral Health Care (Dental)
- Substance Abuse Services - Outpatient
- AIDS Drugs Assistance Program Treatments (ADAP)
- Medical Nutrition Therapy
- Early Intervention Services
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services

FY2020 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the support services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score **1** is given to the **most important** service, while the score of **17** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Support Services:

- ___ Food Bank/Home-Delivered Meals
- ___ Emergency Financial Assistance
- ___ Legal Services
- ___ Non-Medical Case Management (CIED, BISS)
- ___ Housing Services
- ___ Medical Transportation Services
- ___ Substance Abuse Services - Residential
- ___ Psychosocial Support Services
- ___ Outreach Services
- ___ Health Education/Risk Reduction
- ___ Referral for Health Care/Supportive Services
- ___ Linguistics Services (Integration and Translation)
- ___ Other Professional Services
- ___ Child Care Services
- ___ Rehabilitation Services
- ___ Permanency Planning
- ___ Respite Care

FY2020 CORE AND SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Please answer the following questions regarding survey participant demographics:

1. Are you a Person Living with HIV/AIDS (PLWHA)? ☐ Yes ☐ No ☐ N/A

2. Do you receive Ryan White Part A services? ☐ Yes ☐ No ☐ N/A

3. Do you work for an agency that provides services for HIV+ individuals? ☐ Yes ☐ No

4. What is your race? ☐ Black ☐ White ☐ American Indian/Alaskan Native

   ☐ Asian/Pacific Islander ☐ Other

5. What is your ethnicity? ☐ Hispanic ☐ Not Hispanic

6. What is your age? _____

7. What is your ZIP code? _____