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, July 18, 2024 - 9:30 AM – 4:00 PM
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 July 18, 2024
V. ACTION: Approval of Minutes from May 16, 2024 **(Handout A)**
VI. Standard Committee Items:
   - **a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category (Handout B)**
VII. Unfinished Business: None

VIII. New Business

a. **Action Item**: FY2024 Reallocation/Sweeps – Cycle One (Document will be distributed)

b. **Discussion**: Reflection on PSRA Data Presentations on July 20th and 21st

c. **Action Item**: Review and Vote on PSRA FY2025-2026 Rankings Results **(Handout C)**

d. **Action Item**: Review and Vote How to Best to Meeting to Need FY2025-2026 **(Handout D)**

e. **Discussion**: Overview of Guiding Principles for Priority Setting

f. **Action Item**: Review and Vote FY2025/2026 Fort Lauderdale / Broward EMA Funding Service Categories with Justification for Allocating Funds, *Part A Office* **(Handouts E1 and E2)**

g. **Discussion**: Integrated Planning Health Insurance (ACA) Committee

h. **Discussion**: Minority AIDS Initiative Working Group

IX. Recipient Report

X. Data Request(s)

XI. Public Comment

XII. Agenda Items for Next meeting:

a. **Next Meeting Date:** November 21, 2024, at 9:30 a.m. Location: Broward Regional Health Planning Council.

i. FY2024 Reallocation/Sweeps – Cycle One

ii. FY2025/2026 PSRA Workplan

iii. PSRA Policies & Procedures

iv. FY2025/2026 Service Categories Eligibility

v. MAI update

vi. ACA update

vii. Assessment of the Administrative Mechanism Review Questionnaires

XIII. Announcements

XIV. Adjournment

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

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

commitment.

Broward County Board of County Commissioners

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

Broward County Website

July 2024

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 http://www.brhpc.org for updates.					
	1	2 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	3	4 	5	6
7	8	9	10 Oral Health Network Meeting 9:00 PM-10:15PM	11 Membership/Council Development Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	12	13
14	15 Quality Management Committee Meeting 12:30 AM– 2:30 PM Location: BRHPC/MS Teams	16 Behavioral Health Network Meeting 9:00 PM-10:15 PM	17	18 Priority Setting & Resource Allocation Committee Meeting 9:30AM -4:00PM Gilda's Club South Florida	19 Executive Committee Meeting 1:00PM – 3:00PM Ujima Men's Collective	20
21	22	23	24	25 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	26	27
28	29	30	31			

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.

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**.

July 2024

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 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 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.

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

HANDOUT A

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

Priority Setting and Resource Allocation Committee

Thursday, May 16, 2024- 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Draft Minutes

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

PSRA Members Absent:

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

Ryan White Part B Recipient Staff Present: J. Rodriguez

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

Guests Present: J. Castillo, A. Occelien, B. Baker, K. Bush, D. Shamer, M. Rosiere, C. Hayward, N. Burrell, E. Pearson, K. St Preux, S. Tinsley, J. Lucius, J. Hidalgo

1. Call to Order

The PSRA Chair called the workshop to order at 9:39 a.m.

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 May 16, 2024

The approval for the agenda of the May 16, 2024, Priority Setting and Resource Allocation Committee meeting was proposed by M. Schweizer, seconded by B. Mester, and passed unanimously.

Motion #1: M. Schweizer, on behalf of PSRA, made a motion to approve the May 16, 2024, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by B. B. Mester and passed unanimously.

5. Action: Approval of Minutes from March 21, 2024 and April 30, 2024

The approval for the minutes of the March 21, 2024 meeting and April 30, 2024 meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

Motion #2: V. Biggs, on behalf of PSRA, made a motion to approve the March 21, 2024 meeting and April 30, 2024, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by L. Robertson and passed unanimously.

6. Standard Committee Items

<u>Ryan White Part A Office: Monthly Expenditure/Utilization Report</u>

A. Tareq, from the Ryan White Part A Office, reviewed the Monthly Expenditure/Utilization Report by service category.

7. Unfinished Business

<u>Discussion: MAI Action Plan – Develop Purpose, Goals, and Timeline for MAI Subcommittee</u>

The committee discussed the merits of retaining an ad-hoc subcommittee for the purpose of evaluating present the Broward County MAI program and recommending changes to improve the program's outcomes for consumers. The subcommittee would meet quarterly, send reports to PSRA in August and December regarding their status (or the following month if that meeting is cancelled), and submit a final report on their findings in February 2025. M. Schweizer was named as chair of the committee, S. Tinsley was named as vice-chair, and J. Castillo volunteered as a member.

Motion #3: B. Mester, on behalf of PSRA, made a motion to retain the Broward MAI ad-hoc subcommittee. The motion was seconded by M. Schweizer and passed unanimously.

<u>Action Item: Review and Approve: Food Services Data Presentation from Recipient Part A Office</u>

T. Thompson presented the data. The committee discussed various strategies to reduce the consumers' reliance on food services, including addition listening sessions to learn the consumers' concerns, increased ACA enrollment, job training and opportunities.

Motion #4: B. Mester, on behalf of PSRA, made a motion to approve the Food Services Data Presentation. The motion was seconded by M. Schweizer and passed unanimously.

8. New Business

Discussion: Feedback from the April 24, 2024, Listening Session Tour Event

The committee expressed an understanding that providers need to attend the Listening Session to hear feedback from clients.

Discussion: Eligibility Determination – Reviewing the Federal Poverty Level for each Service Category – led by Recipient Part A Office

T. Thompson presented and addressed all concerns. The committee discussed how rolling back will affect clients, starting from 400% FPL and going downward.

Discussion: Overview of the PSRA Process Presentation

The committee agreed to watch a recommended training video detailing how the process functions.

Action Item: Review and Approve: Recommendations from the System of Care Committee on *How Best to Meet the Need*

G. Martinez presented the information and addressed all concerns.

Motion #5: M. Schweizer, on behalf of PSRA, made a motion to accept HPTMTN recommendation and add the medical nutrition therapy to get sent back to SOC. The motion was seconded by B. Mester and passed unanimously.

9. Recipient's Report

None.

Data Request(s)

M. Schweizer: Number of clients being served in each category. Adding data to the monthly utilization report regarding (unduplicated clients) being served in each category. Therefore, we know how many clients are impacted by changes to the categories. Minimum: twice a year, a month before sweeps (July and December).

10. Public Comment

S. Tinsley recommended conducting a roving-report session in which people on the street would be asked questions regarding RW services.

11. Agenda Items for Next Meeting

The next PSRA meeting will be a two-day workshop scheduled for June 20 and 21, 2024, at 11:00 a.m. at Dorothy Mangurian Comprehensive Women's Center, Holy Cross Hospital and via Microsoft Teams Videoconference.

12. Announcements
    - PSRA/CEC Listening Session at AHF Community Room, April 24th
    - Ujima Men's Collective May 4th Outreach Event
13. Adjournment

There being no further business, the meeting was adjourned at 12:15 p.m.

PSRA Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	18	C	21	WS 18	30	16	WS 20/21								
0	**1**	Barnes, B., Chair	X	C	X	X	X	X	X								
0	**2**	Fortune-Evans, B.	X	C	X	X	X	X	E								
0	**3**	Mester, B.	X	C	X	X	X	X	X								
0	**4**	Robertson, L.	X	C	X	X	X	X	X								
1	**5**	Dsouza, E.	X	C	X	X	A	X	X								
1	**6**	Rodriguez, J.	X	C	X	X	X	X	A								
0	**7**	Biggs, V.	X	C	X	X	X	X	X								
1	**8**	Jimenez, R.	X	C	A	X	X	X	X								
2	**9**	Schwiezer, M.	X	C	X	A	A	X	X								
1	**10**	Machado, A.	A	C	X	X	X	X	X								
4	**11**	Wynn, J.	A	C	A	A	A					R					
0	**12**	Tinsley, S.				N			X								
0	**13**	Castllo, J.				N			X								
		Quorum = 7	9		9	WS	8	10	10								

Legend:

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

Priority Setting and Resource Allocation Committee Meeting Minutes – June 20, 2024 Minutes prepared by PCS Staff

HANDOUT B

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

	Service Category	Contract/ Allotted Amount	Expended Amount As of MAY Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,253,767	1,115,496	21%	2182	4,138,271	371,832	4,461,986	-	791,781
	AIDS Pharmaceutical Assistance (2)	349,916	12	0%	5	349,904	4	49	-	349,867
	Oral Health Care Routine (4)	1,910,475	502,637	26%	1518	1,407,838	167,546	2,010,549	-	(100,074)
	Specialty (1)	736,489	157,386	21%		579,103	52,462	629,543	-	106,946
	Medical Case Management Disease Case Management (5)	512,117	152,695	30%	361	359,422	50,898	610,779	-	(98,662)
	Mental Health- Trauma-Informed (2)	159,939	27,294	17%	67	132,645	9,098	109,175	-	50,764
	Health Insurance Premium & Cost Sharing Assistance	779,279	99,055	13%	457	680,224	33,018	396,220	-	383,059
	Medical Nutrition Therapy (1)	300,000	-	0%		300,000	-	-	-	300,000
	Substance Abuse-Outpatient (1)	337,498	5,885	2%	5	331,613	1,962	23,539	-	313,959
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	103,421	30%	1594	245,957	34,474	413,684	-	(64,306)
	Non-Medical Case Management Case Management (7)	1,239,359	349,205	28%	1724	890,154	116,402	1,396,820	-	(157,461)
	Food Services Food Bank (1)	700,000	481,586	69%	1663	218,415	160,529	1,926,342	-	(1,226,342)
	Food Voucher (1)	82,586	82,566	100%	713	20	27,522	330,264	-	(247,678)
	Legal Assistance (1)	129,151	34,534	27%	59	94,617	11,511	138,136	-	(8,985)
	Emergency Financial Assistance (2)	115,872	58,643	51%	73	57,229	19,548	234,572	-	(118,700)
	Total Part A Funds	**12,955,826**	**3,170,414**	**24%**		**9,785,412**	**1,056,805**	**12,681,658**	**-**	**274,168**
	*** Some of the providers have not billed for month of MAY 2024.**									

	Service Category	Contract/ Allotted Amount	Expended Amount As of MAY Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	-	-			-	-	-	-	0
	MAI Medical Case Management (2)	93,212	70,551	76%	184	22,661	23,517	282,204	-	(188,992)
	MAI Mental Health (1)	62,469	7,943	13%	18	54,526	2,648	31,771	-	30,698
	MAI Substance Abuse-Outpatient (1)	400,000	22,144	6%	11	377,856	7,381	88,577	-	311,423
Support Services	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	524,066	250,383	48%	3040	273,683	83,461	1,001,532	-	(477,466)
	Total MAI Funds	**1,079,747**	**351,021**	**33%**		**728,726**	**117,007**	**1,404,084**	**-**	**(324,337)**
	*** Some of the providers have not billed for month of MAY 2024.**									
	Total Part A and MAI Funding	**14,035,573**	**3,521,435**	**25%**		**10,514,138**	**1,173,812**	**14,085,742**	**-**	**(50,169)**

HANDOUT C

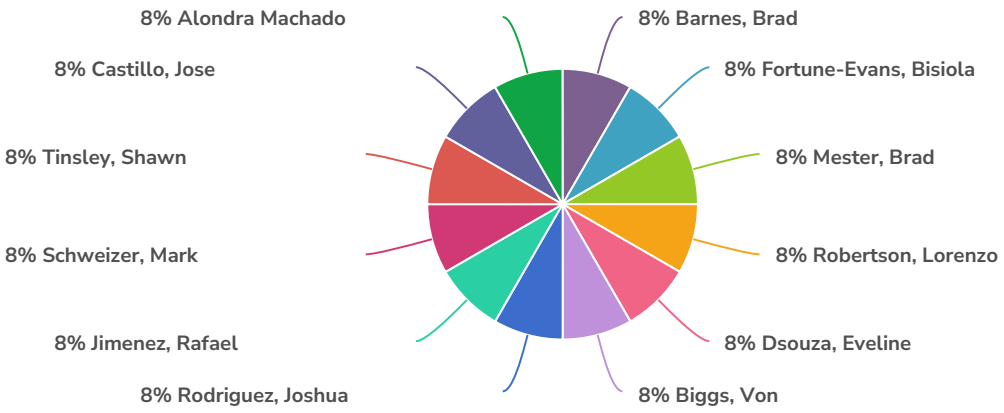
Report for PSRA Service Categories Rankings FINAL

Response Counts

Completion Rate:	**100%**		
	Complete		12

Totals: 12

1. What is your name?

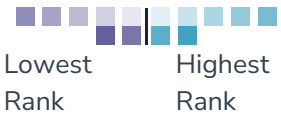


Value	Percent	Responses
Barnes, Brad	8.3%	1
Fortune-Evans, Bisiola	8.3%	1
Mester, Brad	8.3%	1
Robertson, Lorenzo	8.3%	1
Dsouza, Eveline	8.3%	1
Biggs, Von	8.3%	1
Rodriguez, Joshua	8.3%	1
Jimenez, Rafael	8.3%	1
Schweizer, Mark	8.3%	1
Tinsley, Shawn	8.3%	1
Castillo, Jose	8.3%	1
Alondra Machado	8.3%	1

Totals: 12

2. CORE SERVICES. Listed below are the core 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 of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Outpatient/Ambulatory Health Services (OAHS)	1		128	12
Health Insurance Premium and Cost Sharing (HICP)	2		126	12
Medical Case Management	3		122	12
AIDS Pharmaceutical Assistance (Local)	4		117	12
AIDS Drug Assistance Program Treatment (ADAP)	5		112	12
Oral Health Care (Dental) [Routine & Specialty Care]	6		108	12
Mental Health Services	7		100	12
Substance Abuse - Outpatient	8		75	12
Early Intervention Services (EIS)	9		49	12
Home and Community-Based Health Services	10		46	12
Medical Nutrition Therapy	11		46	12
Home Health Care	12		39	12
Hospice	13		24	12



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

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Housing	1		179	12
Food Bank/Home-Delivery Meals	2		175	12
Medical Transportation Services	3		175	12
Emergency Financial Assistance	4		168	12
Non-Medical Case Management	5		159	12
Legal Services	6		118	12
Health Education/Risk Reduction	7		102	12
Outreach	8		101	12
Psychosocial Support	9		95	12
Child Care	10		89	12
Referral for Health Care and Support Services	11		87	12
Rehabilitation Services	12		81	12
Linguistics Services (Interpretation and Translation)	13		76	12
Other Professional Services	14		71	12
Substance Abuse - Residential	15		68	12
Permanency Planning	16		58	12
Respite Care	17		34	12

HANDOUT D

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE NEED LANGUAGE"
Recommendations to PSRA for FY 2025-2026

ALL SERVICES
Recommended Language
1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment). 2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations). 3. Ensure collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care. (2021-2022 Broward County HIV Community Needs Assessment). 4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC) 5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems to help clients address all their needs. 6. Provide Care Coordination across multiple service categories. 7. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. 8. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. 9. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 10. Integrate care collaboration with members of the client's service providers. 11. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 12. Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate. 13. When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS. 14. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 15. Co-locate services where applicable, to facilitate a medical home for Part A clients. 16. Inform appropriate parties that coverage of services is contingent on available funds. 17. Ensure that subrecipients have a plan to address payment of services when funds are low. 18. Providers will follow HHS guidelines for newly diagnosed clients that are not virally suppressed until virally suppressed. 19. **Ensure that effort is made and documented in the HIV Management Information System (Provide Enterprise - PE) that eligible**

clients are oriented about Private Insurance/ Affordable Care Act (ACA) options and that clients either opt in or out. (SOC Recommendation)

CORE MEDICAL SERVICES

Outpatient Ambulatory Health Services (OAHS)

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
    a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ Affordable Care Act (ACA) Options.
3. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
4. Test and Treat and integrating behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provision of services.
5. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
6. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
7. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
8. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
9. Care Coordinators will monitor the delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
10. Provide after-hours services availability to include Crisis Intervention.
11. Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services.
12. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).
13. Incorporate prevention messages into the medical care of PWH/A.
14. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. **No recommended language for FY2025-2026.** 2. Drugs used for Test and Treat. 3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.
Oral Health Care (OHC)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. **No recommended language for FY2025-2026** 2. Make provision for the increased demand for services due to increased service locations. 3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals. 4. Increase Oral Health Care collaboration with mental health providers. 5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.
Health Insurance Continuation Program (HICP)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. **No recommended language for FY2025-2026** 2. Increase in clients with access to health insurance. 3. Develop materials for clients to use as quick references. 4. Assist with prior authorizations and appeals process. 5. Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments.
Mental Health Service (MH)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language

1. **No recommended language for FY2025-2026**
2. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.
3. Integrated service may be impacting utilization in this service category.
4. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
5. Provide after-hours availability to include Crisis Intervention.

Medical Case Management

Services Criteria: (≤ 400% FPL)
FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services.
3. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those about late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)
4. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
5. Report changes in viral load status as clients progress through the program.

Medical Nutrition Therapy

Services Criteria: (≤ 400% FPL)
FY2025-2026 FPL To Be Determined

Recommended Language

1. Ensure that a licensed registered dietitian or other licensed nutrition professional provides a medically tailored menu and food choice development.
2. Ensure that diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes for clients.
3. Coordinate referrals with other service providers; conduct follow-ups with clients and provide feedback to prescribing clinicians on patients' progress.

Substance Abuse/Outpatient
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. **No recommended language for FY2025-2026** 2. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).

SUPPORT SERVICES

Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. **No recommended language for FY2025-2026** 2. Educate clients about: a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day), b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and c. Private Insurance/ACA Options. 3. Implementation of test and treat increases demand for more services. 4. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc. 5. Provide education to reduce fear and denial and promote entry into primary medical care. 6. Educate clients on the importance of remaining in primary medical care. 7. At least 30% of Non-Medical Case Management funded personnel to be dedicated to Peers. 8. Incorporate prevention messages into the medical care of PWH/A. 9. Educate consumers on their role in the case management process. 10. Provide initial/ongoing training and development for HIV peer workers. 11. Overview of health care plan summary benefits (coverage and limitations). 12. Educate the client on the different types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).

Case Management Non-Medical
Centralized Intake and Eligibility Determination (CIED)

Services Criteria: HIV+ Broward County Resident (All Clients)
FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
    a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare and or Medicaid benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ACA Options.
3. Participate in future Part A/B dual eligibility determination.
4. Ensure the locations and service hours target historically underserved populations that HIV disproportionately impacts.
5. Maintain collaborative agreements with treatment adherence programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.
6. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and include the following:
    a. Client rights and responsibilities,
    b. Names of providers complete with addresses and phone numbers, and
    c. Grievance procedures.
7. Always offer a dedicated live operator phone line during normal business hours.
8. Ensure that intake data collected for transgender clients are sufficient to make full use of transgender-related categories in PE.
9. Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

Emergency Financial Assistance

Services Criteria: (≤ 400% FPL)
FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Drugs used for Test and Treat.
3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.

Food Services

Services Criteria: (FPL as of 10/1/2023)
The FPL for Food Bank Services to 0 – 200 FPL with 2 units per month
The FPL for Food Bank Services to 201 – 300 FPL with 1 unit per month
FY2025-2026 FPL To Be Determined

Recommended Language
1. **No recommended language for FY2025-2026** 2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. 3. Increase communication with the client's primary care physicians and nutrition counselors to ensure the client's nutrition needs are being met. 4. Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to the management of their health.
Legal Services
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
No recommended language for FY2025-2026

Rank	Providers	Service	Service Description	FY 22 Clients	FY 23 Clients	% of Total FY23 Clients	FY 23 Final Expenditure	FY 23 Initial Allocation		FY 23 Avg Client Cost	FY 2 Cli
#	#			#	#	%	$	$	%		#
	6	Outpatient Ambulatory Health Services (OAHS)	Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting **Funded by Ryan White Part A**	3,476	3,475	41%	$6,019,732	$5,436,529	52%	$1,732.30	566
	2	AIDS Pharmacy Assistance (LPAP)	Provides HIV-related medications to low-income clients living with HIV; can also provide access to medications by using program funds to purchase health insurance coverage and through medication cost sharing. **Funded by Ryan White Part A**	723	228	3%	$140,296	$234,044	2%	$615.33	120
	4	Oral Health	Supports outpatient diagnostic, preventive, and therapeutic oral health services by dental health care professionals based on an oral health treatment plan Broward County RWPA Oral Health Care services funding is separated into two components: Routine Maintenance Care; and Specialty Care. **Funded by Ryan White Part A**	2,145	2,129	25%	$2,333,887	$2,646,964	25%	$1,096.24	75

	1	Health Insurance Premium & Cost Sharing (HICP)	Provides financial assistance to enable PLWH to maintain health insurance or standalone dental insurance by paying their premiums or other cost-sharing expenses, including co-pays, deductibles, and funds to contribute to a client's Medicare Part D true out-of-pocket costs (TrOOP) **Funded by Ryan White Part A and Part B**	877	804	9%	$435,460	$779,279	7%	$541.62	11
	5	Medical Case Management	Provides client-centered activities designed to improve health outcomes, such as assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counsel. **Funded by Ryan White Part A**	679	845	10%	$783,648	$512,117	5%	$927.39	194
	2	Mental Health	Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting **Funded by Ryan White Part A**	509	420	5%	$128,981	$159,939	2%	$307.10	55
	1	Medical Nutrition Therady	Provides medically tailored food items and meals approved by a licensed registered dietitian or other licensed nutrition professional that reflect appropriate dietary therapy based on evidence-based practice guidelines. Diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes for clients. **Funded by Ryan White Part A; Funded by Part B - Home-delivered meals & Nutritional supplements**	N/A	N/A	N/A	N/A	$300,000	3%	N/A	0

	1	Substance Abuse (outpatient)	Provides outpatient services for the treatment of drug or alcohol use disorders, including both drug-free treatment and counseling and medication-assisted therapy, harm reduction; can include syringe access services that meet current appropriations law and applicable HHS-, HRSA-, and HAB-specific guidance; does not include the purchase of syringes. **Funded by Ryan White Part A**	138	56	1%	$29,843	$337,498	3%	$532.91	0
		CORE TOTAL				**$9,871,847**	**$10,406,370**	**79%**		

Rank	Providers	Service	Service Description	FY 22 Clients	FY 23 Clients	% of Total FY23 Clients	FY 23 Final Expenditure	FY 23 Initial Allocation		FY 23 Avg Client Cost	FY 23 Cli
#	#			#	#	%	$	$	%		#
	1	Non-Medical Case Management Services [Centralized Intake & Eligibilty Determination (CIED)]	Supports client-centered activities focused on improving access to and retention of needed core medical and support services. Provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and other needed services, and sometimes helps in accessing public and private programs for which clients may be eligible, based on activities such as an initial assessment of service needs, development and regular re-evaluation of an individualized care plan, client monitoring, and timely and coordinated access to medically appropriate levels of health and support services and continuity of care. **Funded by Ryan White Part A**	8,039	2,838	33%	$239,540	$582,488	20%	$84.40	828
	7	Non-Medical Case Management (Case Management)	Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services **Funded by Ryan White Part A**	2,487	2,815	33%	$1,480,987	$1,239,359	43%	$526.11	380
	1	Emergency Financial Assistance	EFA provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered ADAP or AIDS Pharmaceutical Assistance (Local). Provision of allowable Ryan White Part A pharmaceutical assistance to a client beyond thirty (30) days must not be funded through EFA. Ryan White funds are used for EFA only as a last resort, ensuring that insurance plans, Patient Assistance Programs ("PAPs"), pharmaceutical vouchers and/or pharmaceutical samples are utilized in advance of EFA. **Funded by Ryan White Part A and B (Test & Treat)**	80	80	1%	$115,872	$115,872	4%	$1,448.40	-

	2	Food Bank/Food Voucher	Provides grocery items or a voucher program to purchase food Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues **-Funded by Ryan White Part A and EHE: Food Bank and Food Vouchers** **- Funded by Ryan White Part B: Home Delivered Meals**	2,204	2,273	27%	$1,132,522	$782,586	27%	$498.25	129
	1	Other Professional Services (Legal Services)	Supports professional and consultant services, including legal services, permanency planning, and 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 **Funded by Ryan Part A (Legal Services)**	116	106	1%	$127,867	$129,151	5%	$1,206.29	1
		SUPPORT					**$3,096,788**	**$2,849,456**	**21%**		
		CORE & SUPPORT TOTAL					**$12,968,635**	**$13,255,826**	**100%**		

% Allocated to core services:	**75.8%**
% Allocated to support services:	**24.2%**

3 New ents	FY 23 Unbillables	FY 23 # of unbillable clients served	FY 24 Projected Clients	Justification/Factors to Consider	Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 25 Allocation	
%			#		%	$	%	$	%	$
16%	**$138,835.00**	**1145**	3,150	OAHS continues to be one of our most accessed services. Historically we see final expenditures exceed the initial allocation with provider unspent billables at year end. Last FY saw fewer unbillables than the prior year and one provider is seeing drastically reduced utilization due to their number of insured clients. We recommend that funding remain the same as we increase efforts to move clients to 3rd party insurance.	0%	$0	0.0%	$0	53%	$5,436,529
53%	**$5,204.00**	**213**	458	ADAP continues to expand its formulary so this service category has seen marked decrease over the years. The majority of Pharmacy billing for Part A is generated in Emergency Financial Assistance for client rapid access to treatment.	-74%	($173,193)	0%	$0	1%	$60,851
4%	**$21,306.00**	**108**	2,186	Our oral health specialty provider's high utilization rates do not historically offset the fact that the majority of routine providers tend to be underutilized. We recommend a modest decrease to initial funding more in line with last year's final expenditure.	0%	$0	-12%	($317,636)	23%	$2,329,328

1%	**$0.00**	**6**	784	HICP had a steady downward trend in recent years. However, with changes to the ADAP FPL requirement for eligibility for marketplace plans it is likely that this will increase Part A's HICP obligations. Additionally, the HICP provider is now required to orient/educate both clients and providers regarding the processes and procedures related to HICP assistance. Billing for HICP education will increase utilization. We recommend leaving the initial funding flat.	0%	$0	0.00%	$0	8%	$779,279
23%	**$9,576.00**	**122**	542	Overall MCM has continued to see increased utilization above the initial allocation, even with assistance from EHE funds. We recommend increasing the initial allocation in this category to levels more in line with FY23 utilization.	0%	$0	53.00%	$271,422	8%	$783,539
13%	**$53,610.00**	**18**	210	Utilization in this category has been affected by flooding damage to the facilities of one of the providers. We recommend keeping funding at current levels.	0%	$0	0%	$0	2%	$159,939
N/A	**$0.00**	**0**	0	Medical Nutrition Therapy is a newly funded service under Part A and hopes to serve as a core service offset to the support food service category. Utilization is not yet determined as there are still operational kinks being worked out with the program and Provide Enterprise. We recommend keeping funding at current levels.	0%	$0	0%	$0	3%	$300,000

0%	**$0.00**	**28**	89	Substance Abuse is currently provided by one provider that was heavily impacted by flooding in 2023. The provider's facilities have re-opened and hiring is underway. We recommend keeping funding at current levels.	0%	$0	0%	$0	3%	$337,498
						-$173,193		**-$46,214**	**76%**	**$10,186,964**

3 New ents	FY 23 Unbillables	FY 23 # of unbillable clients served	FY 23 Projected Clients	Justification/Factors to Consider	Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 25 Allocation	
%			#		%	$	%	$	%	$
29%	**$0.00**	**164**	3,892	The majority of CIED clients are MAI eligible and billed under that funding. We recommend maintain CIED (Part A and MAI funding overall in line with the current FY24-25 contracted level) shifting more of the allocation to MAI. Cost increases for delivery of this service may raise utilization. We recommend reducing the initial allocation for this category.	-40%	($232,995)	0%	$0	11%	$349,493
13%	**$28,252.00**	**710**	2,789	NMCM Case Management utilization has been steadily increasing since COVID. There was a sharp increase from 21 to 22 and the forecast modeling suggests a continued increase moving into next FY. We recommend increasing the initial allocation for this category to be more in line with last year's expenditure.	0%	$0	19.50%	$241,675	45%	$1,481,034
0%	**$0.00**	**0**	78	Utilization of EFA for Test and Treat ARVs and other allowable medications has seen a slight increase as this program is distinguished from AIDS Pharmaceutical Assistance (Local). We recommend a modest increase in this category.	0%	$0	43%	$49,825	5%	$165,697

6%	**$29,292.00**	**188**	2,985	Food Bank/Voucher utilization continues to increase sharply due to changes in SNAP benefits at the end of 2022 and inflation. This combined with previous years data suggests a continued increase in service utilization to a level that is unsustainable in the EMA. We continue to utilize EHE food assistance to offset Part A costs. We recommend increasing the initial allocation for this category to be in line with last year's utilization.	0%	$0	45%	$352,164	35%	$1,134,750
1%	**$0.00**	**0**	121	Legal services utilization has remained steady historically. We recommend maintaining funding at the current level..	0%	$0	0%	$0	4%	$129,151
						-$232,995		**$643,664**	**24%**	**$3,260,124**
									100%	**$13,447,088**

Rank	Providers	Service	Service Unit Definition	FY 2023 Clients	% of Total FY23 Clients	FY 23 Final Expenditure	FY 23 Initial Allocation		FY 23 Avg Client Cost	FY 23 New Clients		FY 24 Projected Clients	Justification/Factors to Consider
#	#			#	%	$	$	%	#	#	%	#	
	0	Outpatient Ambulatory Health Services (OAHS)	Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.	0	0%	$0	$116,092	20%	N/A	0	N/A	47	There is no MAI provider in this category currently, but this category is being RFP'd for FY25. We recommend increasing this category in preparation for additional providers.
	1	Mental Health	Outpatient psychological and psychiatric assessment, diagnosis, and treatment services offered to clients living with HIV. Services are conducted in an outpatient group or individual session.	49	1%	$55,624	$62,469	11%	$1,135.18	7	14%	120	Based on FY22 utilization, we recommend maintaining the current allocation level.
	1	Substance Abuse (Outpatient)	Outpatient services for the treatment of drug or alcohol use disorders.	39	0%	$402,432	$400,000	69%	$10,318.77	6	15%	109	Based on FY22 utilization, we recommend increasing the allocation for this category.
		MAI CORE TOTAL				**$458,056**	**$578,561**	**60%**	**$ 11,453.95**	**13**			
Rank	**Providers**	**Service**	**Service Unit Definition**	**FY 2023 Clients**	**% of Total FY23 Clients**	**FY 23 Final Expenditure**	**FY 23 Initial Allocation**		**FY 23 Avg Client Cost**	**FY 23 New Clients**		**FY 24 Projected Clients**	**Justification/Factors to Consider**
#	#			#	%	$	$	%	#	#	%	#	

	1	Non-Medical Case Management - Centralized Intake & Eligibilty Determination (CIED)	Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.	6,121	75%	$585,189	$290,956	76%	$ 95.60	685	11%	6,012	The majority of CIED clients are MAI eligible and billed under this funding. We recommend maintaining CIED (Part A and MAI funding overall in line with the current FY24-25 contracted level) but shifting more of the allocation to MAI. Cost increases for delivery of this service may raise utilization. We recommend increasing the initial allocation for this category.
	2	Non-Medical Case Management	Assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling	275	3%	$266,185	$ 93,212.00	10%					NMCM Case Management utilization has been steadily increasing since COVID. There was a sharp increase from 21 to 22 and the forecast modeling suggests a continued increase moving into next FY. We recommend increasing the initial allocation for this category to be more in line with last year's expenditure.
		MAI SUPPORT TOTAL				**$851,374**	**$384,168**	**40%**		**685**			
		MAI CORE & SUPPORT TOTAL				**$1,309,430**	**$962,729**	**100%**		**698**			

Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 25 Allocation	
%	$	%	$	%	$
73%	$84,747	0%	$ -	**22%**	$200,839
0%	$0	0%	$ -	**7%**	$62,469
0%	$0	58.00%	$ 232,000	**71%**	$632,000
				53%	**$895,308**
Increase/Decrease Due to Factors		**Increase/Decrease Due To Client Utilization**		**Recommended FY 25 Allocation**	
%	$	%	$	%	$

81%	$235,674	0%	$ -	**66%**	$526,630
0%	$0	186%	$ 173,374	**16%**	$266,586
				47%	**$793,217**
	$320,422			**100%**	**$1,688,525**

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.

Revised 7/24/14

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.