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, February 20, 2025 - 9:30 AM – 11:30 AM
Location: Virtual via Microsoft Teams

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2JjY2MyMTAtYTM3YS00Yzk0LWEwZDctMjQ0M2E3NjZkNjI1%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d
Meeting ID: 293 961 648 090; Passcode: dvw2zX

Or call in (audio only)
+1 561-437-3349,,75119019#
Phone Conference ID: 751 190 19##

Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order
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: Review of Agenda for February 20, 2025
V. ACTION: Approval of Minutes from January 16, 2025 **(Handout A)**
VI. Standard Committee Items:
   - **a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category (Handout B)**
   - **b. Minority AIDS Initiative Ad-hoc Subcommittee Update**

VII. Discussion Items
   a. Plan for PSRA/CEC Listening Tour on April 17, 2025 from 3:00 PM to 5:00 PM **(Handout C)**
   b. Review 2025-2026 Eligibility Determination **(Handout D)**

VIII. Old Business: None

IX. New Business: None

X. Recipient Report

XI. Data Request(s)

XII. Public Comment

XIII. Agenda Items for Next meeting:
   a. **Next Meeting Date:** March 20, 2025, at 9:30 a.m. Location: Broward Regional Health Planning Council.

XIV. Announcements
   - Quality Improvement Project Presentation on February 25, 2025, at Anne Kolb Nature Center.

XV. 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.

February 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
						1
2	3	4 Community Empowerment Committee Meeting (CEC 3:00PM– 5:00PM Location: BRHPC/MS Teams	5	6 System of Care Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	7 Medical Case Management 2:30PM-3:45PM	8
9	10	11	12	13 MAI Sub-Committee Meeting 12:30PM – 2:30PM Location: BRHPC/MS Teams	14	15
16	17	18	19	20 Priority Setting and Resource Allocation (PSRA) 9:30AM-12:30PM Location: BRHPC/MS Teams Executive Committee Meeting Location: BRHPC/MS Teams 12:45PM – 2:45PM	21	22
23	24	25 Provider Appreciation Week Begins: Part A Updates & Quality Improvement Project(QIP) Presentations	26 Quality Network Meeting (CQM) 9:00AM-10:15AM	27 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	28	

Version 04/28/21 Information on this calendar is subject to change.

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

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

February 2025

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit HIV Health Service Planning Council 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 fét: 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 kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

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

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

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

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

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

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

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

Handout A

FORT LAUDERDALE/BROWARD EMA
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Priority Setting and Resource Allocation Committee

Thursday, January 16, 2025 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

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

PSRA Members Absent: M. Schweizer, A. Machado

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, T. Thompson, W. Cius, R. Pena, B. Miller, R. Pena, B. Baker, G. Moxey

Ryan White Part B Recipient Staff Present:

PCS/CQM Present: G. Berkley-Martinez, D. Liao, S. Isidore, M. Lacroix, M. Rosiere

Guests Present: O. Desinor, P. Falco, K. Drummond, T. Richard, J. Hidalgo, D. Watkins, T. Fender, J. Edmondson, N. Burrell

1. Call to Order

   The PSRA Chair called the workshop to order at **9:35AM.**

2. Welcome from the Chair & Public Record Requirements

   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.

3. 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.

4. Action: Review of Agenda for January 16, 2025

   The approval for the agenda of the January 16, 2025, Priority Setting and Resource Allocation Committee meeting was proposed by **S. Tinsley**, seconded by **R. Jimenez**, and passed unanimously.

   Motion #1: S. Tinsley on behalf of PSRA, made a motion to approve the January 16, 2025, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by R. Jimenez and passed unanimously.

5. Action: Approval of Minutes from November 21, 2024

   The approval for the minutes of the November 21, 2024, meeting was proposed by **B. Mester** seconded by **V. Biggs** and passed unanimously.

   Motion #2: B. Mester on behalf of PSRA, made a motion to approve the November 21, 2024 Priority Setting and Resource Allocation Committee minutes. The motion was seconded by V. Biggs and passed unanimously.

6. Standard Committee Items

   a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category **(Handout B)**

      A. Tareq from the Ryan White Part A Office provided a detailed overview of expenditures and utilization across all service categories for both Part A and MAI funds, with the report reflecting data up to November. G. James mentioned that one provider did not submit a bill, resulting in the utilization for Part A funds being closer to 76-77%.

      For Part A Services, utilization rates are as follows: Ambulatory at 75%, AIDS Pharmaceutical at 3%, Routine Oral Health Care at 3%, Specialty Oral Health Care at 71%, Medical Case Management at 76%, Mental Health Trauma-Informed Care at 65%, Health Insurance Premium & Cost Sharing Assistance at 48%, Medical Nutrition Therapy at 45%, and Substance Abuse - Outpatient at 55%.

      For Part A Support Services, Non-Medical Case Management (CIED) is at 84%, Non-Medical Case Management is at 76%, Food Services (Food Bank) is at

81%, Food Services (Food Voucher) is at 74%, Legal Assistance is at 39%, and Emergency Financial Assistance is at 53%.

Regarding MAI funds, MAI Ambulatory currently has no contract, while MAI Mental Health is at 30%, MAI Substance Abuse - Outpatient is at 59%, MAI Non-Medical Case Management is at 58%, and MAI Non-Medical Case Management (CIED) is at 100%. Overall, MAI and Part utilization is 74%. Part A notes that utilization will be close to 99%.

b. Minority AIDS Initiative Ad hoc Subcommittee Update

Shawn Tinsley, Vice-Chair of the MAI Subcommittee, gave a brief update on the committee's progress. She mentioned that the committee submitted a data request to the Part A Office, and once that request is fulfilled, the committee will be able to move forward and make informed decisions. PCS also highlighted that during the last meeting, the committee finalized their statement of purpose.

7. Old Business: None.

8. New Business
   a. **Discussion**: Revise and approve PSRA Policies & Procedures **(Handout C)**

Before reviewing the PSRA Policies & Procedures, Brad Barnes, Chair of PSRA, mentioned that the document had not been reviewed in some time. However, he emphasized that the committee understands its responsibility to review and ensure everything is up to date.

G. Martinez highlighted the updates made to the Policies & Procedures, including improvements for clarity and alignment with HRSA guidelines. These updates involved refining the definition of Priority Setting and Resource Allocation to make it as clear and concise as possible. A Policy Clarification notice regarding Core and Support services was also added. The staff provided a clear outline of the actual allocation process to better understand its structure. Additionally, cleaned up the verbiage to align with the HRSA manual and ensured that the content flows logically and coherently. Finally, the staff expanded the data set that the committee currently reviews or plans to review. After reviewing the updates, the committee made a motion to approve the PSRA Policies & Procedures.

Motion #3: B. Mester on behalf of PSRA, made a motion to approve the Priority Setting and Resource Allocation Polices & Procedures The motion was seconded by R. Jimenez and passed unanimously.

b. **Discussion**: Review and approve Assessment of the Administrative Mechanism **(Handout D1 and D2)**

PCS staff member S. Isidore presented the Assessment of the Administrative Mechanism. After the presentation, the committee provided a few comments. For example, regarding the Provider results on the Recipient Office's provision of technical assistance, it was noted that while the quality of the assistance was addressed, the number of individuals requesting technical assistance was not explicitly asked. This feedback will be considered for future AAM surveys. Another recommendation was to include a question about barriers and challenges in receiving reimbursements. Additionally, a new question was suggested regarding the reasonableness of the time it took for the grant to be loaded into Provide Enterprise before billing could occur.

There was a brief discussion about the low completion rate among Planning Council members. G. James suggested that next year, the Planning Council staff might consider calling members directly. B. Barnes proposed that the survey could count as an event since it is a requirement for Planning Council members to attend two events. S. Tinsley thanked the staff, noting that the presentation was very clear and easy to follow. B. Barnes also recommended uploading the presentation to the HIVPC website to highlight the hard work being done. After further discussion, a motion was made to approve the Assessment of the Administrative Mechanism.

Motion #4: B. Mester on behalf of PSRA, made a motion to approve the Assessment of the Administrative Mechanism for FY2023-2024. The motion was seconded by S. Tinsley and passed unanimously.

9. Unfinished Business: None

10. Recipient's Report

J. Roy from the Part A Office provided a verbal recipient report, highlighting that the Ryan White and MAI procurement process has been successfully completed, facilitating the smooth integration of new providers into the system. The planning and orientation process is still in its early stages, with current providers encouraged to attend and familiarize themselves with the new system of care. Additionally, a HRSA notice of reward has been received, representing an important milestone in the continued development of services.

11. Data Request(s)

None.

12. Public Comment

None.

13. Agenda Items for Next Meeting

    Next Meeting Date: Tuesday, February 25, 2025, at the Anne Kolb Nature Center.

14. Announcements

    - Quality Improvement Project Presentation on February 25, 2025, at Anne Kolb Nature Center.
    - S. Tinsley shared that she is now a member of the Community HIV Advisory Group (CHAG) through NMAC, where she represents Black heterosexual and cisgender women living with HIV.
    - The committee expressed their gratitude to Michele Rosiere for hosting and organizing the World AIDS Day Event on January 9, 2025, and suggested that it should become a permanent memorial in Broward.

There being no further business, the meeting was adjourned at **10:48AM.**

PSRA Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date														
1	Barnes, B., Chair	X													
2	Fortune-Evans, B.	X													
3	Mester, B.	X													
4	Robertson, L.	X													
5	Rodriguez, J.	X													
6	Biggs, V.	X													
7	Jimenez, R.	X													
8	Schwiezer, M.	E													
9	Machado, A.	A													
10	Tinsley, S.	X													
11	Castllo, J.	X													
	Quorum = 7	9													

	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 – January 16, 2025 Minutes prepared by PCS Staff

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 24-25 Allocations

Handout B

	Service Category		Contract/ Allotted Amount	Expended Amount As of JAN Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,885,139	4,756,676	81%	3043	1,128,463	432,425	5,189,101	-
	AIDS Pharmaceutical Assistance (2)		5,400	190	4%	21	5,210	17	207	-
	Oral Health Care	Routine (4)	1,840,204	1,609,230	87%	2106	230,974	146,294	1,755,523	-
		Specialty (1)	566,489	509,358	90%		57,131	46,305	555,664	-
	Medical Case Management	Disease Case Management (5)	659,266	550,562	84%	575	108,704	50,051	600,613	11,058
	Mental Health- Trauma-Informed (2)		77,939	64,037	82%	100	13,902	5,822	69,859	-
	Health Insurance Premium & Cost Sharing Assistance		643,000	361,706	56%	862	281,294	32,882	394,588	-
	Medical Nutrition Therapy (1)		75,000	65,498	87%	71	9,502	5,954	71,453	-
	Substance Abuse-Outpatient (1)		84,498	73,159	87%	22	11,339	6,651	79,810	-
Support Services	Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	367,378	294,689	80%	3822	72,689	26,790	321,479	-
	Non-Medical Case Management	Case Management (7)	1,649,870	1,368,532	83%	2987	281,338	124,412	1,492,944	3,689
	Food Services	Food Bank (1)	934,375	801,680	86%	1944	132,695	72,880	874,560	-
		Food Voucher (1)	109,745	102,168	93%	780	7,577	9,288	111,456	-
	Legal Assistance (1)		129,151	116,652	90%	88	12,499	10,605	127,257	-
	Emergency Financial Assistance (2)		177,872	145,344	82%	153	32,528	13,213	158,557	-
	Total Part A Funds		**13,205,326**	**10,819,482**	**82%**		**2,385,844**	**983,589**	**11,803,071**	**14,747**
	*** Majority of the providers have not billed for month of JAN 2025**									

	Service Category		Contract/ Allotted Amount	Expended Amount As of JAN Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables
Core Medical Services	MAI Ambulatory (1)		-	-			-	-	-	-
	MAI Mental Health (1)		27,469	22,311	81%	28	5,158	2,028	24,340	-
	MAI Substance Abuse-Outpatient (1)		277,000	199,463	72%	37	77,537	18,133	217,596	-
Support Services	MAI Non-Medical Case Management	Case Management (2)	226,212	163,838	72%	242	62,374	14,894	178,733	-
	MAI Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	559,266	559,260	100%	5270	6	50,842	610,102	26,455
	Total MAI Funds		**1,089,947**	**944,872**	**87%**		**145,075**	**85,897**	**1,030,770**	**26,455**
	*** Majority of the providers have not billed for month of JAN 2025**									
	Total Part A and MAI Funding		**14,295,273**	**11,764,354**	**82%**		**2,530,919**	**1,069,487**	**12,833,841**	**41,202**

THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
Priority Setting & Resource Allocation Committee (PSRA) &
Community Empowerment Committee (CEC) Present:

Handout C

THE 2025 HIVPC RYAN WHITE PART A LISTENING TOUR

THURSDAY, APRIL 17, 2025
@3:00PM-5:00PM - SESSION #1

We Want to Hear From YOU:

- **Successes & What's Working Well**
- **Challenges with the Ryan White System**
- **Unmet Needs**
- **Recommendations**

AIDS Healthcare Foundation
Community Room (AHF)
700 SE 3rd Ave Fort Lauderdale, FL 33316

Join Us Virtually:

LOOK OUT FOR FUTURE LISTENING TOUR DATES!

This is an AUDIO recorded Public Event

For More Information Contact:
954-561-9681 Ext. 1244 or 1343
hivpc@brhpc.org

Federal Poverty Level (FPL) by Service Category

Handout D

	APA	IPCBH	CIED	MCM	Food Bank	Food Voucher	HICP	Legal	Mental Health	NMCM	OH	SA
0-49	112	1366	2554	446	574	334	67	28	85	1079	463	36
50-100	21	406	1425	136	443	223	91	18	17	538	327	13
101-150	18	333	1143	98	322	147	101	25	21	382	306	4
151-200	12	320	967	89	236	95	134	14	22	340	309	0
201-250	8	245	806	65	170	82	150	15	16	280	272	0
251-285	9	135	433	27	66	27	70	3	6	141	131	1
286-299	0	33	162	7	29	13	42	1	3	53	64	0
300-349	3	120	389	26	66	24	68	0	5	99	114	0
350-399	2	88	308	13	40	9	74	1	1	69	101	0
400	0	5	40	2	0	0	4	1	1	4	9	0

Data pulled from FY 23 - 24 reports. May be some duplication between Part A & MAI Clients and services.

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.