



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

Broward County HIV Health Services Planning Council

Special Meeting

Thursday, April 9, 2026 – 12:30PM

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

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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

CALL TO ORDER/ESTABLISHMENT OF QUORUM

WELCOME FROM THE CHAIR

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

PUBLIC COMMENT

ACTION: Approval of Agenda for April 9, 2026

ACTION: Approval of Minutes for March 26, 2026 (**Handout A**)

STANDARD COMMITTEE ITEMS

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

CONSENT ITEMS

None.

DISCUSSION ITEMS

- a. **Discussion:** Overview of System of Care and Quality Management Recommendations; SOC Chair & QMC Chair (15 Minutes) ([Handout B](#))

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.

OLD BUSINESS

NEW BUSINESS

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

PUBLIC COMMENT

AGENDA ITEMS FOR THE NEXT MEETING

- a) Next Meeting Date:
 - a. April 23, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- b) Agenda Items for Next Meeting:
 - a. Broward County Boards, Ethics, Sunshine Law, and Public Records: Presentation by Ron Honick, Esq., Assistant County Attorney

ANNOUNCEMENTS

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

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 or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Oral Health Network Meeting (CQM) 3:00 PM - 4:15 PM	2 System of Care Meeting (SOC) / Quality Management (QMC) Joint Meeting 9:30AM - 11:30AM	3	4
5	6  Community Empowerment Committee (CEC) 3:00PM - 5:00PM Behavioral Health Network Meeting (CQM) 2:00 PM - 3:15 PM	7	8	9 PSRA Committee Meeting 9:30AM - 11:00AM Executive Committee Meeting 11:00AM - 12:00PM HIV Planning Council Meeting 12:30PM to 1:30PM	10 	11
12	13	14	15 Quality Network Meeting (CQM) 9:00 AM - 12:00 PM	16 PSRA Committee Meeting 9:30AM - 11:30AM Executive Committee Meeting 12:45PM - 2:45PM	17	18
19	20 Membership/Council Development Committee Meeting (MGDC) 9:30AM - 11:30AM	21 Integrated Planning Work Group 1:00PM - 3:00PM	22	23 HIV Planning Council Meeting 9:30AM to 11:30AM	24	25
26	27	28	29	30		

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 lò 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 resewa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyoj; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.</p>
<p>HIVPC Committee Descriptions</p>		
<p>HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.</p>		
<p>Executive Committee (EXEC): 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>Priority Setting and Resource Allocation Committee (PSRA): 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>Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.</p>		
<p>Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.</p>		
<p>Community Empowerment Committee (CEC): 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>System of Care Committee (SOC): 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>		

Tallahassee to fully restore premium assistance and reinstate medications to the formulary. He noted that negotiations are expected to occur during the upcoming state budget process, tentatively anticipated to begin around April 20, though delays are possible.

M. Rajner urged the Planning Council to continue Broward County's longstanding leadership by maintaining some level of health insurance premium assistance through Part A funds. He emphasized that client needs vary, noting that while some clients require minimal services, others are aging or medically complex and depend on comprehensive health insurance to access hospital and specialty care. He highlighted increased comorbidities such as cardiovascular disease and diabetes and warned that inadequate insurance coverage could lead to poorer health outcomes.

He further noted that premium assistance is especially critical for clients experiencing job loss, homelessness, or economic instability. He encouraged the Recipient Office to explore cost-containment strategies, such as premium caps or plan limitations, rather than eliminating the category entirely. He underscored the importance of insurance coverage for managing long-term health conditions based on his lived experiences as a person living with HIV.

M. Rajner recommended that, if immediate action is not feasible, the Planning Council consider convening a special meeting during the current open enrollment period, which ends April 30, to address the needs of the most vulnerable clients. He also suggested consulting with Palm Beach and Miami-Dade counties regarding similar efforts. He concluded by thanking the Council for its consideration.

2. Meeting Approvals

Motion #1: M. Schweizer, on behalf of HIVPC, made a motion to approve the March 26, 2026, HIV Health Services Planning Council agenda, with amendment by V. Biggs to include a line item about using funding from HICP to cover premiums. The motion was seconded by B. Mester and was passed unanimously.

Motion #2: V. Biggs, on behalf of HIVPC, made a motion to approve the February 26, 2026, HIV Health Services Planning Council minutes. The motion was seconded by J. Castillo and was passed unanimously.

3. Federal Legislative Report

PCS staff explained to the Planning Council that Attorney M. Cassini was not available to deliver the report, but his team prepared documents with the relevant updates.

4. Consent Items

- a. Motion to approve PSRA Membership for Franchesca D'Amore

Justification: Franchesca D'Amore brings extensive experience in public health strategy, regulatory compliance, and systems improvement. She serves as Vice Chair of the Broward Regional HIV Planning Council and has contributed to initiatives that strengthen access to care and improve health outcomes. She offers valuable expertise to the HIV Planning Council PSRA Committee and is committed to advancing its mission.

PROPOSED BY: Priority Setting and Resource Allocation Committee

Motion #3: The Priority Setting and Resource Allocation Committee proposed the

Consent Items, and a motion was made to approve them. The motion was seconded by V. Biggs and passed unanimously.

5. Standard Committee Items:

a. AIDS Drug Assistance Program (ADAP) Updates

Part A Update:

G. James provided a brief update related to the AIDS Drug Assistance Program (ADAP), noting that additional details would be covered later in the Part A report. He reported that Senate Bill HB 697 was signed by the Governor earlier in the week, providing \$30.9 million in emergency funding. The legislation restores eligibility for the direct dispense program to 400% of the federal poverty level but does not reinstate the former targeting criteria or the 340B program components.

He explained that the bill requires the Florida Department of Health to submit monthly reports to the Governor's Office of Policy and Budget, rather than the Senate Appropriations and House Budget Committees. These reports must include detailed information on federal revenues and expenditures, manufacturer rebates, enrollment figures by county, and insurance status. He noted that these requirements increase overall program transparency.

G. James further stated that the Florida Legislature is expected to reconvene in mid-April to begin budget negotiations to finalize the state budget. Advocates are hopeful that sufficient funding will be allocated to restore ADAP to pre-cut service levels, including premium assistance and medication coverage. Any permanent changes would not take effect until July 1, and he acknowledged that implementing changes will require system updates and reprogramming.

Part B Update:

J. Rodriguez reported that eligibility determinations conducted during March for individuals affected by the recent federal poverty level (FPL) changes are being reviewed. Individuals who were determined eligible following the reduction are undergoing benefit updates to reinstate them into the program. Clients whose eligibility had not yet been processed have been reestablished in the database. Eligibility criteria currently remain unchanged, and services continue under the 0-400% FPL threshold for direct dispense. Coverage for medication copayments and deductibles for clients with private insurance or Medicare also continues up to 400% FPL.

B. Barnes shared feedback from a recent HRSA call, noting that HRSA provided clarification regarding its role in ADAP oversight. HRSA emphasized that ADAP is a state-administered program, and that decisions related to formulary coverage and eligibility standards are determined at the state level rather than by the federal government. He further noted that HRSA highlighted the responsibility of all Ryan White program components to contribute to solutions when state-level changes impact services.

B. Fortune-Evans inquired whether reciprocity between Part A and Part B eligibility remains in effect. J. Rodriguez responded that no guidance has been received indicating that reciprocity has been reestablished. He indicated that reinstatement is unlikely given that eligibility thresholds vary by jurisdiction, with some areas operating at 300% FPL and others at 400% FPL, and due to the extent of recent reductions. B. Fortune-Evans asked whether

clients would therefore have different eligibility dates. J. Rodriguez confirmed this to be the case.

6. Discussion Items

Priority Setting and Resource Allocation Committee; Allocations FY2026-2027 based on Service Category Federal Poverty Level (FPL) Changes.

B. Barnes explained the recent changes to FPL eligibility for the service categories and reminded members to be vigilant about future problems, especially in regard to waiting lists. PSRA will have an additional Sweeps in July to calibrate the budget in response to the ADAP crisis.

Part A Core Medical Services

- a. Motion to allocate **\$5,746,053.00** to Integrated Primary Care and Behavioral Health Services (Ambulatory).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: None

Motion #4: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$5,746,053.00 to Integrated Primary Care and Behavioral Health Services (Ambulatory). The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- b. Motion to allocate **\$550,000.00** to AIDS Pharmaceutical Assistance.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: B. Fortune-Evans, R. Hadley, L. Robertson

J. Rodriguez stated that since clients are now able to receive pharmaceuticals through ADAP, the funding allocated to this category may be higher than necessary and could be reallocated. B. Barnes noted that some funds have been utilized and recommended revisiting the allocation in June after reviewing expenditure data. J. Rodriguez suggested tabling the discussion. B. Fortune-Evans noted that the category could also be used for premium assistance and supported tabling the item for further discussion. G. James clarified that premiums may be paid through an existing insurance category and that additional funds could be swept into that category in June, if needed.

Motion #5: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$550,000.00 to AIDS Pharmaceutical Assistance. The motion was seconded by V. Biggs and passed unanimously with three abstentions.

- c. Motion to allocate **\$2,404,053.00** to Oral Health (Routine).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #6: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$2,404,053.00 to Oral Health (Routine). The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- d. Motion to allocate **\$346,964.00** to Oral Health (Specialty).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: M. Schweizer, T. Morange

Motion #7: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$346,964.00 to Oral Health (Specialty). The motion was seconded by V. Biggs and passed with two abstentions (M. Schweizer, T. Morange).

- e. Motion to allocate **\$820,081.00** to Medical Case Management.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #8: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$820,081.00 to Medical Case Management. The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- f. Motion to allocate **\$1.2 million** to Non-Medical Case Management.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #9: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$1,200,000.00 to Non-Medical Case Management. The motion

was seconded by V. Biggs; however, the motion was withdrawn following a motion to withdraw by V. Biggs, seconded by T. Morange.

- g. Motion to allocate **\$130,000.00** to Mental Health-Trauma Informed.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: R. Hadley, L. Robertson, R. Jimenez

Motion #10: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$130,000.00 to Mental Health – Trauma Informed. The motion was seconded by V. Biggs and passed with three abstentions (R. Hadley, L. Robertson, R. Jimenez).

- h. Motion to allocate **\$650,000.00** to Health Insurance Premium and Cost Sharing Assistance.

Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #11: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$650,000.00 to Health Insurance Premium and Cost Sharing Assistance. The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- i. Motion to allocate **\$250,000.00** to Medical Nutrition Therapy.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: B. Fortune-Evans

ABSTENTIONS: B. Barnes, J. Castillo

Motion #12: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$250,000.00 to Medical Nutrition Therapy. The motion was seconded by B. Fortune-Evans and passed with two abstentions (B. Barnes, J. Castillo).

- j. Made a motion to allocate **\$150,000.00** to Substance Abuse-Outpatient.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: R. Hadley, L. Robertson

Motion #13: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$150,000.00 to Substance Abuse – Outpatient. The motion was seconded by V. Biggs and passed with two abstentions (R. Hadley, L.

Robertson).

Part A Support Services

- a. Motion to allocate **\$349,378.00** to Non-Medical Case-Management (Centralized Intake and Eligibility Determination)
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: None

Motion #14: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$349,378.00 to Non-Medical Case Management (Centralized Intake and Eligibility Determination). The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- b. Motion to allocate **\$820,081.00** to Non-Medical Case-Management (Case Management).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: None

Motion #15: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$820,081.00 to Non-Medical Case Management (Case Management). The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- c. Motion to allocate **\$600,000.00** to Food Services (Food Bank).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: B. Barnes, J. Castillo, R. Hadley, L. Robertson

Motion #16: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$600,000.00 to Food Services (Food Bank). The motion was seconded by V. Biggs and passed with four abstentions (B. Barnes, J. Castillo, R. Hadley, L. Robertson).

- d. Motion to allocate **\$35,000.00** to Food Services (Food Voucher).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: B. Barnes, J. Castillo

Motion #17: The Priority Setting and Resource Allocation Committee proposed a

motion to allocate \$35,000.00 to Food Services (Food Voucher). The motion was seconded by V. Biggs and passed with two abstentions (B. Barnes, J. Castillo).

- e. Motion to allocate **\$129,151.00** to Legal Assistance.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #18: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$129,151.00 to Legal Assistance. The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- f. Motion to allocate **\$115,872.00** to Emergency Financial Assistance.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: B. Fortune-Evans, R. Hadley, L. Robertson

Motion #19: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$115,872.00 to Emergency Financial Assistance. The motion was seconded by V. Biggs and passed with three abstentions (B. Fortune-Evans, R. Hadley, L. Robertson).

- g. Motion to allocate a total of **\$13,096,633.00** in **Part A funds**
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: T. Morange

ABSTENTIONS: None

Motion #20: The Priority Setting and Resource Allocation Committee proposed a motion to allocate a total of \$13,096,633.00 in Part A funds. The motion was seconded by T. Morange and passed unanimously with no abstentions.

MAI Core Services

- a. Motion to allocate **\$50,000.00** to MAI Ambulatory.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: T. Morange

ABSTENTIONS: B. Barnes, J. Castilo

Motion #21: The Priority Setting and Resource Allocation Committee

proposed a motion to allocate \$50,000.00 to MAI Ambulatory. The motion was seconded by T. Morange and passed with two abstentions (B. Barnes, J. Castillo).

- b. Motion to allocate **\$65,000.00** to MAI Mental Health.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: T. Morange
ABSTENTIONS: R. Hadley, L. Robertson

Motion #22: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$65,000.00 to MAI Mental Health. The motion was seconded by T. Morange and passed with two abstentions (R. Hadley, L. Robertson).

- c. Motion to allocate **\$300,000.00** to MAI Substance-Abuse Outpatient.
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: J. Castillo
ABSTENTIONS: R. Hadley, L. Robertson

Motion #23: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$300,000.00 to MAI Substance Abuse – Outpatient. The motion was seconded by J. Castillo and passed with two abstentions (R. Hadley, L. Robertson).

MAI Support Services

- a. Motion to allocate **\$187,004.00** to MAI Non-Medical Case Management (Case Management).
Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: T. Morange
ABSTENTIONS: R. Hadley, R. Jimenez, L. Robertson

Motion #24: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$187,004.00 to MAI Non-Medical Case Management (Case Management). The motion was seconded by T. Morange and passed with three abstentions (R. Hadley, R. Jimenez, L. Robertson).

- b. Motion to allocate **\$424,066.00** to MAI Non-Medical Case Management (Centralized

Intake Eligibility Determination).

Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #25: The Priority Setting and Resource Allocation Committee proposed a motion to allocate \$424,066.00 to MAI Non-Medical Case Management (Centralized Intake Eligibility Determination). The motion was seconded by V. Biggs and passed unanimously with no abstentions.

- c. Motion to allocate a total of **\$1,026,070.00** in **MAI funds**.

Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: B. Fortune-Evans

ABSTENTIONS: None

Motion #26: The Priority Setting and Resource Allocation Committee proposed a motion to allocate a total of \$1,026,070.00 in MAI funds. The motion was seconded by B. Fortune-Evans and passed unanimously with no abstentions.

- d. Motion to allocate a total of **\$14,122,703.00** in **Part A and MAI funds**.

Justification: To address recent changes impacting the AIDS Drug Assistance Program (ADAP).

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

Motion #27: The Priority Setting and Resource Allocation Committee proposed a motion to allocate a total of \$14,122,703.00 in Part A and MAI funds. The motion was seconded by V. Biggs and passed unanimously with no abstentions.

7. Old Business:

- a. Update: Resolution of the Board of County Commissioners of Broward County, Florida, Urging the State of Florida to Restore Prior Eligibility Criteria

D. Watkins explained that there was an updated copy of the resolution and recommended that the updated version be shared with the Planning Council.

Motion #28: B. Barnes made a motion to approve the revised version of the Resolution of the Board of County Commissioners of Broward County, Florida, urging the State of Florida to restore prior eligibility criteria and to include it in the minutes. The motion was seconded by T. Morange and passed unanimously.

8. New Business:

- a. **Appoint:** Members to serve on the Ad hoc Bylaws Committee to update Bylaws and

Memorandum of Understanding with Broward County (A minimum of five (5) required)

S. Isidore explained that the Bylaws Committee needs to reconvene because the Council voted to make LPAC a standing committee.

- b. **Appoint:** A member to serve on the Integrated Planning Workgroup for the 2027-2031 Cycle

The Chair appointed J. Castillo as an alternate on the Integrated Planning Workgroup for the 2027-2031 Cycle.

Motion #29: V. Biggs made a motion to approve the appointment of J. Castillo as an alternate on the Integrated Planning Workgroup for the 2027–2031 Cycle. The motion was seconded by T. Morange and passed unanimously.

- c. **Presentation:** Assessment of the Administrative Mechanism FY2024-2025

S. Isidore presented the results of the FY24–25 Assessment of the Administrative Mechanism, covering the period from March 1, 2024, to February 28, 2025. This assessment, previously presented to PSRA in January, is required annually by HRSA under the Ryan White CARE Act to evaluate the efficiency of the Part A administrative mechanism. The full report is included in the meeting packet for reference.

The purpose of the assessment is to review the efficiency of the Part A administrative mechanism, including procurement processes and contract execution, subrecipient reimbursement timeliness and accuracy, communication and technical assistance, and recipient engagement with the Planning Council. For the Planning Council, 22 of 25 members (88%) completed the survey, an increase from 52% the previous fiscal year. The Recipient Office completed the survey as a single entity. All twelve subrecipient agencies responded.

The Planning Council self-assessment rated overall performance positively and respondents generally agreed that Council structure, processes, and training supported effective decision-making and engagement, including participation of people living with HIV.

The Recipient Office was similarly rated, with most respondents indicating that funding information, notices of award, subrecipient contract communication, and responsiveness to data requests were good or excellent. Challenges included legal review delays and DocuSign issues, prompting recommendations for early contract drafting and stronger coordination with the County Attorney Office.

The subrecipient survey indicated that the most commonly provided services were Non-Medical Case Management, Medical Case Management, Integrated Primary Care and Behavioral Health, and Oral Healthcare. Agency tenure demonstrated long-term stability, award notifications were largely electronic, and satisfaction with contracts and responsiveness was high.

Recommendations for the Recipient Office include improving contract loading timeliness, monitoring reimbursement processes, providing advanced fiscal technical assistance, strengthening communication and transparency, standardizing award notification procedures, expanding training opportunities, and preparing for contracts following the RFP

process. For Planning Council support, recommendations include expanding training on Council structure, operations, and decision-making processes. Overall, the assessment concluded that the Part A administrative mechanism functioned effectively and efficiently during FY2024-2025.

Motion #30: B. Barnes made a motion to accept the Assessment of the Administrative Mechanism handout, as presented, as the official report. The motion was seconded by V. Biggs and passed unanimously.

The Chair announced that Broward has been invited to the Ryan White conference for the rapport between the Planning Council and the Recipient Office.

G. Berkeley-Martinez stated that these emails regarding the Assessment of the Administrative Mechanism are legislative requirements and encouraged members to complete the survey upon receipt. G. Berkeley-Martinez noted that the process will begin in September this year.

B. Barnes clarified the nature and purpose of the special meetings scheduled for April.

9. Committee Reports

a. Community Empowerment Committee – March 3, 2026

Chair: Lorenzo Robertson, Vice Chair: Vacant

The report stands. L. Robertson reported that CEC is still seeking a vice chair.

b. System of Care Committee – No Meeting Scheduled

Chair: J. Castillo, Vice Chair: K. Hayes

The report stands.

c. Membership/Council Development Committee – No Meeting Scheduled

Chair: T. Morange, Vice Chair: K. Creary

The report stands. T. Morange announced that the next meeting is scheduled for April 20th.

d. Quality Management Committee – March 16, 2026

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

The report stands. B. Fortune-Evans announced that the next meeting is a joint meeting with SOC on April 2nd. The committee changed the language in the HICP SDM to include all plans, rather than solely ADAP-approved plans.

e. Executive Committee – March 19, 2026

Chair: Shawn Jackson-Tinsley, Vice Chair: Franchesca D'Amore

The report stands.

f. Priority Setting and Resource Allocation Committee – March 5, 2026 and March 19, 2026

Chair: B. Barnes, Vice Chair: Mark Schweizer

The report stands.

10. Recipient's Report

a. Part A:

G. James informed the Planning Council that two ADAP-related abstracts submitted for the Ryan White Conference were accepted. The first abstract, regarding quality, focused on utilizing state and local data to improve data collection and client re-engagement. The second abstract pertained to community engagement, emphasizing collaboration with faith-based communities to increase access to care and reduce HIV/AIDS-related stigma.

G. Berkeley-Martinez reported that two abstracts by PCS staff were accepted for the conference. These include both a poster and a presentation highlighting the community engagement work conducted by the Council. Additionally, PCS staff, in collaboration with the Part A Office, was invited to participate in a special planning at the HRSA Planning Council Institute. They will cover how the Council makes data-informed decisions and showcasing the community engagement initiatives currently underway.

G. James reported that year-end data is currently being finalized. He noted that contract adjustments have been signed and counter-signed, and that one provider will not be continuing under the Ryan White Program. G. James also shared that the AIDS Walk, held on March 21, had high participation and raised \$3 million.

W. Cius announced that a Food Insecurity Stakeholders Roundtable will be held in April.

B. Fortune-Evans asked whether the data being finalized would include information needed for the upcoming week and inquired about the budget impact of the provider that is no longer participating. G. James clarified that funding would be redistributed, noting that the Planning Council allocates funds by service category rather than by provider.

B. Fortune-Evans expressed appreciation to W. Cius for providing weekly updates regarding the ADAP Crisis, noting that over 54 individuals participated in the calls, including case managers who are not members of the Council. D. Liao added that there are also support services network meetings and non-medical case management network meetings taking place.

B. Barnes asked when providers would be notified of the allocations. G. James responded that notifications are expected to be sent the following week. B. Barnes also inquired about the clients of the provider that is no longer participating. G. James indicated that the provider served only one or two clients. B. Barnes further asked when the website would be updated, and G. James responded that he is not responsible for website updates but will follow up with the appropriate party.

- b. **Part B:** The report stands with an exception. J. Rodriguez asked the Council to disregard the viral suppression rate, as the report is inaccurate.
- c. **Part C:** The report stands. B. Fortune-Evans noted that the Ryan White Services Report (RSR) was submitted and that an upcoming site visit with HRSA is scheduled.
- d. **Part D:** The report stands. B. Fortune-Evans noted that the Ryan White Services Report

(RSR) was submitted and that an upcoming site visit with HRSA is scheduled.

- e. **Part F:** M. Schweizer reported that there were no significant changes to services and highlighted a strong working relationship with Care Resource. M. Schweizer noted that the RSR was submitted for the year, and that 385 clients were served who had no other access to dental care, with an average of 7–9 visits per client.

11. Data Request(s): None.

12. Public Comment: None.

13. Agenda Items for Next Meeting:

a. Special Planning Council Committee Meeting Dates

- a. **Joint System of Care and Quality Management Meeting;** Thursday, April 2, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- b. **Priority Setting and Resource Allocation Committee Meeting;** Thursday, April 9, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- c. **Executive Committee Meeting;** Thursday, April 9, 2026, at 11:00AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- d. **HIV General Body Meeting;** Thursday, April 9, 2026, at 12:30PM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.

b. National Ryan White Conference; August 4-7, 2026

- a. **Panel:** Planning Council Planning Body Institute; *Effective Practices in Community Engagement and Data Informed Decision Making*
- b. **Poster Abstract Accepted:** *Outreach to Insight: Sustaining Community Engagement to Advance Needs Assessment, Consumer Recruitment, and Cross-Sector Collaborations*

Motion #31: B. Barnes made a motion to formally recognize M. Rajner for his efforts during the ADAP Crisis at the next Planning Council meeting. The motion was seconded by V. Biggs and passed unanimously.

14. Announcements:

- V. Biggs: Presenting “White Coats in the Community: How Physician Led Outreach Reinforces Trust, Equity, and Engagement in HIV Prevention” at NMAC’s Biomedical HIV Prevention Summit on April 9, 2026 at 4:15 PM.
- V. Biggs: Presenting at NAESM National African American Leadership Conference on Health Disparities & Social Justice in May 2026.

15. Adjournment

There being no further business, the meeting was adjourned at **11:27 AM**

HIVPC Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	15	26	26										
1	Barnes, B.	X	X	X										
2	Bhrangger, R.	X	X	X										
3	Biggs, V.,	X	X	X										
4	Castillo, J.	X	X	X										
5	D'Amore, F. (Vice-Chair)	X	X	E										
6	B. Fortune-Evans	X	X	X										
7	Hayes, K.	A	X	A										
8	Jackson-Tinsley, S. (Chair)	X	X	X										
9	Jimenez, R.	X	X	X										
10	Machado, A.	X	X	X										
11	Marcoviche, W.	X	X	E										
12	Mester, B.	X	X	X										
13	Moragne, T.	X	X	X										
14	Robertson, L.	X	X	X										
15	Rodriguez, J.	X	X	X										
16	Schweizer, M.	X	X	X										
17	Creary, K.	X	E	A										
18	De La Nuez, J.	A	X	A										
19	Hadley, R.	A	X	X										
20	Barrientos, Y.	A	X	X										
21	Williams, Colby	A	X	X										
22	Hafley, Shalisa	X	X	E										
23	Rogers, Jonathan	A	A	X										
24	Tyler, Natalie	A	A	A										
25	Bahi, Haroun	X	A	A										
	Commissioner Rogers	A	X	A										
	Quorum = 14	18	22	17										

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

HIV Health Services Planning Council Meeting Minutes – March 26, 2026, Minutes prepared by PCS Staff

Motions from Joint Meeting of the SOC and QMC – April 2, 2026

Motion #1: On behalf of the SOC Committee, 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 SOC Committee, 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.

Summary of Motions

The committees voted to recommend the following actions to the PSRA Committee:

1. Expansion of HICP Services

Expand the Health Insurance Continuation Program (HICP) to include assistance with health insurance premium payments for clients with incomes between **100% and 250% of the Federal Poverty Level (FPL)**.

2. Proposed Language Revisions to the HICP Service Delivery Model (SDM), March 2025

a. Under **Program Requirements**, add the following language (page 6 of 23):

HICP may pay insurance premiums for clients who qualify for and are receiving an advanced tax credit. To be eligible for premium assistance, clients must also comply with federal tax return filing requirements.

b. Make the following deletions throughout the SDM document:

i. Remove all references to the **“ADAP Premium Assistance Program.”**

Motion from PSRA Meeting April 9, 2026

Motion #1: 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. B. Mester proposed an amendment to change “calendar year” to “fiscal year,” which was not accepted. 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.



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.