



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

Priority Setting & Resource Allocation Committee

Meeting Agenda

Thursday, April 16, 2026 - 9:30 AM

[Click Here to Join Priority Setting and Resource Allocation Committee Meeting](#)

Meeting ID: 251 437 066 890 59

Passcode: ud69mG6Y

Dial in by phone

[+1 469-998-5921](tel:+14699985921), 703542346# United States, Dallas

[Find a local number](#)

Phone conference ID: 703 542 346#

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

This meeting is audio and video recorded.

ORDER OF BUSINESS

- I. Call to Order
- II. Welcome from the Chair:
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions
 - d. Moment of Silence
- III. Public Comment
- IV. **ACTION ITEM:** Approval of Agenda for April 16, 2026
- V. **ACTION ITEM:** Approval of Minutes from April 9, 2026 (**Handout A**)
- VI. Standard Committee Items
 - a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: *Recipient Representative (10 minutes)* (**Handout B**)
- VII. Old Business
 - a. **Discussion:** Core Medical Services Waiver Updates; *Recipient Office (5 minutes)*
- VIII. New Business:
 - a. **Presentation:** PSRA Overview/Scorecard Review; *PCS Staff (40 minutes)* (**Handout C**)
 - b. **Review:** PSRA Timeline; *PCS Staff (5 minutes)* (**Handout D**)
 - c. **Discussion:** How Best to Meet the Need and Give Direction to System of Care Committee (*15 minutes*)
 - d. **Discussion:** Discussion Around Preparing for an ADAP Waiting List (*15 minutes*)
 - e. **Discussion:** Health Insurance Continuation Program (HICP); *PSRA Chair*
- IX. Public Comment

- X. Recipient Report
- XI. **Next Meeting Dates:**
 - a. **PSRA Workshops:** Monday, May 18th, Tuesday, May 19th, and Wednesday, May 20th; 10AM to 4:00PM. Location: To be Determined.Agenda Items for Next Meeting:
 - b. Brief Data Report; *Recipient Office (15 minutes)*
- XII. Announcements
- XIII. 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. Rogers



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
			Oral Health Network Meeting (CQM) 3:00 PM - 4:15 PM	System of Care Meeting (SOC) / Quality Management (QMC) Joint Meeting 9:30AM - 11:30AM		
5		Community Empowerment Committee (CEC) 3:00PM - 5:00PM Behavioral Health Network Meeting (CQM) 2:00 PM - 3:15 PM		PSRA Committee Meeting 9:30AM - 11:00AM Executive Committee Meeting 11:00AM - 12:00PM HIV Planning Council Meeting 12:30PM to 1:30PM		
12			Quality Network Meeting (CQM) 9:00 AM - 12:00 PM	PSRA Committee Meeting 9:30AM - 11:30AM Executive Committee Meeting 12:45PM - 2:45PM		
19	Membership/Council Development Committee Meeting (MCDC) 9:30AM - 11:30AM	Integrated Planning Work Group 1:00PM - 3:00PM		HIV Planning Council Meeting 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>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>		



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(954) 561-9681 • FAX (954) 561-9685

Priority Setting and Resource Allocation Committee

Thursday, April 9, 2026 – 9:30 AM

Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes, L. Jones, B. Mester, R. Jimenez, J. Rodriguez, M. Schweizer, A. Machado, S. Tinsley, J. Castillo, Y. Barrientos, S. Hafley, J. Rogers, K. Schickwoski,

PSRA Members Absent: V. Biggs, L. Robertson, M. Patterson, F. D'Amore

Recipient Part A Staff Present: G. James, T. Thompson, R. Pena, W. Cius, J. Roy, D. Watkins, Atty. R. Honick, T. Currie

Recipient Part B Staff Present: N. Kellman

PCS/CQM Present: G. Berkeley, M. Rosiere, M. Lacroix, S. Isidore, D. Liao, D. Cestaro-Seifer

Guests Present: J. Shirley, N. Joseph, T. Adeagbo, M. DiMaria, E. Chery-Davis, N. Lewis, K. Giglioli

Call to Order

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

1. Welcome from the Chair & Public Record Requirements

The PSRA Chair welcomed all attendees present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County.

There were no public comments.

3. Action Item: Review of Agenda for April 9, 2026

MOTION #1: On behalf of PSRA, M. Schweizer moved to approve the agenda for the April 9, 2026, Priority Setting and Resource Allocation Committee meeting. B. Mester seconded the motion. The motion was unanimously approved.

4. Action Item: Approval of Minutes of March 5, 2026

MOTION #2: S. Tinsley, on behalf of PSRA, moved to approve the March 5, 2026, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by M. Schweizer. R. Jimenez requested a correction to Motion #25 to remove his name from the abstentions. The minutes, as amended, passed unanimously.

5. Standard Committee Items

None.

6. New Business (*Approved During Meeting Agenda Approvals*)

- a. **Action Item (Motion & Vote):** Overview of System of Care and Quality Management Recommendations; *SOC Chair & QMC Chair (15 Minutes)*

J. Castillo, SOC Chair, reported that the committee approved had a joint meeting with the Quality Management committee and two motions to forward: (1) to allow the Part A Office to use HICP funds to cover insurance premium assistance, including Affordable Care Act premiums, and (2) to set client eligibility between 100% and 250% of the Federal Poverty Level. The eligibility range was expanded based on funding estimates presented. Proposed updates to the service delivery model include allowing HICP to pay premiums for clients receiving advance tax credits, with a requirement that clients comply with federal tax filing to ensure reconciliation of any credits. The committee also removed references to other premium assistance programs. Following this update, a motion was made.

Motion #3: On behalf of the joint SOC Committee and QMC Committee meeting, 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. Schweizer, followed by committee discussion, and passed unanimously.

Discussion: B. Mester expressed concern about approving the motion without a clear cost estimate and questioned whether sufficient HICP funds are available. J. Castillo clarified that funding caps would be determined by PSRA and that existing service categories could support the initiative. B. Barnes noted that funds would be reallocated from existing categories, not new spending. T. Thompson explained that the analysis focused on cost-effectiveness compared to direct care, noting that coverage for clients between 100–200% FPL is generally more cost-effective, with some variability up to 250% FPL. He estimated a potential annual cost of \$1.5–\$2 million if fully implemented but indicated that savings from other areas could offset costs.

G. James highlighted recent allocation increases to ambulatory and pharmacy services and anticipated future funding flexibility due to ADAP changes and cost-saving measures. S. Tinsley emphasized the importance of assessing zero-premium marketplace options before providing assistance to maximize resources. J. Rodriguez concluded that the decision is ultimately about cost-effectiveness, noting that clients will incur costs through either premium assistance or direct care, and that caps would help manage overall spending.

Motion #4: 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. Schweizer and approved with one nay from B. Mester.

b. **Action Item (Motion & Vote): Health Insurance Continuation Premium Caps; PSRA Chair (30 Minutes)**

B. Barnes recommended implementing a monthly cap rather than an annual cap to better control costs for clients enrolling later in the year. T. Thompson advised that premiums at or below approximately \$210 per month would remain cost-effective annually and noted that co-pays and deductibles are typically low, with average annual co-pay costs historically around \$300–\$400 per client.

G. James sought clarification on whether the cap accounted for co-pays and deductibles, and T. Thompson confirmed it did. J. Castillo added that most clients use low-cost generic medications, resulting in minimal co-pays. M. Schweizer emphasized strong client outcomes, limited service utilization, and the ability to revisit and adjust funding if needed, noting the importance of maintaining access to care.

J. Rodriguez highlighted that approximately 600 clients previously received premium assistance, presenting an opportunity to assess costs during implementation. T. Thompson added that monthly expenditure reports would be provided to PSRA to monitor spending trends and support timely adjustments. Following this discussion the committee moved to make a motion.

Motion #5: 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.

B. Barnes emphasized the importance of 340B-participating agencies reinvesting savings into Part A, noting this is standard practice in other EMAs. L. Jones raised concerns about the short implementation timeline and the need for clear guidance on plan selection. G. James noted ongoing communication with case managers, while J. Roy proposed developing and disseminating a fact sheet of eligible plans. S. Tinsley emphasized client choice within the marketplace, guided by affordability and clinical needs, while J. Roy clarified that only plans meeting established parameters would qualify for support.

M. Schweizer recommended coordinated outreach across providers to ensure clients are informed. B. Barnes and J. Roy confirmed that the Part A Office will have a meeting and requested that all input be submitted to staff in compliance with Sunshine requirements.

7. Old Business: None.

8. Discussion Items: None.

9. Public Comment: None.

10. Recipient Report: None

11. Data Request(s)

12. Next Meeting

a. **Next Meeting Date:** April 16, 2026, 9:30AM to 12:30PM. Location: **Microsoft Teams and BRHPC**

b. Agenda Items for Next Meeting:

i. **Presentation:** PSRA Overview; *PCS Staff (30 minutes)*

ii. **Review:** PSRA Timeline; *PCS Staff (5 minutes)*

iii. **Discussion:** How Best to Meet the Need and Give Direction to System of Care Committee *(15 minutes)*

iv. **Discussion:** Discussion Around Preparing for an ADAP Waiting List *(15 minutes)*

13. Announcements:

- Wishing a Happy Birthday to Franchesca and Yahaira!

There being no further business, the meeting was adjourned at **10:58AM**.

PSRA Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Feb	Mar	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	15	12	19	5	19	9									
1	Barnes, B., Chair	X	X	X	X	NQX	X									
2	Mester, B.	X	X	X	X	NQX	X									
3	Robertson, L.	X	X	X	X	NQA	A									
4	Rodriguez, J.	X	X	X	X	NQX	X									
5	Biggs, V.	X	X	X	X	NQA	A									
6	Jimenez, R.	X	X	A	X	NQX	X									
7	Schwiezer, M.; V. Chair	X	X	X	X	NQX	X									
8	Machado, A.	X	A	E	X	NQA	X									
9	Tinsley, S.	X	X	X	X	NQX	X									
10	Castillo, J.	X	X	X	X	NQX	X									
11	Barrientos, Yahaira	X	X	X	A	NQA	X									
12	Hafley, Shalisa	X	X	X	X	NQA	X									
13	Rogers, Jonathan	A	A	X	X	NQA	X									
14	Schickowski, Kara	A	X	X	X	NQA	X									
15	Patterson, M.	X	X	X	X	NQA	A									
16	Jones, L.				X	NQA	X									
17	D. Amore				N	NQA	A									
	Fortune-Evans, B.	X	X	X												
	Quorum = 10	14	14	14	15	7	13									

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

Priority Setting and Resource Allocation Committee Meeting Minutes – April 9, 2026, Minutes prepared by PCS Staff

**Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 25-26 Allocations**

Handout B

	Service Category	Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,537,990	5,482,758	99%	3134	\$1,749.44	55,232	456,896	5,482,758	301,627	55,232	
	AIDS Pharmaceutical Assistance (3)	4,652	2,821	61%	5	\$564.18	1,831	235	2,821	-	1,831	
	Oral Health Care	Routine (4)	2,404,053	2,399,204	100%	2256	\$1,216.71	4,849	199,934	2,399,204	113,375	4,849
		Specialty (1)	346,964	345,692	100%			1,272	28,808	345,692	-	1,272
	Medical Case Management	Disease Case Management (9)	900,478	878,845	98%	539	\$1,630.51	21,633	73,237	878,845	166,895	21,633
	Mental Health- Trauma-Informed (4)		124,000	123,261	99%	84	\$1,467.39	739	10,272	123,261	1,812	739
	Health Insurance Premium & Cost Sharing Assistance		619,465	457,593	74%	1318	\$347.19	161,872	38,133	457,593	-	161,872
	Medical Nutrition Therapy (1)		250,000	247,551	99%	285	\$868.60	2,449	20,629	247,551	-	2,449
	Substance Abuse-Outpatient (1)		185,684	185,683	100%	35	\$5,305.22	1	15,474	185,683	59,609	1
Support Services	Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	416,454	416,442	100%	4408	\$94.47	12	34,704	416,442	75,968	12
	Non-Medical Case Management	Case Management (10)	1,433,684	1,433,554	100%	2820	\$508.35	130	119,463	1,433,554	441,817	130
	Food Services	Food Bank (2)	620,000	606,976	98%	1544	\$393.12	13,024	50,581	606,976	-	13,024
		Food Voucher (3)	33,186	33,109	100%	289	\$114.56	77	2,759	33,109	-	77
	Legal Assistance (1)		129,151	129,138	100%	80	\$1,614.22	13	10,761	129,138	-	13
	Emergency Financial Assistance (3)		194,872	167,010	86%	133	\$1,255.71	27,862	13,917	167,010	-	27,862
Total Part A Funds		13,200,633	12,909,636	98%			290,997	1,075,803	12,909,636	1,161,103	290,997	
* Some of the providers have not billed for month of FEB 2025												
	Service Category	Contract/ Allotted Amount	Expended Amount As of FEB Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	
Core Medical Services	MAI Ambulatory (1)	1,000	625		1		375	52	625	-	375	
	MAI Mental Health (1)	82,469	68,483	83%	26	\$2,633.95	13,986	5,707	68,483	-	13,986	
	MAI Substance Abuse-Outpatient (1)	461,318	449,603	97%	67	\$6,710.49	11,715	37,467	449,603	-	11,715	
Support Services	MAI Non-Medical Case Management	Case Management (4)	274,967	274,413	100%	414	\$662.83	554	22,868	274,413	95,310	554
	MAI Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	541,431	541,424	100%	5253	\$103.07	7	45,119	541,424	57,006	7
Total MAI Funds		1,361,185	1,334,548	98%			26,637	111,212	1,334,548	152,316	26,637	
* Some of the providers have not billed for month of FEB 2025												
* Carryover amount of \$254,837 included in calculations.												
Total Part A and MAI Funding		14,561,818	14,244,184	98%			317,634	1,187,015	14,244,184	1,313,419	317,634	

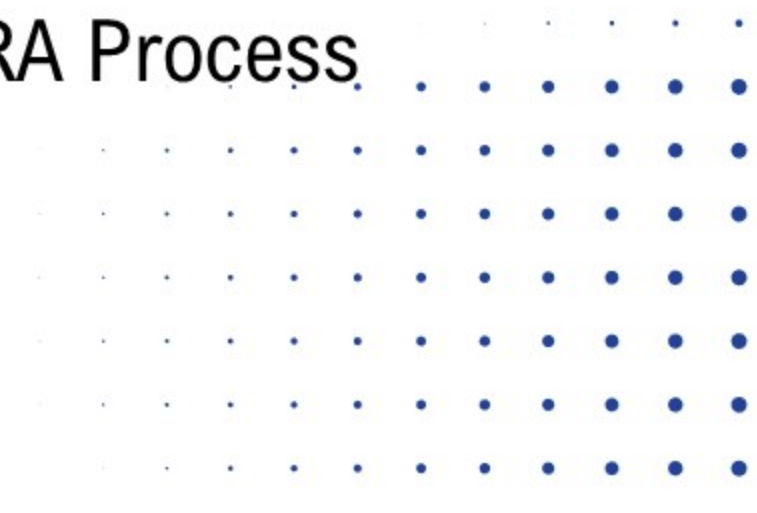
PRIORITY SETTING & RESOURCE ALLOCATION PROCESS PRESENTATION

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: April 2026





PRESENTATION OVERVIEW

- Overview
 - Priority Setting
 - Resource Allocation
 - Priority Setting and Resource Allocation (PSRA) Goals & Guiding Principles
 - Ryan White HIV/AIDS Programs (RWHAP) Allowable Services
 - Annual PSRA Cycle
 - Who is Involved?
 - People With HIV/AIDS (PWHA) Involvement in the PSRA Process
 - Required PSRA Documentation
 - PSRA Data Sources
 - PSRA Process: Step-by-Step
- 



OVERVIEW

- **HRSA Requirements:** The Planning Council is required by HRSA to “set priorities and allocate resources for service categories and provide guidance (directives) to the Part A Recipient on how best to meet these priorities.”
 - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities and resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) to **disburse Ryan White Part A funds** in Broward County.
 - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC.**





PRIORITY SETTING

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria established by the EMA/TGA.





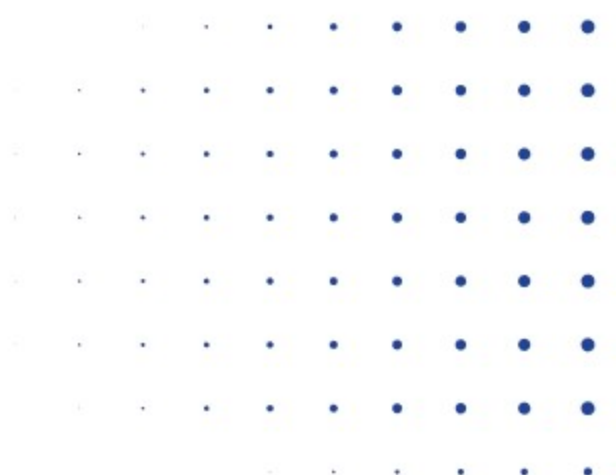
RESOURCE ALLOCATION

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for the EMA/TGA across the prioritized service categories.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made.
- The HIVPC must approve such reallocations.





PSRA GOALS & GUIDING PRINCIPLES

- Provide access to high-quality HIV services for PWH-in Broward County
 - Optimize the HIV Care Continuum's impact
 - Develop an integrated PSRA process using data with input from stakeholders and consumer forums
 - Maintain a commitment to ending health disparities
 - Provide client-centered and coordinated services
 - Integrate Prevention and Care
 - Maintain and require collaborative partnerships among service providers
 - Encourage early and meaningful involvement from PWHA in the development, implementation, and evaluation of service delivery
 - Engage in continuous training, capacity building, and leadership development
 - Provide culturally and linguistically appropriate services
- 



RWHAP ALLOWABLE SERVICES

Core Services

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (Local)
3. Health Insurance Premium & Cost-Sharing Assistance (HICP)
4. Medical Case Management
5. Mental Health Services
6. Oral Health Care (Dental)
7. Substance Abuse Services – Outpatient
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services

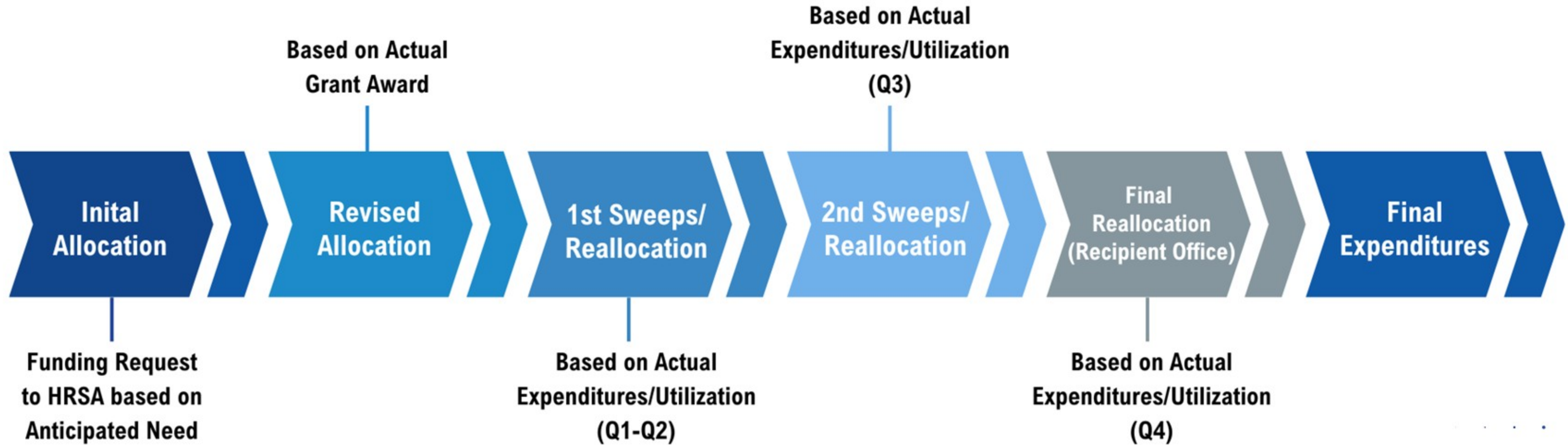
1. Food Bank/Home-Delivered Meals
2. Emergency Financial Assistance
3. Legal Services
4. Non-Medical Case Management
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care

Note: Health Resources and Services Administration (HRSA) as outlined in Policy Clarification Notice (PCN)16-02

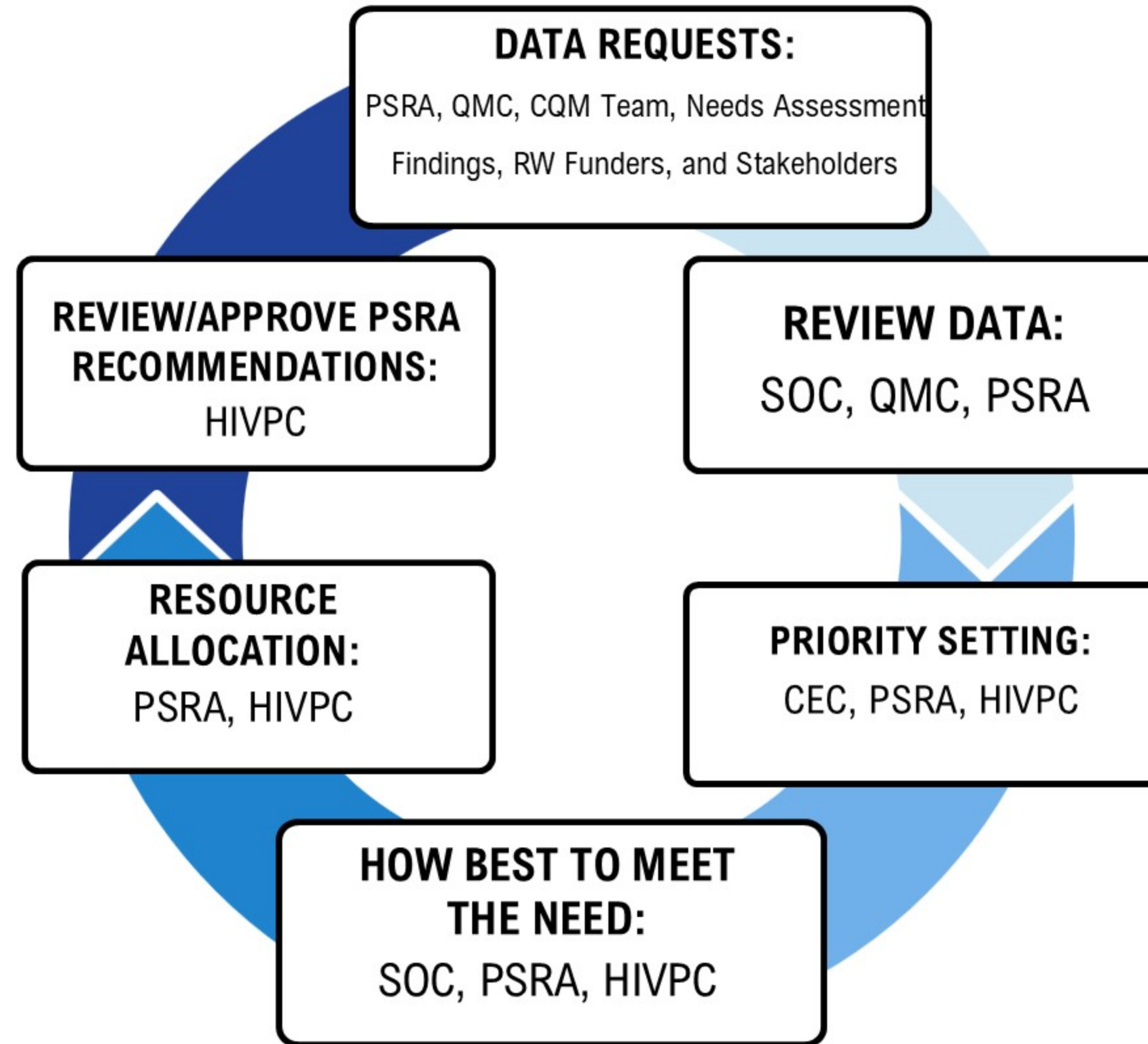


ANNUAL PSRA CYCLE

Fort Lauderdale/Broward County Annual Resource Allocation Cycle



WHO IS INVOLVED?



PWH INVOLVEMENT IN THE PSRA PROCESS


- PWH Serve as Committee Members:
 - **Community Empowerment Committee (CEC)**
 - Data Collection (Feedback forums & Presentation)
 - Rank Core Services Priorities
 - Rank Support Service Priorities
 - **System of Care Committee (SOC)**
 - How Best to Meet the Need
 - Needs Assessment Findings
 - **PSRA**
 - Priority Setting & Resource Allocation
 - **HIVPC**
 - Approves All PSRA Recommendations
 - **Community Feedback Through Needs Assessment Activities**
 - Community Listening Sessions, Interviews, Focus Groups, and Surveys





REQUIRED PSRA DOCUMENTATION FOR THE PART A GRANT APPLICATION

Required Part A Grant application documentation regarding PSRA

- How PWHA were involved in PSRA process and how their priorities are considered
 - How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
 - How changes and trends in HIV/AIDS epidemiology data were used in the PSRA process
 - How cost data was used in making funding allocation decisions
 - How unmet need data was used in making priority and allocation decisions
 - How the process will prospectively address any funding increases or decreases in the Part A award.
- 



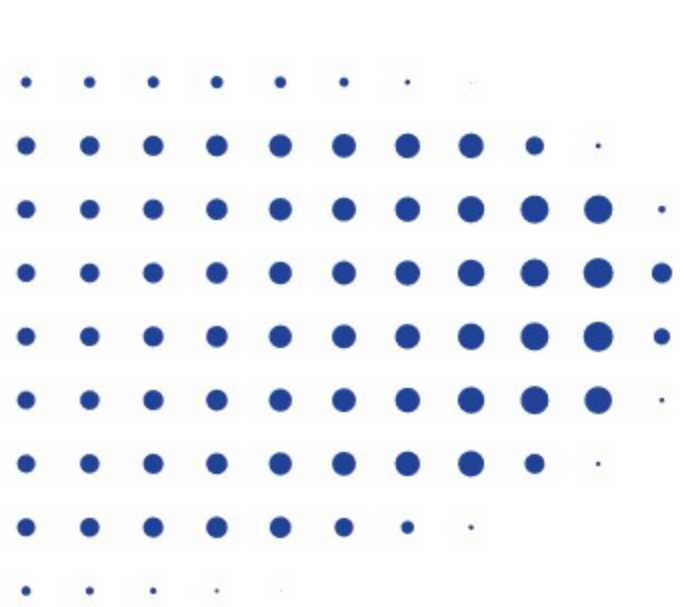
PSRA DATA SOURCES

Data Sources

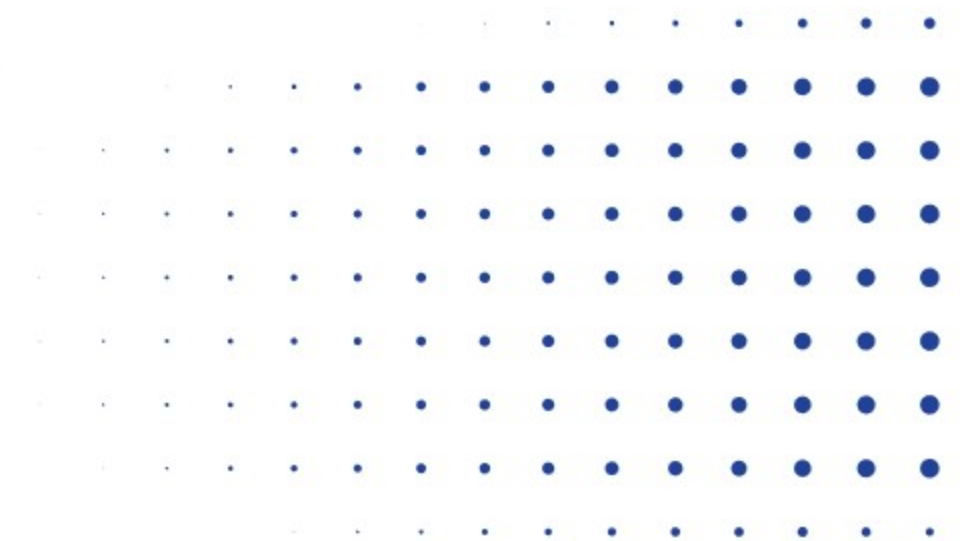
- PSRA Service Category Scorecards (utilization, expenditures, etc.)
- Community input (listening sessions, focus groups, CEC rankings, community forums, etc.)
- Review the status of the Integrated HIV Prevention and Care Plan.
- Epidemiology (incidence, prevalence, co-morbidities, etc.)
- HIV Needs Assessment
- Unmet Need (Out of Care) Estimates
- Early Identification of Individuals with HIV/AIDS (EIIHA) Data
- Ryan White, HIV Prevention, EHE, Housing Opportunities for Persons With AIDS (HOPWA) Funders Reports
- Clinical Quality Management data reports (Outcomes, Indicators, Performance Measures, etc.)

*Priorities and allocations are data-based.
Decisions are based on the data.*



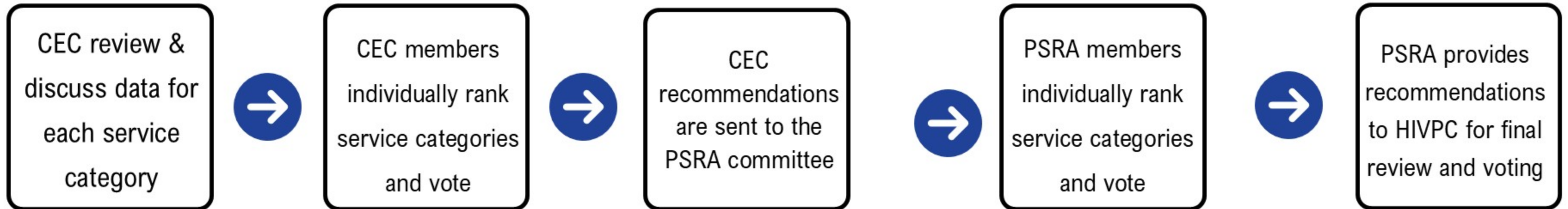


PSRA PROCESS: STEP-BY-STEP



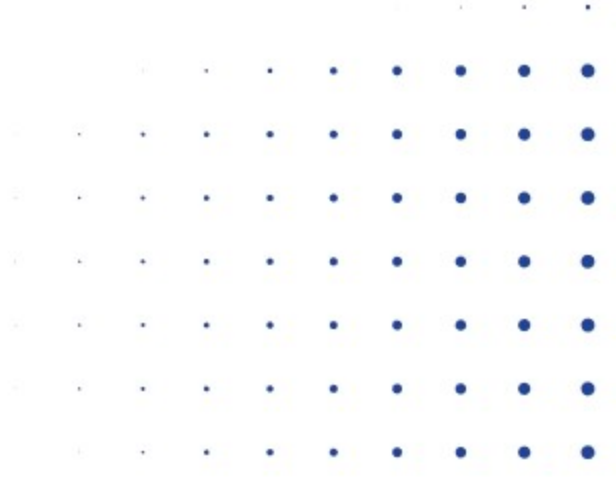
PRIORITY SETTING

- Prioritize all RWHAP allowable core and support service categories
- Utilize CEC priority rankings, consumer feedback, and other PWHA data provided





PRIORITY SETTING: CORE SERVICES

1. Outpatient/Ambulatory Health Services
 2. AIDS Pharmaceutical Assistance (Local)
 3. Health Insurance Premium & Cost-Sharing Assistance (HICP)
 4. Medical Case Management (Disease)
 5. Mental Health Services
 6. Oral Health Care (Routine & Specialty)
 7. Substance Abuse Services – Outpatient
 8. Medical Nutrition Therapy
 9. AIDS Drugs Assistance Program Treatments (ADAP)
 10. Early Intervention Services
 11. Home and Community-Based Health Services
 12. Home Health Care
 13. Hospice Services
- 

*Note: **Bolded** Services are currently funded by RWPA*



PRIORITY SETTING: SUPPORT SERVICES

1. Food Bank/Home-Delivered Meals
2. Emergency Financial Assistance
3. Legal Services
4. Non-Medical Case Management which includes Centralized Intake & Eligibility Determination (CIED)
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care

*Note: **Bolded** Services are currently funded by RWPA*





LANGUAGE ON HOW BEST TO MEET THE NEED (HBTMTN)

- Directives to the Part A Recipient on how best to meet the service priorities identified, such as:
 - Where geographically to fund services
 - Specific models to use for decision-making
 - Identify target populations for which to implement new/improved services or interventions

SOC committee review
and discuss previous
year's language



SOC committee
approves new
language by service
category



SOC committee submits
new recommended
language to the PSRA
committee *(if applicable)*



ADDITIONAL PRIORITIES & LANGUAGE CONSIDERATIONS

- **Priorities and HBTMTN Language should be based on:**
 - Documented need
 - Cost and Outcome Effectiveness
 - Priorities of PWH
 - Availability of other resources



REALLOCATIONS (SWEEPS)

- The Committee shall review expenditure deviations greater than 10 percent in any funding category at least three times annually for potential reallocation and/or reprioritization. For the fourth/final reallocation, the Recipient's Administrative Office may reallocate unexpended amounts of less than 10 percent within any funding category.
 - Reallocation Process
 - The Recipient must present the Committee with funding deviation estimates and justifications.
 - Funding should be maintained within the service category.
 - If maintaining funding within the service category is not feasible, funds should be reallocated in ranked order to the next highest-ranked category with a shortfall.
 - The Committee may deviate from this process to address urgent needs of underserved populations in lower or non-ranked categories.
 - Any deviations from the planned allocation must be documented with justifications.



REALLOCATIONS (SWEEPS) CONT.

- Final Reallocation
 - The Committee authorizes the Recipient to move funds between categories within a service provider's contract to ensure full expenditure by the fiscal year's end.
 - This authority is granted under the following conditions:
 - The reallocation process has already taken place.
 - The amount involved is less than 10% of the funding award.
 - Fewer than 120 days remain in the fiscal year



PSRA APPROVAL PROCESS

PSRA committee
makes final
recommendations
and submits to HIVPC



HIVPC votes on
recommendations and
submits them to the
Part A Administrator



Recommendations are
submitted to the Broward
County Board of County
Commissioners for
approval



GROUND RULES

- Treat colleagues with courtesy and respect.
- Allow all participants to speak without interruption.
- Focus disagreements on issues, not individuals.
- Support Committee decisions once made.
- Members represent community concerns while prioritizing the overall needs of PWHA and acting without personal interest.
- Do not name service providers or individuals unless on the agenda; raise concerns with the Recipient outside the meeting.
- Take personal responsibility for following and upholding these rules.





QUESTIONS?

Discussion

PSRA TIMELINE 2026-2027

DATE	TASK	RESPONSIBLE PARTY
April 16, 2026 9:30 to 11:30 AM BRHPC	Overview of the PRSA Process	PCS Support Staff
April 16, 2026 9:30 to 11:30 AM BRHPC	Discuss recommendations from the SOC Committee on “How Best to Meet the Need” of the prioritized services. 2026/27 Eligibility Determination (FPL by Service Category Completed February 26, 2026)	BRHPC/ Part A Recipient Office /PRSA Committee Part A Recipient
PSRA Data Workshops May 18, 19, and 20, 2026	<p><i>Workshop Day 1: Monday, May 18, 2026; 10 AM – 4 PM</i></p> <p>Review Service Categories (Ryan White Part A and B)</p> <p>Ryan White Funder and Stakeholders (Part B, C, D, F, and HOPWA)</p> <ul style="list-style-type: none"> a. Client utilization b. Budget c. Provided Services d. Notable Trends e. Recommendation for Part A <p>Broward MAI and EHE Presentation</p> <ul style="list-style-type: none"> a. Consumer Data b. Viral load suppression c. Budget/Allocations d. Notable Trends e. Recommendation for Part A <p>Review 2024 RSR</p>	<p>Recipient Office</p> <p>Funders/Stakeholders (20 Minutes Each)</p> <p>Part A Recipient Office</p> <p>Part A Recipient Office</p>
	<p><i>Workshop Day 2: Tuesday, May 19, 2026; 10 AM – 4 PM</i></p> <p>Review the Status of the FL and Broward Integrated Plan</p> <p>HIV Surveillance Epidemiological Data</p> <ul style="list-style-type: none"> a. Trends in new infections b. Current and emerging populations c. Changes in demographics of the EMA's HIV/AIDS cases d. New Cases of HIV based on the ADAP Changes <p>Quality Management Part A Client Health Outcome</p> <ul style="list-style-type: none"> A. Analysis of Part A FY 2024 (March 1, 2025- Feb 28, 2026) B. Continuum Of Care Report (Viral Load Suppression, In Care) Client Demographics <p>Key Recommendations: 2024 Client Needs Assessment & Area 10 Statewide NA Data Results (Completed February 26, 2026)</p>	<p>BRHPC</p> <p>Dr. Julia Hidalgo</p> <p>CQM Support Staff</p>

	Overview of Ryan White Part A Services Scorecards CEC Rankings of Part A Services PRSA Homework <ol style="list-style-type: none"> 1. Ranking by Survey: Link sent via E-mail 2. Review Scorecards 	BRHPC CQM Support Staff PCS Support Staff
	Workshop Day 3: Wednesday, May 20, 2026; 10 AM – 4 PM Vote: <ol style="list-style-type: none"> 1. Priority Setting/Ranking of all Services 2. How Best to Meet the Need (HBTMTN) 3. Funding Allocations: 2027/2028 Service Categories with Justification 	BRHPC BRHPC Part A Recipient Office
June 18, 2026	PSRA Sweeps Cycle 1	Part A Recipient Office & PSRA
July 16, 2026 9:30 to 11:30 AM BRHPC	ACA 2025 Report/ADAP Planning for Enrollment FY2027	Part A Recipient Office & PSRA
August	<ol style="list-style-type: none"> 1. PSRA Sweeps Cycle 2 2. Review AAM Questions 	
September	PRSA Retreat <i>Dissemination of the Assessment of the Administrative Mechanism Survey</i>	BRHPC/Part A Office
October 15, 2026 9:30 to 11:30 AM BRHPC	MAI Report/Updates ACA 2025 Report/Updates	Part A Recipient Office
November 19, 2026 9:30 to 11:30 AM BRHPC	PSRA Sweeps Cycle 3 Review 2026/27 Workplan 2027/28 PSRA Workplan (Feedback from PSRA) 2026/27 Review Meeting Evaluation Review Integrated Plan	Ryan White Part A and Committee BRHPC BRHPC BRHPC
January 21, 2027 9:30 to 11:30 AM BRHPC	Assessing the Administrative Mechanism Presentation and Vote 2027/28 PSRA Workplan Vote PSRA Policy and Procedures Update	BRHPC BRHPC
February 18, 2027 9:30 to 11:30 AM BRHPC	Break; Members attend HIVPC Retreat	



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.