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

System of Care Committee Meeting
Thursday, April 3, 2025 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmY0MThlM2UtNWFhMC00MDg1LTlmMmMtMjUwZjU3NThlZTcz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 256 553 685 164
Passcode: df2wy9Zr

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
   a. Welcome from the Chair
   b. Meeting Ground Rules
   c. Statement of Sunshine
   d. Introductions & Abstentions
II. Moment of Silence
III. Action Item: Approval of Agenda for April 3, 2025
IV. Action Item: Approval of Minutes from March 6, 2025 **(Handout A)**
V. Public Comment
VI. Standard Committee Item(s): None.
VII. Discussion Items: None.

VIII. Unfinished Business: None.

IX. New Business

a. HIV Needs Assessment Overview **(Handout B)**

i. *Work Plan Activity 1.1 Receive Needs Assessment training and presentation on most recent needs assessment.*

b. How Best to Meet the Need Language Overview **(Handout C)**

i. *Work Plan Activity 1.3: Develop How Best to Meet the Need (HBTMTN) language based on findings annually.*

c. Update on Ryan White Services and Consumer Handbook: Recipient Office

X. Recipient Report

XI. Public Comment

XII. Announcements

- June 1st Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.
- Ujima Men's Collective **Man Up Festival**: Saturday, May 3, 2025, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
- Join us for ***A Salute to Percussions: Music to Soothe the Soul & Heal the Community*****,** featuring expert discussions on diabetes, kidney disease, HIV, and stigma, along with a Gospel Drum Shed, school drum line, and cultural arts expressions. Saturday, May 10, 2025, from 2:00 PM to 6:00 PM at Smitty's Wings (1134 NW 6TH ST, Fort Lauderdale, FL 33311). Don't miss this inspiring blend of music and health education!

XIII. Agenda Items for Next Meeting

a. Receive a presentation on the findings from the 2022-2025 HIV Needs Assessment

b. Vote on the How Best to Meet the Need Language recommendations for Ryan White Service Categories

XIV. Next Meeting Date: May 1, 2025, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XV. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at the 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

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie• Nan H. Rich • Tim Ryan •Hazelle P. Rogers• Michael Udine Broward County Website

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

April 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 Oral Health Network 3:00PM-4:15PM	3 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	4	5
6	7	8 Behavioral Health Network 9:00AM-10:15AM Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	9	10 Membership/Council Development Committee Meeting (MCDC) 9:30AM – 11:30AM Location: BRHPC/MS Teams NATIONAL YOUTH HIV/AIDS AWARENESS DAY APRIL 10	11	12
13	14	15 Support Services Network 9:00AM-10:15AM	16	17 Executive Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams PSRA/CEC Listening Tour Session #1 3:00PM-5:00PM	18	19
20	21 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	22	23 Quality Network Meeting (CQM) 9:00AM-10:15AM	24 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams Medical Provider Network 2:30PM-3:45PM	25	26 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
27	28	29	30	27	28	

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**.

April 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
BROWARD HIV HEALTH SERVICES PLANNING
COUNCIL
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

System of Care Committee Meeting

Thursday, March 6, 2025 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

SOC Members Present: J. Castillo (Chair), A. Murphy, F. D'Amore, K. Hayes, T. Pietrogallo

Members Absent: Julio De La Nuez

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

Planning Council Staff Present: G. Martinez, D. Liao, M. Patel, M. Lacroix, M. Rosiere

Guests Present: Y. Barrientos, J. Hidalgo, O. Desinor, R. Hadley, N. Tyler

Call to Order, Welcome from the Chair & Public Record Requirements

The SOC Chair called the meeting to order at 9:36 a.m. The SOC Chair welcomed all meeting attendees who were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meets 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 SOC Chair, Committee members, Recipient Staff, PCS & CQM Staff, and guests by roll call, and a moment of silence was observed.

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 about HIV/AIDS and services in Broward County. There were no public comments.

Meeting Approvals

The approval for the **March 6, 2025,** agenda of the Systems of Care Committee meeting was proposed by **F. D'Amore** seconded by **K. Hayes,** and passed unanimously. The approval for the minutes of the **September 5, 2024,** meeting was proposed by **F. D'Amore,** seconded by **K. Hayes**, and approved with no further corrections. The approval for the minutes of the **January 2, 2025,**

meeting was proposed by **F. D'Amore,** seconded by **A. Murphy**, and approved with no further corrections.

Motion #1: F. D'Amore, on behalf of the SOC Committee, made a motion to approve the March 6, 2025, System of Care Committee agenda. The motion was seconded by K. Hayes and adopted unanimously.

Motion #2: F. D'Amore, on behalf of the SOC Committee, made a motion to approve the September 5, 2024, System of Care Committee meeting minutes as presented. The motion was seconded by K. Hayes and adopted unanimously.

Motion #3: F. D'Amore, on behalf of the SOC Committee, made a motion to approve the January 2, 2025, System of Care Committee meeting minutes as presented. The motion was seconded by A. Murphy and adopted unanimously.

Public comment.

None.

Standard Committee Items

None.

Discussion Items.

None.

Unfinished Business

a. Service Category System Mapping Presentation Part II **(Handout C)**.

   B. Miller provided an overview of the System Mapping Presentation. She provided the context of Part I, which explained how service categories operated and were accessed by clients. This presentation focused on mental health, oral health, and food services.

   J. Castillo asked if CIED clients were allowed to do walk-ins. B. Miller explained that walk-in availability depends on the service category and the capacity of the providers. CIED specifically technically allows walk-ins, but prefers that clients set up appointments due to high demand.

   K. Hayes asked how the service provider addressed referrals. B. Miller and T. Thompson explained the process by which providers handled referrals using Provider Enterprise. T. Thompson also noted that because new providers are being added to PE for FY 2025-2026, the program is currently being updated.

   K. Hayes asked if there is a specific timeframe to search for clients who have fallen out of care. B. Miller answered that there isn't a specific timeframe, but providers are instructed to search for clients who have not responded to contact three consecutive times. J. Castillo

asked if there is any process for alerting providers if patients are at risk of falling out of care. T. Thompson answered that there is no specific notification to do so and that the Recipient Office would take that into consideration. W. Cius also noted that the ADAP program alerts clients when their eligibility is close to expiring, which is beneficial to clients who are mutually eligibility for ADAP and RWPA. Clients must consent to receive emails or text messages from providers.

K. Hayes asked if it was possible to create a video helping clients to navigate the RW system of care. B. Miller answered that this was a consideration of the Recipient Office. She directed the committee to coordinate with the Recipient Office to accomplish this.

New Business

a. Discussion: Follow-Up on Quality Improvement Project Forum **(Handout D1 and D2)**

D. Liao conducted an overview of the Provider Appreciation Week Forum. She recounted the nature and purpose of the forum and thanked the committee members for attending.

The committee members shared their feedback about the event. J. Castillo and F. D'Amore both expressed approval of the in-person presentations. K. Hayes stated that she wished two of the larger providers had attended in-person. J. Castillo noted that housing, transportation, and adherence to medication appeared to be major barriers for clients according to the presentations.

Recipient Report

None.

Data Requests

T. Thomspon reported that the Recipient Office is working on contracts and having a meeting to acclimate new providers to PE. He expressed gratitude to HIVPC for their commitment to finding solutions for clients under current conditions.

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.

Agenda Items for Next Meeting

a. Next Meeting Date: April 3, 2025.
    a. Location: Broward Regional Health Planning Council

Announcements

- AIDS Walk & Music Festival on March 15th at Fort Lauderdale Beach Park, 1100 Seabreeze Blvd, Fort Lauderdale, FL 33316. Doors open at 8:00 AM, set up at 7:00 AM

- K. Hayes: Poverello will be holding two new support groups from 2:00 PM to 4:00 PM. The women's group will meet on Monday, March 17th and the men's group will meet on Wednesday, March 19th.

Adjournment

There being no further business, the meeting was adjourned at 10:45 a.m.

Attendance CY 2024

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	**2**	C	6										
1	Pietrogallo, T.	X	C	X										
2	Castillo, J. Chair	E	C	X										
3	D'Amore, F.	X	C	X										
4	Murphy, H.A.	E	C	X										
5	Hayes, K., V. Chair	X	C	X										
6	De La Nuez, J.	X	C	A										
	Quorum = 4	4	C	5										

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**

Minutes prepared by PCS Staff

Handout

Needs Assessment Training

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: Mandy Lacroix & Shade-Ann Isidore

What is a “Needs Assessment”?

- A process of collecting information about the needs of People with HIV (PWH), both those receiving care and those not in care and addressing the gaps regarding HIV care.

What is the purpose of a Needs Assessment?

- To identify where services are needed for individuals with HIV who are unaware of their status and those are aware can receive HIV primary health care.

Needs Assessment Seeks to Determine

- Service needs and barriers for PWH who are in care.
- The number, characteristics, and service needs and barriers of PWH who know their HIV status and are not in care.
- The estimated number, probable characteristics, and barriers to testing for individuals who are HIV-positive but unaware of their status.
- The number and location of agencies providing HIV-related services in the EMA or TGA – a resource inventory of the local “system of care”.
- Local agencies’ capacity and capability to serve PWH, including capacity development needs.
- Service gaps for all PWH and how they might be filled, including how RWHAP service providers need to work with other providers, like substance abuse treatment services and HIV prevention agencies.

Role & Responsibility

- The needs assessment is a joint effort between the HIV Health Services Planning Council (HIVPC) and the Ryan White Part A Recipient, with the HIVPC having the lead responsibility.

- Direct input from a diverse group of people with HIV must be included.

Recommendations

The HIV/AIDS Bureau (HAB) and the Division of Metropolitan HIV/AIDS Programs (DMHAP) recommend that:

- EMAs **align their needs assessment cycle** with the **Integrated Planning Workgroup (IPW)** or **the three-year performance cycle** when possible.

- Using the **IPW**, the **comprehensive needs assessment should inform the Integrated Plan (IP)**, with focused assessments conducted in subsequent years.

- This approach allows for a **concentrated focus** on **high-impact populations** and provides updates to the resource inventory, **supporting annual Priority Setting and Resource Allocation (PSRA) activities.**

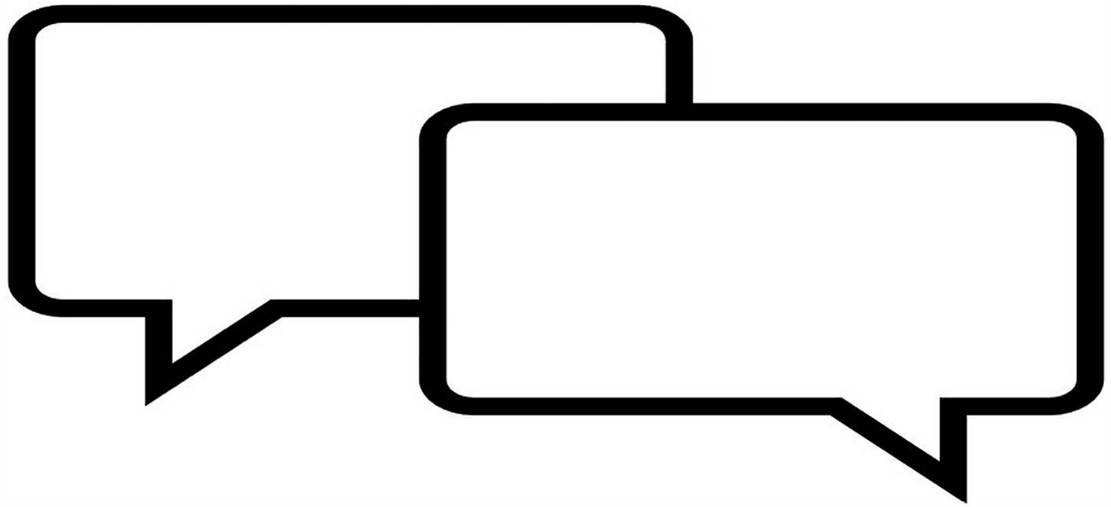
Broward County Ryan White Part A Needs Assessment Activities	
Year	**Needs Assessment Activity**
2024-2025	Conducted Ryan White client focus group Reviewed subrecipient Medical Case Management (MCM) and peer job descriptions MCM and medical provider-focused needs assessment activities Interviewed collaborative community partners and programs
2023-2024	Examined emerging issues for youth with or impacted by HIV Reviewed Part A HIV care continuum data for youth aged 18-28 (2021-2022) Reviewed data from 2022-2023 to assess youth engagement in care to achieve undetectable viral load Conducted consumer interviews to discuss Part A services and client access Investigated MCM service utilization for youth and other key populations Conducted surveys and discussions with key informants including, but not limited not, medical practitioners, medical case managers, and peers Conducted a Consumer Listening Session to provide clients with a platform to voice their experiences and concerns regarding care and services
2022-2023	Conducted focus groups for consumers, peers, and key informants (service providers) Discussed the role of peers in helping clients maintain undetectable viral loads Suggested improvements to case management and peer roles to enhance viral suppression Analyzed patient data to identify utilization of MCM and peer counseling services

NEXT STEPS

- **April 3, 2025:** The SOC will receive an overview of the purpose of the HIV Needs Assessment.
- **May 1, 2025:** The SOC will receive a presentation on the findings from the 2022-2025 Needs Assessment, including recommendations linked to the "How Best to Meet the Need" language for Ryan White service categories.

QUESTIONS?

Comments and Discussion



Handout C

SYSTEM OF CARE "HOW BEST TO MEET THE NEED/PRIORITIES" RECOMMENDATIONS FY2025-2026 OVERVIEW

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: April 2025

WHAT IS “HOW BEST TO MEET THE NEED?”

HRSA Terminology: How Best to Meet Priorities

Broward County Terminology: How Best to Meet the Need

WHAT IS “HOW BEST TO MEET THE PRIORITIES?”

Section 2602(b)(4)(C)(ii) of the Public Health Services (PHS) Act

- **Requirement**: RWHAP Part A Planning Councils (PCs) must establish priorities for fund allocation.
- **How Best to Meet Priorities**: Also known as "how best to meet the need locally."
- **Considerations**:
  - Demonstrated (or probable) cost-effectiveness
  - Outcome-effectiveness of proposed strategies and interventions
- **Directives**: Typically address:
  - Populations to be served
  - Geographic areas to be served
  - Service models or strategies to be utilized

Example:

- **Needs Assessment/Data**: Indicates PWH (People Living With HIV) need care coordination or alternative hours care.
- **Directive**: Addressed under Medical case management or Non-medical case management service category.

SOC RECOMMENDATIONS TO PSRA FY2025-2026

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.

Reviewed and Approved by HIV Health Services Planning Council on July 25, 2024

*Recommendations in **blue** are by the SOC Committee*

SOC RECOMMENDATIONS TO PSRA FY2025-2026

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.

Reviewed and Approved by HIV Health Services Planning Council on July 25, 2024

*Recommendations in **blue** are by the SOC Committee*

SOC RECOMMENDATIONS TO PSRA FY2025-2026

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.

SOC RECOMMENDATIONS TO PSRA FY2025-2026

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.

Reviewed and Approved by HIV Health Services Planning Council on July 25, 2024

*Recommendations in **blue** are by the SOC Committee*

SOC RECOMMENDATIONS TO PSRA FY2025-2026

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).

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SOC RECOMMENDATIONS TO PSRA FY2025-2026

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).

SOC RECOMMENDATIONS TO PSRA FY2025-2026

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.

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SOC RECOMMENDATIONS TO PSRA FY2025-2026

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

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NEXT STEPS

- **April 3, 2025:** SOC will receive an overview on the purpose of the "How Best to Meet the Need Language"
- **May 1, 2025**
    - SOC will decide and vote on new or revised language by RW service category.
    - SOC recommendations will be presented to the PSRA committee on May 15th
- **June 5, 2025**
    - SOC will address any feedback from the PSRA committee
    - Final HBTMTN recommendations will be presented to the PSRA committee June 20, 2025
- **June 26, 2025**
    - HIVPC will vote on HBTMTN recommendations

QUESTIONS?

Discussion

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

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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.