



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

## Executive Committee Meeting

Thursday, March 19, 2026 – 12:45 PM  
Meeting location: BRHPC and Microsoft Teams

### Join Executive Committee Meeting

Meeting ID: 293 527 114 588 49

Passcode: T2vy3nN2

Dial in by phone: [+1 469-998-5921](tel:+14699985921), [285085237#](tel:+1285085237)

Phone conference ID: 285 085 237#

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore

***This meeting is audio/video recorded.***

The Executive Committee conducts Council business, including setting meeting agendas, addressing conflicts of interest, reviewing attendance reports, overseeing integrated HIV prevention and care planning, managing committee work plans, and ratifying removal recommendations.

*Quorum for this meeting is 7*

## DRAFT AGENDA

### ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
  - a. Meeting Ground Rules
  - b. Statement of Sunshine
  - c. Introductions & Abstentions
  - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for April 16, 2026
5. **ACTION:** Approval of Minutes for April 9, 2026 (**Handout A**)
6. Standard Committee Items
  - a. AIDS Drug Assistance Program (ADAP) Updates; *Recipient Office*
  - b. **Action Item:** Review and Approve April 23, 2026, HIVPC Agenda, Meeting Materials, and Motions (**Handout B**)
  - c. **Action Item:** Review May 2026 HIVPC Calendar (**Handout C**)
7. New Business:
  - a. **Discussion:** Review Committee Work Plans; *Committee Chairs* (**Handout D1-D6**)
  - b. **Discussion:** Area 10 Impact Statement for FCPN Statewide Meeting, *PCS Staff*
  - c. **Discussion:** Planning Council Support Budget: March 1, 2026 – February 28, 2027 (**Handout E**)
8. Unfinished Business
  - a. **Update:** Reconvene Ad hoc Bylaws Committee to update Bylaws and Memorandum of Understanding with Broward County, *PCS Staff*

9. New Business
10. Recipient Report
11. Data Request
12. Public Comment
13. **Next Meeting Date:**
  - a. May 21, 2026, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference
14. Agenda Items for next meeting
  - a. Review and approve the May 28, 2026, HIVPC Agenda, Meeting Materials, and Motions
  - b. Review the June 2025 HIVPC Calendar
  - c. **Discussion:** Review HIVPC Membership Budget and Strategy; *PCS Staff*
15. Announcements
16. 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

Mark D. Bogen (**Mayor**) • Robert McKinzie (**Vice-Mayor**) • Nan H. Rich • Michael Udine • Lamar P. Fisher • Steve Geller • Beam Furr • Alexandra P. Davis • Hazelle P. Roger

[Broward County Website](#)



# April 2026

## 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. Please contact support staff at [hivpc@brhpc.org](mailto:hivpc@brhpc.org) or (954) 561-9681 ext. 1244/1343. Visit [HIV Health Service Planning Council](#) for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			<b>Oral Health Network Meeting (CQM)</b> 3:00 PM - 4:15 PM	<a href="#">System of Care Meeting (SOC) / Quality Management (QMC) Joint Meeting</a> 9:30AM - 11:30AM		
5		<a href="#">Community Empowerment Committee (CEC)</a> 3:00PM - 5:00PM  <b>Behavioral Health Network Meeting (CQM)</b> 2:00 PM - 3:15 PM		<a href="#">PSRA Committee Meeting</a> 9:30AM - 11:00AM  <a href="#">Executive Committee Meeting</a> 11:00AM - 12:00PM  <a href="#">HIV Planning Council Meeting</a> 12:30PM to 1:30PM		
12			<b>Quality Network Meeting (CQM)</b> 9:00 AM - 12:00 PM	<a href="#">PSRA Committee Meeting</a> 9:30AM - 11:30AM  <a href="#">Executive Committee Meeting</a> 12:45PM - 2:45PM		
19	<a href="#">Membership/Council Development Committee Meeting (MCDC)</a> 9:30AM - 11:30AM	<a href="#">Integrated Planning Work Group</a> 1:00PM - 3:00PM		<a href="#">HIV Planning Council Meeting</a> 9:30AM to 11:30AM		
26						

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 2026

## Broward HIV Health Services Planning Council Calendar



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<p>TODOS ESTAN BIENVENIDOS!</p>	<p>ALL ARE WELCOME!</p>	<p>BON VINI!</p>
<p>A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>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.</p>	<p>Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>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.</p>	<p>Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>Pou konfime enfòmasyon ou resewva sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyòl; oswa, si ou gen pwoblèm wè oswa tandè, rele 48 tè alavans pou yo ka fè aranjman pou ou.</p>
<p><b>HIVPC Committee Descriptions</b></p>		
<p><b>HIV Health Services Planning Council (HIVPC):</b> Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.</p>		
<p><b>Executive Committee (EXEC):</b> Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interest, and review attendance.</p>		
<p><b>Priority Setting and Resource Allocation Committee (PSRA):</b> Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.</p>		
<p><b>Quality Management Committee (QMC):</b> Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.</p>		
<p><b>Membership/Council Development Committee (MCDC):</b> Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.</p>		
<p><b>Community Empowerment Committee (CEC):</b> Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.</p>		
<p><b>System of Care Committee (SOC):</b> Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.</p>		



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## Executive Committee

Thursday, April 9, 2026 – 11:00AM

Meeting at Broward Regional Health Planning Council and via Microsoft Teams

### DRAFT MINUTES

**Executive Members Present:** S. Tinsley, B. Fortune-Evans, T. Moragne, K. Creary, B. Barnes, M. Schweizer, K. Hayes, J. Castillo

**Members Absent:** F. D'Amore, L. Robertson, M. Patterson

**Ryan White Part A Recipient Staff Present:** G. James, D. Davis, T. Thompson, W. Cius, J. Roy, Atty. R. Honick

**Planning Council/Clinical Quality Support Staff Present:** G. Berkeley-Martinez, M. Lacroix, S. Isidore, D. Liao

**Guests Present:** B. Mester, T. Adeagbo,

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

The Executive Committee Chair called the meeting to order at **11:11AM**. and welcomed all meeting attendees. The Chair notified attendees that the Executive Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, he 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 Executive Committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

#### 1. Public Comment

The Public Comment portion of the meeting is intended to allow the public to express opinions on items on the agenda or to discuss other matters related to HIV/AIDS services in Broward County. *No public comments were made.*

#### 2. Meeting Approvals

**Motion #1: On behalf of the Executive Committee, M. Schweizer moved to approve the April 9, 2026, agenda. The motion was seconded by J. Castillo and approved unanimously.**

**Motion #2: M. Schweizer on behalf of the Executive Committee, made a motion to approve the March 19, 2026, Executive Committee meeting minutes. The motion was seconded by B. Fortune-Evans and adopted unanimously.**

#### 3. Standard Committee Items

a. AIDS Drug Assistance Program (ADAP) Updates; *Part A Office and Part B Office Representatives*

None.

#### 4. New Business

- a. **Discussion:** Overview of System of Care and Quality Management Recommendations; PSRA Chair (15 Minutes)

B. Barnes reported that, building on prior System of Care and Quality Management discussions, the committee agreed on a compromise cap of \$2,700 annually, not to exceed \$225 per month. This structure ensures consistent coverage throughout the year and prevents early depletion of funds for clients enrolling late. The motion will be forwarded to the full Planning Council.

*PSRA Motion: L. Jones, on behalf of the PSRA Committee, moved to establish a cap of \$2,700 per calendar year for insurance premium assistance for Affordable Care Act (ACA) plans, not to exceed \$225 per month. J. Castillo proposed an amendment to include the language “premium insurance assistance for Affordable Care Act (ACA) plans,” which was accepted by L. Jones. Following these amendments, the motion passed unanimously*

B. Barnes also noted that, pending approval, the Part A Office will develop a marketing and outreach strategy, including guidance on eligible ACA plans. It was acknowledged that plan guidance may evolve over time due to the expedited implementation timeline.

- b. **Discussion:** Health Insurance Continuation Premium Caps; PSRA Chair (30 Minutes)

B. Barnes clarified that the proposed cap applies to insurance premiums only and requested that the Part A Office assess an overall HICP cap, including co-pays and related costs, to ensure spending remains sustainable. The Part A Office will revisit this during the upcoming priority setting process. It was noted that while initial enrollment may be lower, participation could possibly increase to as many as 2,000 clients during the next ACA enrollment period, and this will be monitored in planning.

*PCS Staff noted that, due to the short turnaround time, the HIVPC agenda was developed; however, the Executive Committee may propose edits, and any updates will be submitted to the Sunshine Office.*

The Executive Committee reviewed the HIVPC agenda for April 9, 2026, provided the recommendations below, and subsequently made a motion.

**Motion #3: M. Schweizer on behalf of the Executive Committee, made a motion if Motions 1–3 pass, the effective date to begin enrolling clients will be April 10, 2026. J. Castillo seconded the motion. The committee had a brief discussion and the motion passed unanimously.**

#### Updates to HIVPC Agenda April 9, 2026

- The follow items to go under “Discussion Items”
  - *Motion #1: On behalf of the joint SOC Committee and QMC Committee meeting, B. Fortune-Evans moved to approve the payment of premiums for Affordable Care Act plans using Health Insurance Continuation Program (HICP) funds. The motion was seconded by M. Patterson and passed unanimously.*
  - *Motion #2: On behalf of the joint SOC Committee and QMC Committee meeting, B. Fortune-Evans moved to set approve Federal Poverty Level (FPL) range at 100–250% for assistance with premium payments. The motion was seconded by M. Patterson. The committee had a brief discussion and approved with one nay from T. Pietrogallo.*
  - *Motion #3: PSRA Committee, moved to establish a cap of \$2,700 per calendar year for insurance premium assistance for Affordable Care Act (ACA) plans, not to exceed \$225 per month. J. Castillo proposed an amendment to include the language “premium insurance assistance for Affordable Care Act (ACA) plans,” which was accepted by L. Jones. Following these amendments, the motion passed unanimously.*
  - *Motion #4: The Executive Committee moved that, if Motions 1–3 pass, the effective date to begin enrolling clients will be April 10, 2026. J. Castillo seconded the motion. The committee had a brief discussion and the motion passed unanimously.*

**Motion #4: B. Barnes, on behalf of the Executive Committee, made a motion to approve the revised HIVPC Agenda for April 9, 2026. The motion was seconded by B. Fortune-Evans, followed by brief discussion, and passed unanimously.**

- 5. Recipient's Report:  
None.
- 6. Data Request: None.
- 7. Public Comment

The Public Comment portion of the meeting is intended to allow the public to express opinions on agenda items or to discuss other matters related to HIV/AIDS services in Broward County. There was no public comment.

8. Agenda Items for Next Meeting

9. Next Meeting Date:

- a. April 16, 2026, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- b. Agenda Items for next meeting
  - i. Review and approve the April 23, 2026, HIVPC Agenda, Meeting Materials, and Motions
  - ii. Review the May 2025 HIVPC Calendar
  - iii. Review HIVPC FY26/27 Budget
  - iv. Area 10 Impact Statement for FCPN Statewide Meeting

10. Announcements

11. Adjournment

There being no further business, the meeting was adjourned at 11:39 AM.

Executive Committee for CY 2026

Com	Meeting Month	Jan	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	<b>Meeting Date</b>	15	15 (Election Cert.)	19	19	9									
1	Barnes, B.	X	X	X	X	X									
2	Castillo, J	X	X	X	X	X									
3	D'Amore, F., Vice-Chair	X		X	X	E									
4	Fortune-Evans, B.	X	X	X	X	X									
5	Hayes, K.	A	A	X	A	X									
6	Moragne, T.	X	X	X	X	X									
7	Robertson, L.	X		X	X	A									
8	Tinsley, S., Chair	X		A	X	X									
9	Schweizer, M.	X	X	X	E	X									
10	Creary, Karen	X	A	E	A	X									
11	Patterson, Matthew				E	E									
	Biggs, V.	X		X											
	Chery-Davis, E.	X	X	A											
	<b>Quorum = 7</b>	11	6	9	7	8									

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



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**Broward County HIV Health Services Planning Council**

**Thursday April 23, 2026 – 9:30AM**

**Meeting at Broward Regional Health Planning Council and Microsoft Teams**

[Click to Join the HIVPC General Body Meeting](#)

Meeting ID: 276 548 094 708 69

Passcode: p3AJ7gj6

**Dial in by phone**

[+1 469-998-5921,954300600#](tel:+14699985921954300600) United States, Dallas

[Find a local number](#)

Phone conference ID: 954 300 600#

**Chair: Shawn Tinsley • Vice Chair: Franchesca D’Amore**

*This meeting is audio and video recorded.*

Quorum for this meeting is 13

**DRAFT AGENDA**

**ORDER OF BUSINESS**

**I. CALL TO ORDER/ESTABLISHMENT OF QUORUM**

**II. WELCOME FROM THE CHAIR**

- a. Meeting Ground Rules
- b. Statement of Sunshine
- c. Introductions & Abstentions
- d. Moment of Silence

**III. PUBLIC COMMENT**

**IV. ACTION:** Approval of Agenda for April 23, 2026

**V. ACTION:** Approval of Minutes for April 9, 2026 (**Handout A**)

**VI. FEDERAL LEGISLATIVE REPORT**– Federal and State Legislative Report

**VII. CONSENT ITEMS**

None.

**VIII. STANDARD COMMITTEE ITEMS**

- a. AIDS Drug Assistance Program (ADAP) Updates: *Part A Office and Part B Office Representatives*

**IX. DISCUSSION ITEMS**

- a. None.

**X. OLD BUSINESS**

- a. None.

**XI. NEW BUSINESS**

- a. **Announcement:** Award presented to Michael Rajner in Recognition of Courage and Advocacy During the AIDS Drug Assistance Program (ADAP) Crisis; *HIVPC Chair & MCDC Chair*
- b. **Announcement:** Broward HIV Health Services Member of the Year FY2025-2026; *HIVPC Chair & MCDC Chair*
- c. **Presentation:** Overview of the Priority Setting and Resource Allocation Process, May-June 2026, *PCS Staff (Handout B)*
- d. **Presentation:** Broward County Boards, Ethics, Sunshine Law, and Public Records: *Ron Honick, Esq., Assistant County Attorney (Handout C)*

**XII. COMMITTEE REPORTS**

- a. **Community Empowerment Committee (CEC)**

Chair: Lorenzo Robertson • Vice Chair: Vacant

April 6, 2026

- ii. **Work Plan Item Update/Status Summary:** The committee reviewed its work plan and planned activities and finalized preparations for upcoming outreach events for Ujima’s Men Collective Man Up Festivals. Members received a presentation on Ryan White Part A Core and Support Service categories and were provided a link to complete rankings following the meeting. The committee also received an update on the May Community Advocacy Training schedule with NMAC, was informed of a Healthy Aging with HIV certification opportunity, reviewed, and approved updated palm cards.
- iii. **Data Requests:** None.
- iii. **Rationale for Recommendations:** None.
- iv. **Data Reports/Data Review Updates:** None.
- v. **Other Business Items:** None.
- vi. **Agenda Items for Next Meeting:** To be Determined.
- vii. **Next Meeting Date:** May 5, 2026, at 3:00 PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

- b. **System of Care Committee (SOC)**

Chair: Jose Castillo • Vice Chair: Kendra Hayes

April 2, 2026 – *Joint Meeting with the Quality Management Committee*

- i. **Work Plan Item Update/Status Summary:** The committee held a joint meeting and received key data on the potential impact of paying premiums through the Health Insurance Continuation Program (HICP) service category, including figures related to feasibility. Following discussion, the committees made the following recommendations to be forwarded to the PSRA Committee: (1) approval of the use of Health Insurance Continuation Program (HICP) funds to pay premiums for Affordable Care Act plans; and (2) establishment of a Federal Poverty Level (FPL) eligibility range of 100–250% for premium payment assistance. The committees also reviewed the HICP service delivery model and made additional recommendations for submission to the PSRA Committee.

- iv. **Data Requests:** None.
- iv. **Rationale for Recommendations:** None.
- v. **Data Reports/Data Review Updates:** None.
- vi. **Other Business Items:** None.
- vii. **Agenda Items for Next Meeting:** To be Determined.
- viii. **Next Meeting Date:** May 7, 2026, at 9:30AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

c. **Membership/Council Development Committee (MCDC)**

Chair: Dr. Timothy Moragne • Vice Chair: Karen Creary

April 20, 2026

- ii. **Work Plan Item Update/Status Summary:** The committee reviewed the membership strategy and budget, as well as the FY25–26 Member of the Year results, which were approved. Additionally, the committee examined its work plan and discussed member term limits.
- v. **Data Requests:** None.
- v. **Rationale for Recommendations:** None.
- vi. **Data Reports/Data Review Updates:** None.
- vii. **Other Business Items:** None.
- viii. **Agenda Items for Next Meeting:** To be Determined.
- ix. **Next Meeting Date:** June 11, 2026, at 9:30 AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

d. **Quality Management Committee (QMC)**

Chair: Bisiola Fortune-Evans • Vice Chair: Matthew Patterson

April 2, 2026 – *Joint Meeting with the Quality Management Committee*

- iii. **Work Plan Item Update/Status Summary:** The committee held a joint meeting and received key data on the potential impact of paying premiums through the Health Insurance Continuation Program (HICP) service category, including figures related to feasibility. Following discussion, the committees made the following recommendations to be forwarded to the PSRA Committee: (1) approval of the use of Health Insurance Continuation Program (HICP) funds to pay premiums for Affordable Care Act plans; and (2) establishment of a Federal Poverty Level (FPL) eligibility range of 100–250% for premium payment assistance. The committees also reviewed the HICP service delivery model and made additional recommendations for submission to the PSRA Committee.
- vi. **Data Requests:** None.
- vi. **Rationale for Recommendations:** None.
- vii. **Data Reports/Data Review Updates:** None.
- viii. **Other Business Items:** None.
  - x. **Agenda Items for Next Meeting:** To be Determined.
  - xi. **Next Meeting Date:** May 18, 2026, at 9:30AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

e. **Executive Committee**

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore

April 16, 2026

- iv. **Work Plan Item Update/Status Summary:** The committee received updates on the AIDS Drug Assistance Program (ADAP), reviewed and approved the agenda, and examined all committee work plans. They also reviewed the HIVPC membership budget and strategy, as well discussed Area 10 Impact Statement for the FCPN statewide initiative.

- vii. **Data Requests:** None.
- vii. **Rationale for Recommendations:** None.
- viii. **Data Reports/Data Review Updates:** None.
- ix. **Other Business Items:** None.
- ix. **Agenda Items for Next Meeting:** To be Determined.
- xii. **Next Meeting Date:** April 16, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

f. **Priority Setting & Resource Allocation Committee (PSRA)**

Chair: Brad Barnes • Vice Chair: Mark Schweizer

April 9, 2026, and April 16, 2026

- v. **Work Plan Item Update/Status Summary April 9<sup>th</sup>:** The committee reviewed motions forwarded from the joint System of Care and Quality Management Committee meeting and discussed the Health Insurance Continuation Program premium caps. The committee recommended forwarding the following proposal to the Executive Committee and Planning Council on April 9<sup>th</sup>: establish a cap of \$2,700 per calendar year for ACA insurance premium assistance, not to exceed \$225 per month.
- vi. **Work Plan Item Update/Status Summary April 16<sup>th</sup>:** The committee reviewed
- vii. **Rationale for Recommendations:** None.
- ix. **Data Reports/Data Review Updates:** None.
- x. **Other Business Items:** None.
- xiii. **Next Meeting Date:** PSRA Workshops; Monday, May 18, Tuesday, May 19, and Wednesday, May 20, 2026; 10AM to 4:00PM; Location: To Be Determined

**XIII. RECIPIENT REPORTS**

- a. Part A
- b. Part B
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. HIV Prevention (*Quarterly - April, July, October, January*)

**XIV. DATA REQUEST(S)**

**XV. PUBLIC COMMENT**

**XVI. AGENDA ITEMS FOR THE NEXT MEETING**

Next Meeting Date:

- a. Thursday, May 28, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.

**XVII. ANNOUNCEMENTS**

- a. Man Up Festival (*CEC approved community outreach activity*) - Saturday, May 2, 2026, 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!
- b. **PSRA Workshops:** Workshops will be held to support the Committee in making informed, data-driven decisions regarding HIV care services in Broward County. The

sessions are scheduled for **Monday, May 18; Tuesday, May 19; and Wednesday, May 20, 2026, from 10:00 AM to 4:00 PM.** Location: To be determined.

## **XVIII. 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.

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# May 2026

## Broward HIV Health Services Planning Council Calendar



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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
					1	2			
3	4	<a href="#">Community Empowerment Committee (CEC)</a> 3:00PM - 5:00PM	5	6	<a href="#">System of Care Meeting (SOC)</a> 9:30AM - 11:30AM	7	8	9	
10	11	12	13	14	15	16			
17	<a href="#">Quality Management Committee Meeting (QMC)</a> 12:30PM - 2:30PM  <a href="#">PSRA Data Presentation Workshop Day 1</a> 10:00AM - 4:00PM  	<a href="#">PSRA Data Presentation Workshop Day 2</a> 10:00AM - 4:00PM	<a href="#">PSRA Data Presentation Workshop Day 3</a> 10:00AM - 4:00PM	20	<a href="#">Executive Committee Meeting</a> 12:45PM - 2:45PM	21	22	23	
24	 MEMORIAL DAY BRHPC Office Closed	25	26	27	<a href="#">HIV Planning Council Meeting</a> 9:30AM to 11:30AM	28	29	 GET CARE BROWARD TREAT HIV   BEAT HIV RYAN WHITE   PART A	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. **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**.

# May 2026

## 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. Please contact support staff at [hivpc@brhpc.org](mailto:hivpc@brhpc.org) or (954) 561-9681 ext. 1244/1343. Visit **HIV Health Service Planning Council** for updates.

<p>TODOS ESTAN BIENVENIDOS!</p>	<p>ALL ARE WELCOME!</p>	<p>BON VINI!</p>
<p>A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>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.</p>	<p>Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>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.</p>	<p>Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>Pou konfime enfòmasyon ou resewva sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyòl; oswa, si ou gen pwoblèm wè oswa tandè, rele 48 tè alavans pou yo ka fè aranjman pou ou.</p>
<p><b>HIVPC Committee Descriptions</b></p>		
<p><b>HIV Health Services Planning Council (HIVPC):</b> Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.</p>		
<p><b>Executive Committee (EXEC):</b> Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interest, and review attendance.</p>		
<p><b>Priority Setting and Resource Allocation Committee (PSRA):</b> Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.</p>		
<p><b>Quality Management Committee (QMC):</b> Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.</p>		
<p><b>Membership/Council Development Committee (MCDC):</b> Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.</p>		
<p><b>Community Empowerment Committee (CEC):</b> Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.</p>		
<p><b>System of Care Committee (SOC):</b> Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.</p>		



## Community Empowerment Committee (CEC) Workplan FY2026-2027

**Meeting Time & Frequency:** The first Tuesday of the month from 3:00 pm to 5:00 pm

**Committee Purpose:** The Committee shall inform and solicit the participation of individuals with HIV/AIDS in the planning, priority setting, and resource allocation processes. This Committee serves as a bridge between the Council and people with HIV in Broward. It encourages the involvement of individuals living with and affected by HIV/AIDS in the Council process and promotes integrated planning initiatives.

**T = On Target B = Behind Target C = Completed**

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
<b>Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify the consumer voice.</b>						
1.1	Host consumer/community forums/listening sessions.	<ol style="list-style-type: none"> <li>Utilize feedback to inform CEC's ranking of Ryan White services and refer results to the PSRA committee.</li> <li>Utilize feedback to inform recruitment strategies and refer results to the Membership Committee (MCDC).</li> </ol>	CEC/PCS Staff	TBD by CEC scheduled events.	T	Planning to begin May 2026
1.2	Enhance CEC members' understanding of community engagement by supporting their development as committee participants.	<ol style="list-style-type: none"> <li>PCS staff will provide or coordinate a presentation on community engagement.</li> <li>PCS staff will provide access to HRSA Ryan White Part A webinars that cover key topics related to the HIV Planning Council, community outreach, and active involvement, as it relates to needs assessments and integrated planning.</li> </ol>	PCS staff	April 2026	T	
1.3	Receive presentation on Part A and MAI Service Categories to assist with ranking of core and support service categories.	<ol style="list-style-type: none"> <li>Receive a presentation on Part A service categories.</li> <li>Receive a presentation on service utilization for the prior fiscal year.</li> </ol>	PCS Staff/RW Recipient/ CQM Staff	April 2026	C	
1.4	Rank RW Part A Core and Support Service Categories	<ol style="list-style-type: none"> <li>Rank/prioritize RW Part A Core and Support Service Categories as part of the PSRA process.</li> </ol>	CEC/PCS Staff	April 2026 – May 2026	T	Scheduled for May 5, 2026



**Objective 2: Promote education and increase awareness to strengthen support for People Living with HIV (PWH).**

2.1	Ensure consistent distribution of council-approved promotional materials to the community via physical handouts and electronic media.	<ol style="list-style-type: none"> <li>1. CEC will share promotional materials during community outreach events to raise awareness and engagement.</li> <li>2. PCS staff will disseminate HIV Planning Council updates and HIV-related resources through the community listserv and social media platforms.</li> </ol>	CEC/PCS Staff	Florida AIDS Walk – March 2026 Man Up Festival – May 2026 Aging Gracefully – September 2026 World AIDS Day – December 2026	T	Florida AIDS Walk – March 21, 2026  Man Up Festival – scheduled for May 2, 2026
2.2	Collaborate with local organizations to partner with community stakeholders to engage in community events.	<ol style="list-style-type: none"> <li>1. Collaborate with community stakeholders—including individuals living with or affected by HIV, community-based organizations, faith-based groups, healthcare providers, public health agencies, and local residents—to organize events aligned with HIV awareness days and other community initiatives.</li> </ol>	CEC/PCS Staff	Florida AIDS Walk – March 2026 Man Up Festival – May 2026 Aging Gracefully – September 2026 World AIDS Day – December 2026	T	Florida AIDS Walk – March 21, 2026  Man Up Festival – scheduled for May 2, 2026
2.3	Evaluate the impact of community activities to refine strategies and improve outreach effectiveness.	<ol style="list-style-type: none"> <li>1. Collect feedback from participants and track engagement metrics.</li> <li>2. Provide relevant recommendations to HIVPC Committees such as PSRA, QMC, or SOC.</li> </ol>	CEC/PCS Staff	TBD by CEC scheduled events.	T	



**Objective 3: Promote leadership development and public engagement opportunities for People Living with HIV (PWH).**

3.1	Support the capacity of PWH to be meaningfully involved in the planning, delivery, and improvement of RWHAP services.	<ol style="list-style-type: none"><li>1. Highlight the HIV Planning Council (HIVPC) during outreach efforts to raise awareness and encourage community involvement.</li><li>2. Share information about HIV advocacy, leadership, and service programs offered by local and national organizations.</li><li>3. Promote Peer engagements initiatives, such as the University of South Florida's "Peer Specialist – HIV Online Certification Program," to support leadership development and community empowerment among PWH.</li></ol>	CEC	Ongoing.	T	Peer Certification Course by the University of South Florida – March 3, 2026  Community Engagement Training from NMAC – scheduled for May 5, 2026
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## Executive Committee (EXEC) Workplan FY2026-2027

**Meeting Time & Frequency:** Every third Thursday of the month, from 12:45pm to 2:45pm

**Committee Purpose:** The Executive Committee meets to conduct the business of the Council and shall: Set the agenda for Council meetings; Address Conflict of Interest issues; Review Membership/Council Development Committee Attendance report; Oversee the planning activities established in the integrated HIV prevention and care plan; Develop and oversee committee work plans that address comprehensive planning goals and objectives; and Ratify recommendations for removal for cause from the Membership/Council Development Committee.

**T = On Target B = Behind Target C = Completed**

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
<b>Objective 1: Oversee Planning Council Operations.</b>						
1.1	Conduct assessment of HIVPC Meeting Evaluation Survey annually.	Review outcomes of surveys regarding meeting logistics, productivity, and areas of improvement.	EXEC	Annually.	T	
1.2	Review the need for reinstating the By-Laws ad-hoc Committee annually.	Reinstate the Bylaws ad hoc Committee based on pending parking lot items. Identify and appoint Bylaws Chair.	EXEC	August 2026	T	PCS Staff began seeking members April 2026
1.3	Monitor committee activities to ensure goals and objectives of work plans are met quarterly.	Conduct quarterly review of Committee work plan status to be presented by committee chair/vice chair. Determine Committee progress and make recommendations to Chairs to address unmet goals.	EXEC	Quarterly <ul style="list-style-type: none"> <li>• April</li> <li>• July</li> <li>• October</li> <li>• January</li> </ul>	T	
1.4	Monitor HIVPC membership and discuss strategies to improve reflectiveness quarterly.	Conduct quarterly review of HIVPC and Committee reflectiveness. Determine any needed interventions to address Council and Committee membership needs.	MCDC Chair/Vice Chair	Quarterly <ul style="list-style-type: none"> <li>• April</li> <li>• July</li> <li>• October</li> <li>• January</li> </ul>	T	
1.5	Receive an update on the Membership Recruitment Plan annually.	The Executive members will receive an update on the HIVPC Membership Recruitment plan to be utilized in meeting HRSA recruitment and retention requirements.	EXEC/MCDC	Annually.	T	
<b>Objective 2: Ensure that the Planning Council participates in integrated planning activities.</b>						



2.1	Receive quarterly updates on the activities of the Integrated Workgroup.	<ol style="list-style-type: none"> <li>1. Ensure Planning Council Committees' work is reflected of the Integrated Plan.</li> <li>2. Provide quarterly update during the HIVPC General Body meeting.</li> <li>3. Approve the Integrated Plan for the 2027-2031 Cycle</li> </ol>	Members appointed to the Integrated Workgroup.	Quarterly <ul style="list-style-type: none"> <li>• April</li> <li>• July</li> <li>• October</li> <li>• January</li> </ul>	T	
<b>Objective 3: Implement capacity/leadership development for Planning Council members.</b>						
3.1	Plan annual Planning Council Development training.	Schedule a training for all HIVPC members. Educate members on new/emerging Planning Council/RW Part A updates, HIVPC policies and procedures, leadership development, Integrated Plan, Robert's Rules of Order, Broward County Code of Ethics.	EXEC/PCS Staff	Annual.	T	



## Membership/Council Development Committee (MCDC) Workplan FY2026-2027

**Meeting Time & Frequency:** Every second Thursday quarterly (April, July, October, January), from 9:30am to 11:30am

**Committee Purpose:** The Committee shall solicit, and screen applications based on objective criteria for appointment to the Council to ensure that the demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act and present its recommendations to the full Council. The Committee shall institute orientation and training programs for new and incumbent members. The Committee shall continue to educate the Council and committee members about their respective duties, and the Council's functions and roles in the organization and delivery of HIV/AIDS health and support services.

**T =On Target B = Behind Target C = Completed**

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
<b>Objective 1: Ensure HIVPC is representative and reflective.</b>						
1.1	Review Council demographics to ensure it reflects the Broward epidemic, including at least 33% of members who are unaffiliated PWH quarterly.	<ol style="list-style-type: none"> <li>Review Council demographics at each MCDC meeting, with a focus on ensuring that at least 33% of members are unaffiliated consumers living with HIV (PWHA).</li> <li>Regularly assess Council composition to confirm it reflects the demographics of Broward County's population of people with HIV.</li> </ol>	MCDC/PCS Staff	Quarterly <ul style="list-style-type: none"> <li>April</li> <li>July</li> <li>October</li> <li>January</li> </ul>	T	
1.2	Review seat status and ensure mandated seats are filled quarterly.	Monitor current member affiliations. Actively recruit to fill vacant mandated seats.	MCDC/PCS Staff	Quarterly <ul style="list-style-type: none"> <li>April</li> <li>July</li> <li>October</li> <li>January</li> </ul>	T	
1.3	Announce vacant positions at each Executive/HIVPC meeting as necessary.	Promote and explore avenues for recruiting new members.	MCDC/PCS Staff	Quarterly <ul style="list-style-type: none"> <li>April</li> <li>July</li> <li>October</li> </ul>	T	



				<ul style="list-style-type: none"> <li>January</li> </ul>		
<b>Objective 2: Term Limits - Review and Certify Council Members' term limits schedule</b>						
2.1	The MCDC will recommend prospective members to the Council six months before the conclusion of each three-year term	<ol style="list-style-type: none"> <li>Certify members whose terms are set to expire and submit their names to the Executive Committee for review, then submission to the Council.</li> <li>Once approved by the Council, PCS staff will notify the affected members and inform the Intergovernmental Office of each member's decision to either remain on the Council or step down.</li> </ol>	MCDC/PCS Staff	April 2026	T	
<b>Objective 3: Member selection process and application procedure development.</b>						
3.1	Review and revise HIVPC and Committee applications as needed.	Review HIVPC and Committee applications to ensure that MCDC receives necessary information for its review of applications.	MCDC/PCS Staff	January 2027	T	
<b>Objective 4: Ensure Compliance with the HIVPC Recruitment and Retention Plan</b>						
4.1	Review and update Recruitment & Retention Plan annually.	Review the previous year's Recruitment & Retention Plan and revise based on outcomes and new initiatives/strategies.	MCDC	January 2027	T	
4.2	Conduct a quarterly review of the objectives and activities outlined in the MCDC Work Plan.	Complete the tasks outlined in the Recruitment & Retention MCDC Work Plan on a quarterly basis.	MCDC	Quarterly <ul style="list-style-type: none"> <li>April</li> <li>July</li> <li>October</li> <li>January</li> </ul>	T	
4.3	Utilize feedback from CEC and collaborative events to update recruitment and engagement strategies on an ongoing basis.	Revise recruitment and engagement strategies to ensure MCDC uses its most effective strategies and activities.	MCDC	Ongoing.	T	



**Objective 5: Recruitment & Engagement Efforts.**

5.1	Hold Membership Drive annually.	<ol style="list-style-type: none"> <li>1. Conduct outreach with provider agencies or other HIV stakeholders via tabling and other engagement activities.</li> <li>2. Educate HIV stakeholders to create recruitment opportunities for the HIVPC</li> </ol>	MCDC/PCS Staff	Annually.	T	
5.2	Develop recruitment and website materials as needed.	Review and update existing marketing materials for distribution.	MCDC/PCS Staff	As needed	T	
5.3	Collaborate with other Committees of the HIVPC to participate in activities on an ongoing basis.	Partner with HIVPC committees to participate in outreach activities.	MCDC/PCS Staff	As needed.	T	

**Objective 6: Planning Council Development and Member Retention**

6.1	Conduct Member recognition: Member of the Quarter and Member of the Year.	Develop a system by which to recognize a member for their contributions to the work of the HIVPC.	MCDC/PCS Staff	Quarterly/Annually	T	
6.2	Conduct orientation to educate newly appointed members on the HIVPC member roles and responsibilities as needed, with the option to include current members.	Train new members on topics including attendance policies, sunshine laws, grievance policies, service descriptions, mentor program, reimbursement policies, etc.	PCS Staff	As needed.	T	
6.3	Offer mentorship program as necessary on an ongoing basis.	Implement a mentorship program to assist new members in the onboarding process of joining HIVPC and/or Committees. This program should be in accordance with Sunshine Law.	MCDC	Ongoing.	T	



## Priority Setting and Resource Allocation Committee (PSRA) Workplan FY2026-2027

**Meeting Time & Frequency:** Every third Thursday of the month, from 9:30am to 11:30am

**Committee Purpose:** 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”.

**T =On Target B = Behind Target C = Completed**

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
<b>Objective 1: Plan, prioritize, allocate, and monitor Ryan White services and expenditures.</b>						
1.1	PSRA Overview	<ol style="list-style-type: none"> <li>1. Explain Purpose and Goals                             <ol style="list-style-type: none"> <li>a. Define what PSRA is and why it is essential for planning HIV services.</li> <li>b. Highlight its role in meeting HRSA requirements and addressing community needs.</li> </ol> </li> <li>2. Outline Key Components                             <ol style="list-style-type: none"> <li>a. Describe the steps: data review, priority setting, resource allocation, and directives.</li> <li>b. Identify committees involved (QMC, SOC, CEC) and their contributions.</li> </ol> </li> <li>3. Present Timeline                             <ol style="list-style-type: none"> <li>a. Provide an annual schedule for PSRA activities, including data collection, analysis, and decision-making.</li> </ol> </li> </ol>	PCS Staff	March 2026	C	
1.2	Federal Poverty Level Eligibility Determination for service categories	<ol style="list-style-type: none"> <li>1. Define income thresholds based on the current Federal Poverty Level guidelines.</li> <li>2. Specify percentage limits (e.g., ≤100%, ≤250% FPL) for each service category in compliance with RWHAP requirements.</li> </ol>	Recipient Office	April 2026	C – March 2026	



1.3	Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC).	<ol style="list-style-type: none"> <li>1. Core and support services utilization scorecards</li> <li>2. Part A Client Health Outcome and HIV Continuum Data</li> <li>3. HIV Needs Assessment: Community input through focus groups, surveys, community forums, and key informants.</li> <li>4. HIV Epidemiology (FDOH)</li> <li>5. Community Empowerment Committee ranking of Part A Services</li> <li>6. Integrated HIV Prevention &amp; Care Plan</li> <li>7. RW Parts A-F, EHE, and HOPWA funding presentations.</li> <li>8. Review 2025 Ryan White Program Services Report (RSR)</li> <li>9. Unmet Need / (EIIHA- Early Identification of Individuals living with HIV/AIDS)</li> </ol>	PSRA/PCS Staff/HIV Stakeholders	May 2026	T	
1.4	Annually review the SOC committee recommendations on language for meeting identified needs. This fulfills the HRSA requirement to provide the Recipient with directives on how best to address established service priorities.	Evaluate “How Best to Meet the Need” language recommendations from the SOC committee.	SOC/PCS staff/PSRA	May 2026	T	
1.5	Prioritize/Rank core medical and support services as defined in HRSA policy clarification notice 16-02	Use data elements in objectives 1.2, 1.3, 1.4, and 1.5 to inform the prioritization/ranking of core and support services.	PSRA	May 2026	T	
1.6	Allocate RW Part A core medical and support services by service category annually.	Allocate RW Part A core medical and support services funds.	PSRA	May 2026	T	
1.7	Monitor expenditures and allocations bi-annually.	Recommend fund reallocations (‘Sweeps’) across service categories to	PSRA	<ul style="list-style-type: none"> <li>• June 2026</li> </ul>	T	



		ensure full utilization of RWHAP Part A funds and address priority service needs		<ul style="list-style-type: none"> <li>• August 2026</li> <li>• November 2026</li> </ul>		
1.8	Review and approve the PSRA work plan annually.	Approve the work plan during the designated annual review session.	PSRA	November 2026	T	
1.9	Review and update PSRA committee policies and procedures.	<ol style="list-style-type: none"> <li>1. Verify compliance with HRSA guidelines and any applicable local or federal regulations.</li> <li>2. Prepare a revised version of the policy, highlighting changes for transparency.</li> </ol>	PSRA	January 2027	T	
1.10	Review Core Medical Services Waiver Updates	Support the Recipient Office submission of the HRSA RWHAP Core Medical Services Waiver Request Attestation Form	Recipient Office	March 2026	C	
<b>Objective 2: Assess the Efficiency of the Administrative Mechanism (Ryan White Part A Office).</b>						
2.1	Ensure surveys are distributed annually to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	Receive update on the annual assessment surveys distribution to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	PCS Staff	September 2026	T	
2.2	Ensure subrecipient contracts are executed, and providers are reimbursed efficiently and promptly by the RWPA Recipient.	Receive survey results and submit final report, recommendations/findings to the HIVPC and the Recipient Office.	PCS Staff	January 2027	T	
<b>Objective 3: Assess the Affordable Care Act (ACA) enrollment and the status of the Minority AIDS Initiative (MAI)</b>						
3.1	Review how the ACA affects access to HIV services and insurance coverage for eligible clients.	<ol style="list-style-type: none"> <li>1. Track ACA enrollment periods and outreach efforts within the service area.</li> <li>2. Evaluate enrollment data to identify gaps in coverage among priority populations.</li> </ol>	Recipient Office	<ul style="list-style-type: none"> <li>• July 2026</li> <li>• October 2026</li> </ul>	T	



3.2	Determine the impact of the Minority AIDS Initiative on client outcomes.	Assess MAI funding trends and the impact on service delivery.	Recipient Office	<ul style="list-style-type: none"><li>• June 2026</li><li>• July 2026</li></ul>	T	
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## Quality Management Committee (QMC) Workplan FY2026-2027

**Meeting Time & Frequency:** Every third Monday of the month, from 12:30pm to 2:30pm

**Committee Purpose:** To systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

**T = On Target B = Behind Target C = Completed**

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
<b>Objective 1: Evaluate the Clinical Quality Management (CQM) Program for effectiveness and impact</b>						
1.1	Ensure the Clinical Quality Management Program remains responsive, data-informed, and aligned with federal (policy clarification notice 15-02) and local quality standards.	<ol style="list-style-type: none"> <li>1. Review quarterly progress on the CQM Annual Work Plan.</li> <li>2. Provide feedback and recommendations to improve program implementation and goal attainment.</li> </ol>	QMC/CQM Staff	Quarterly <ul style="list-style-type: none"> <li>• April</li> <li>• July</li> <li>• October</li> <li>• January</li> </ul>	B	Scheduled June 2026
1.2	Review the current Priority Setting and Resource Allocation (PSRA) scorecard template to assess clarity, usability, and alignment with program goals.	Identify any areas for improvement and forward recommendations to the PSRA Committee	QMC	May 2026	T	
<b>Objective 2: Monitor and strengthen implementation of the (QMC) Workplan</b>						
2.1	Develop annual Quality Management Committee goals and identify objectives, strategies/action steps to achieve goals.	Recommend improvement to QMC activities.	PCS/CQM staff	Annually	T	
2.2	Conduct quarterly reviews of the Quality Management Committee Annual Workplan.	Assess progress on completing QMC activities.	PCS/CQM staff	Quarterly <ul style="list-style-type: none"> <li>• April</li> <li>• July</li> <li>• October</li> <li>• January</li> </ul>	B	Scheduled June 2026
<b>Objective 3: Evaluate quality improvement initiatives to enhance service delivery and client outcomes</b>						
3.1	Assess the effectiveness, relevance, and impact of quality improvement initiatives across the Ryan White Part A system to ensure services are equitable,	<ol style="list-style-type: none"> <li>1. Review presentations and data on strategies targeting vulnerable or out-of-care populations; assess their effectiveness and recommend improvements to the appropriate</li> </ol>	QMC/CQM staff	Bi-annually	T	



	client-centered, and aligned with clinical best practices.	<p>HIVPC committee and Ryan White Part A Office.</p> <p>2. Monitor Quality Improvement Projects (QIPs) implemented by service providers; assess outcomes and provide feedback to strengthen future initiatives.</p>				
<b>Objective 4: Ensure Service Delivery Models reflect current standards and client needs</b>						
4.1	Conduct annual evaluations of Service Delivery Models (SDMs) to verify alignment with the latest HIV clinical guidelines, Public Health Service (PHS) standards, and the evolving needs of clients. This process supports consistent, high-quality care across all Ryan White Part A-funded services and informs necessary updates to improve service effectiveness.	Evaluate SDMs as presented by the Recipient Office to ensure alignment with current HIV clinical guidelines and evolving client needs; recommend updates as needed in coordination with the System of Care Committee.	Recipient CQM staff	Annually	C	Joint SOC Meeting April 2026 – HICP SDM
<b>Objective 5: Assess and address the evolving service needs of people living with HIV (PWH)</b>						
5.1	Ensure Ryan White services are responsive to the lived experiences, barriers, and priorities of PWH through data-driven analysis and community input.	<ol style="list-style-type: none"> <li>1. Review findings from annual needs assessments, including focus groups, surveys, listening sessions, community forums, and evaluations.</li> <li>2. Identify underserved populations and analyze client-level data to uncover disparities across the HIV Care Continuum.</li> <li>3. Develop recommendations for the PSRA Committee to address identified service gaps.</li> </ol>	PCS/CQM Staff	May 2026	T	



## System of Care Committee (SOC) Workplan FY2026-2027

**Meeting Time & Frequency:** Every first Thursday of the month from 9:30am to 11:30am.

**Committee Purpose:** The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

**T =On Target; B = Behind Target; C = Completed**

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
<b>Objective 1: Assess whether Ryan White Part A services are being delivered as intended by analyzing client needs, service gaps, barriers to access, and health outcomes.</b>						
1.1	Receive Needs Assessment training and presentation on the most recent Ryan White services needs assessment.	<ol style="list-style-type: none"> <li>1. Develop committee knowledge of the Needs Assessment purpose and process.</li> <li>2. Provide recommendations for future needs assessment based on the presentation.</li> </ol>	PCS Staff	April 2026 – May 2026	T	
1.2	Receive presentations on service utilization trends and health outcomes within the Ryan White Part A system of care.	<ol style="list-style-type: none"> <li>1. Utilize data-driven analysis to guide the revision of the How Best to Meet the Need (HBTMTN) language for clarity, accuracy, and effectiveness</li> <li>2. Make recommendations to PSRA or QMC committees.</li> </ol>	PCS/CQM Staff	April 2026 – May 2026	T	
1.3	Review and revise the HBTMTN language. Upon HIVPC approval, it serves as guidance for the Ryan White Part A Recipient on effectively addressing service priorities.	<ol style="list-style-type: none"> <li>1. Evaluate the language used in HBTMTN and develop recommendations based on input from the Recipient, health outcomes data, and the Needs Assessment.</li> <li>2. Forward recommendations to the PSRA committee.</li> </ol>	SOC	May 2026	T	
<b>Objective 2: Assess viral load suppression challenges within the Ryan White Part A population and provide targeted recommendations for specific subpopulations to the appropriate HIVPC standing committees.</b>						
2.1	Review a system map of services and recommend ways to engage/reengage PWH who are not in	<ol style="list-style-type: none"> <li>1. Based on evidence-based guidance, recommend targeted strategies and interventions for vulnerable</li> </ol>	SOC/PCS Staff	Annually	T	



	care or are not virally suppressed.	populations who may not seek care or who may have fallen out of care. 2. Provide recommendations/findings to the appropriate HIVPC committee.				
<b>Objective 3: Conduct annual review of quality improvement projects</b>						
3.1	Receive presentations on Quality Improvement Projects (QIPs) among service providers.	Receive presentations regarding annual QIPs to identify trends and gaps in performance, helping the committee monitor progress and challenges across the system.	CQM Staff	February 2026	T	
<b>Objective 4: Conduct annual review of service delivery models</b>						
4.1	Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	Review service delivery models and provide recommendations for updates to QMC as needed.	SOC	January 2027	T	<ul style="list-style-type: none"> <li>Joint Meeting QMC April 2026 – HICP SDM</li> </ul>

PERSONNEL/FRINGE		(FTE*) % of Time	
<b>Personnel &amp; Title</b>			\$ 139,700
M. Rosiere, Vice President of Programs	Oversees all contractual deliverables.	0.13	
G. Berkeley Martinez, Director Planning & Quality Management	Oversees HIVPC and Committee meeting staffing, supervises PCS Health Planners, fulfills data requests, advises on governance and policy matters, and ensures completion of all required program reports.	0.20	
M. Lacroix, Health Planner	Staffs HIVPC and Committee meetings, conducts supporting research, prepares correspondence and work plans, advises Council bodies, and completes all required monthly, quarterly, and annual reports.	0.99	
S. Isidore, Health Planner	Staffs HIVPC and Committee meetings, conducts supporting research, prepares correspondence and work plans, advises Council bodies, and completes all required monthly, quarterly, and annual reports.	0.99	
D. Liao, Health Planner	Supports PSRA data presentations and QMC/SOC activities through research and assists with community outreach, listening sessions, and focus groups.	0.02	
<b>Fringe/Benefits</b>	<i>*Notes: FTE=Full Time Equivalent of staff dedicated to the Council. Total FTEs</i>	2.33	\$ 49,153
<b>Total Personnel &amp; Fringe</b>			<b>\$ 188,853</b>
<b>NON-PERSONNEL PCS EXPENSES</b>			
<b>Staff Travel (Local &amp; Out of Area):</b> <u>Local Travel:</u> 20 miles x 8 outreach activities = 160 miles*\$ .70 per mile = \$112 x 1 FTE = \$112.00; <u>Out of Area Travel:</u> 2026 National Ryan White Conference, Aug 4-7 (1 PCS staff) [Meals (4days)=\$160; Washington Hilton Hotel/Taxes \$295*4 nights= \$1180 [includes tax and fees], Air travel&baggage fees \$560, ground transportation round trip \$120 = \$2020			\$ 2,132
<b>Communications; Staff cellphone reimbursement, landline:</b> \$50 PCS staff cell phone allowance x 2.33 FTE x 12 months=\$1398; Conference room technology, Hot Spots, Landline phone, and Internet ~ 10.6%% of \$39000 = \$4131			\$ 5,529
<b>Information Technology/Software:</b> Data/MIS Support Agency annual cost \$110,000 * ~5%=\$5200, Alchemer Survey Software - \$1468; ZOOM -\$160.00			\$ 6,828
<b>Printing (Copy machine annual lease):</b> Copiers, scanners lease and per copy use - Agency expense \$60,000 * ~6.13% = \$3679			\$ 3,679
<b>Office Supplies:</b> Office Supplies (pens, files, notebooks, copy paper, printer toner, etc.) Agency annual 50,000 *4.13%=\$2,065; PCS-HIVPC Member of the Quarter frames and other items \$50*12=\$600.			\$ 2,665
<b>Postage:</b> Agency Postage lease and HIVPC mailing			\$ 128
<b>Rent Office Staff Office space:</b> Agency rent \$177,925 * ~6.13% = \$10,910			\$ 10,910
<b>Utilities/Maintenance:</b> Agency expense: \$80,000* ~4.88%= \$3,905			\$ 3,905
<b>Advertising (Job Posting Indeed/LinkedIn)</b>			\$ 100.00
<b>Total Non-Personnel PCS Expenses</b>			<b>\$ 35,876</b>
<b>HIVPC DIRECT COSTS</b>			
<b>HIVPC Food</b>			\$ 14,280
Catering for Council and Committee meetings, \$170*7 meetings/month=\$1190 *12 months = \$14,280; includes Integrated Planning Work Group, Special Adhoc committee meetings, and Annual Retreat			
<b>HIVPC Travel Local</b>			\$ 3,360
Unaffiliated Consumer Transportation: Bus passes 2*40*12months= \$960, Uber/Lyft/Yellow Cab rides 10 consumers to attend HIVPC/committee meetings: \$200* 12 months = \$2400			
<b>HIVPC Travel Out of Area</b>			\$ 4,040
2026 National Ryan White Conference, Aug 4-7 (HIVPC Chair, Vice Chair, and 1 PCS staff) [Meals (4days)=\$160; Washington Hilton Hotel/Taxes \$295*4 nights= \$1180 [includes tax and fees], Air travel&baggage fees \$560, ground transportation round trip \$120 = \$2020*2=\$4040			
<b>Consultant(s)</b>			\$ 4,800
Ron Apple Technologies: Website Maintenance: www.Browardhivpc.org: \$400/month *12= \$4800			
<b>Printing (HIVPC Promotion, Recruitment, &amp; Marketing )</b>			\$ 2,700
Recruitment Palm Cards, Outreach Banners, promotional marketing items for community outreaches, (One) Member of the year plaque, (One) Dedicated/Special recognition member plaque- \$225*12m = \$2700			
<b>Total HIVPC Direct Budget</b>			<b>\$ 29,180</b>
<b>Sub-Total Personnel, Fringe, Non-Personnel, and Direct Services</b>			<b>\$ 253,909</b>
<b>BRHPC Administrative Costs (8.9%)</b>			<b>\$ 24,862</b>
IT/MIS Admin, Accounting Office/Chief Financial Officer, Human Resources, Annual Audit, Insurance-Agency annual expense for Professional Liability of Directors & Officers			



# HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.



# CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH

## REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.



# KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa 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 respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè 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

**EIHA:** 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 Notice

**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.