



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

System of Care & Quality Management Joint Committee Meeting

Thursday, April 2, 2026 - 9:30AM to 11:30AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

[Join the meeting now](#)

Meeting ID: 286 040 210 637 17

Passcode: Fz9ct6Gj

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Phone conference ID: 588 150 094#

System of Care; Chair: Jose Castillo • Vice Chair: Kendra Hayes

Quality Management; Chair: Bisiola Fortune-Evans • Vice Chair: Matthew Patterson

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

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

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

- I. Call to Order/Establishment of Quorum
 - a. Welcome from the Chair
 - b. Meeting Ground Rules
 - c. Statement of Sunshine
 - d. Introductions & Abstentions
- II. Moment of Silence
- III. Action Item: Approval of Agenda for April 2, 2026
- IV. Public Comment
- V. Standard Committee Item(s): None

- VI. Discussion Items: None
- VII. Old Business: None
- VIII. New Business
 - a. **Data Presentation:** Health Insurance Continuation Program (HICP) Premiums & Impact on Ryan White Part A System of Care ([Handout A1-A4](#))
 - b. **Discussion:** Health Insurance Continuation Program (HICP) Service Delivery Model ([Handout B](#))
- IX. Recipient Report
- X. Public Comment
- XI. Announcements
 - a. **Man Up Festival** (*CEC approved community outreach activity*) - **Saturday, May 2, 2026**, from 12:00 PM to 6:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
- XII. Agenda Items for Next SOC Meeting
 - a. To be Determined
- XIII. Next SOC Meeting Date: Thursday, May 7, 2026, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference
 Next QMC Meeting Date: Thursday, May 18, 2026, at 12:30 p.m. Location: BRHPC and via Microsoft Teams Video Conference

XIV. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at the [HIV Planning Council Website](#)

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council

• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

Broward County Board of County Commissioners

Mark D. Bogen (**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	 6	Community Empowerment Committee (CEC) 3:00PM - 5:00PM Behavioral Health Network Meeting (CQM) 2:00 PM - 3:15 PM	8	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	Quality Network Meeting (CQM) 9:00 AM - 12:00 PM	PSRA Committee Meeting 9:30AM - 11:30AM Executive Committee Meeting 12:45PM - 2:45PM	17	18
19	Membership/Council Development Committee Meeting (MCDC) 9:30AM - 11:30AM	Integrated Planning Work Group 1:00PM - 3:00PM	22	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 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>		

Handout A1

Cost of Insurance Silver Plans - Average - Subsidized -											
Premium Range	Deductible	Max Out Of Pocket	Primary Care	Specialist	**Clients CURRENTLY INSURED	Estimated Total Annual Cost W/O OOP Per Client	Estimated Total Annual Cost W/ OOP Per Client	AVG Annual Cost IPCBH + LPAP	Potential Clients	Estimated Annual Cost + Clients	
100-150%	\$87.77 - \$157.24	\$0.00	\$2,200.00	\$0.00	\$10.00	258	\$1,524.00	\$4,146.88	\$2,436.71	648	\$987,552.00
151-200%	\$141.77 - \$249.24	\$700.00	\$3,300.00	\$20.00	\$40.00	303	\$3,340.00	\$6,640.00		381	\$1,272,540.00
201 - 250%	\$231.77 - \$334.77	\$3,000.00	\$7,400.00	\$40.00	\$80.00	274	\$7,200.00	\$14,600.00		301	\$2,167,200.00
*251% - 400%	\$336.77-579.77	\$6,000.00	\$8,900.00	\$40.00	\$80.00	345	\$11,520.00	\$20,420.00		734	\$8,455,680.00

Data From Q4 Care Continuum & Insurance Information from BRHPC Analysis

*HICP Eligibility was lowered to 300% FPL, however insurance plan information was given for 251% - 400%

**This is currenty clients flagged as Private Insurance as of Q4 Care continuum. Not necessarily ACA or ADAP.

FULL COST MODEL — PREMIUM + COPAY/DEDUCTIBLE (2,300 INSURED CLIENTS) * All insurance types not just ACA

Cost Component	Clients	Annual Premium Cost	Annual Copay/Ded Cost	Total Annual Cost
Tier 1: FPL ≤150% — fr	820	\$798,012.00	\$328,400.00	\$1,126,412.00
Tier 2: FPL 150–250%	745	\$2,219,616.00	\$521,500.00	\$2,741,116.00
Tier 3: FPL 250–400%	734	\$2,378,160.00	\$1,101,000.00	\$3,479,160.00
FPL = 0 — hold	83	\$0.00	\$0.00	\$0.00
TOTAL — 2,300 INSUR	2,300	\$5,395,788.00	\$1,950,900.00	\$7,346,688.00

Handout A2

Cost Effectiveness Analysis of Broward Paying Part A Direct Service vs Premiums

The Broward Part A average annual cost per client for services covered by insurance plans averages about **\$3,174**. This cost includes ambulatory health services, mental health services and some non-antiretroviral (ARV) medications. The cost of insurance premiums for the lowest cost ADAP approved plans for the remainder of the calendar year for a client who is **age 50** with incomes between 100% and 150% of FPL ranges between **\$1050** and **\$2950**; for those with incomes between 151% and 200% (**\$1590 - \$3870**); and for incomes 201% to 250% (**\$2490 and \$4920**).

Part A Cost to Pay for Services Covered by Insurance for ADAP Premium Assistance Clients									
FPL	#	OAHS Avg \$	Total OAHS	*LPAP Avg \$	Total LPAP	MH Avg \$	Total MH @ 80% Utiliz	Total Cost	AVG Cost
0-50	106	\$1,616	\$171,296	Eligible for ADAP		\$943	\$99,958	\$271,254	\$2,559
51-100	145	\$1,616	\$234,320	Direct Dispense		\$943	\$136,735	\$371,055	\$2,559
101-150	200	\$1,616	\$323,200	\$615	\$123,000	\$943	\$188,600	\$634,800	\$3,174
151-200	190	\$1,616	\$307,040	\$615	\$116,850	\$943	\$179,170	\$603,060	\$3,174
201-250	193	\$1,616	\$311,888	\$615	\$118,695	\$943	\$181,999	\$612,582	\$3,174
251-300	195	\$1,616	\$315,120	\$615	\$119,925	\$943	\$183,885	\$618,930	\$3,174
301-350	117	\$1,616	\$189,072	\$615	\$71,955	\$943	\$110,331	\$371,358	\$3,174
351-400	85	\$1,616	\$137,360	\$615	\$52,275	\$943	\$80,155	\$269,790	\$3,174
	1231		\$1,989,296		\$602,700		\$1,160,833	\$3,752,829	

* LPAP average for non-ARV Rx

Avg. cost calculation **includes** Medical (OAHS), Mental Health (MH), & Pharmacy (LPAP)

Avg. cost calculation **does NOT include** Substance Use Treatment or HIV ARV medications.

Premium costs are based on the cost of a Broward resident who is **age 50**.

TOTAL Cost ADAP Plan Premiums (MAR-DEC)							
FPL	#	Ambetter Lowest \$	Ambetter Highest \$	myBlue Lowest \$	myBlue Highest \$	Molina Lowest \$	Molina Highest \$
0-50	106	<i><100% FPL not eligible APTC subsidies. Cost range for 10 months of premiums for 3 lowest cost plans = \$10,000-\$11,000.</i>					
51-100	145						
101-150	200	\$2,430	\$2,950	\$1,050	\$1,570	\$1,330	\$1,650
151-200	190	\$2,970	\$3,870	\$1,590	\$2,490	\$1,670	\$2,570
201-250	193	\$3,870	\$4,920	\$2,490	\$3,520	\$2,580	\$3,610
251-300	195						
301-350	117						
351-400	85						
	1231	Ambetter Standard Silver		myBlue Silver 2313S		Molina Silver Standard	

Premiums in **RED font** cost more than the Part A average cost.

Premium cost for lowest cost ADAP Approved plan for each carrier.

Clients will be eligible for ADAP Medication Copayments

Handout A3

Part A Cost to Pay for Services Covered by Insurance for ADAP Premium Assistance Clients									
FPL	#	OAHs Avg \$	Total OAHs	*LPAP	Total LPAP	MH Avg \$	Total MH @ 80% Utiliz	Total Cost	AVG Cost
0-50	106	\$1,616	\$171,296	Eligible for ADAP		\$943	\$99,958	\$271,254	\$2,559
51-100	145	\$1,616	\$234,320	Direct Dispense		\$943	\$136,735	\$371,055	\$2,559
101-150	200	\$1,616	\$323,200	\$615	\$123,000	\$943	\$188,600	\$634,800	\$3,174
151-200	190	\$1,616	\$307,040	\$615	\$116,850	\$943	\$179,170	\$603,060	\$3,174
201-250	193	\$1,616	\$311,888	\$615	\$118,695	\$943	\$181,999	\$612,582	\$3,174
251-300	195	\$1,616	\$315,120	\$615	\$119,925	\$943	\$183,885	\$618,930	\$3,174
301-350	117	\$1,616	\$189,072	\$615	\$71,955	\$943	\$110,331	\$371,358	\$3,174
351-400	85	\$1,616	\$137,360	\$615	\$52,275	\$943	\$80,155	\$269,790	\$3,174
	1231		\$1,989,296		\$602,700		\$1,160,833	\$3,752,829	

* LPAP average for non-ARV Rx
 Avg. cost calculation **includes** Medical (OAHs), Mental Health (MH), & Pharmacy (LPAP)
 Avg. cost calculation **does NOT include** Substance Use Treatment or HIV/ARV medications.

TOTAL Cost ADAP Plan Premiums (MAR-DEC)					
Ambetter Lowest \$	Ambetter Highest \$	myBlue Lowest \$	myBlue Highest \$	Molina Lowest \$	Molina Highest \$
<100% FPL not eligible APTC subsidies. Cost range for 10 months of premiums for 3 lowest cost plans = \$10,000-\$11,000.					
\$2,430	\$2,950	\$1,050	\$1,570	\$1,330	\$1,650
\$2,970	\$3,870	\$1,590	\$2,490	\$1,670	\$2,570
\$3,870	\$4,920	\$2,490	\$3,520	\$2,570	\$2,570
Ambetter Standard Silver		myBlue Silver 2313S		Molina Silver Standard	
Premiums in RED font cost more than the Part A average cost. Premium cost for lowest cost ADAP Approved plan for each carrier. Clients will be eligible for ADAP Medication Copayments					

Handout A4

2026 ADAP Approved Plans - Premium Range											
Broward County - Age 50								Annual		March - Dec	
AMBETTER	Premium	DED	O-o-P Max	PCP	Specialist	Generic Rx	Preferred Rx	MIN	MAX	MIN	MAX
Complete Gold		\$1,450	\$7,500	\$15	\$35	\$3	\$30				
Complete VALUE Gold		\$1,450	\$7,500	\$15	\$35	\$3	\$30				
Standard Gold		\$2,000	\$8,200	\$30	\$60	\$15	\$30				
Standard Silver											
<100% FPL/NO APTC	\$1,163	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
100-149% FPL w/ APTC	\$243 - \$295	\$0	\$2,200	\$0	\$10	\$0	\$15	\$2,916	\$3,540	\$2,430	\$2,950
150-199% FPL w/ APTC	\$297 - \$387	\$700	\$3,300	\$20	\$40	\$10	\$20	\$3,564	\$4,644	\$2,970	\$3,870
200-249% FPL w/ APTC	\$387 - \$492	\$3,000	\$7,400	\$40	\$80	\$20	\$40	\$4,644	\$5,904	\$3,870	\$4,920
250-399% FPL w/ APTC	\$492 - \$735	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
Standard Silver VALUE											
<100% FPL/NO APTC	\$1,245	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
100-149% FPL w/ APTC	\$325 - \$377	\$0	\$2,200	\$0	\$10	\$0	\$15	\$3,900	\$4,524	\$3,250	\$3,770
150-199% FPL w/ APTC	\$379 - \$469	\$700	\$3,300	\$20	\$40	\$10	\$20	\$4,548		\$3,790	
200-249% FPL w/ APTC	\$469 - \$572	\$3,000	\$7,400	\$40	\$80	\$20	\$40				
250-399% FPL w/ APTC	\$574 - \$817	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
FLORIDA BLUE HMO	Premium	DED	O-o-P Max	PCP	Specialist	Generic Rx	Preferred Rx	MIN	MAX	MIN	MAX
myBlue Gold 2314S		\$2,000	\$8,200	\$30	\$60	\$15	\$30				
myBlue Silver 2313S											
<100% FPL/NO APTC	\$1,024	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
100-149% FPL w/ APTC	\$105 - \$157	\$0	\$2,200	\$0	\$10	\$0	\$15	\$1,260	\$1,884	\$1,050	\$1,570
150-199% FPL w/ APTC	\$159 - \$249	\$700	\$3,300	\$20	\$40	\$10	\$20	\$1,908	\$2,988	\$1,590	\$2,490
200-249% FPL w/ APTC	\$249 - \$352	\$3,000	\$7,400	\$40	\$80	\$20	\$40	\$2,988	\$4,224	\$2,490	\$3,520
250-399% FPL w/ APTC	\$754 - \$997	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
BlueCare Gold 24K02-28S		\$2,000	\$8,200	\$30	\$60	\$15	\$30				
BlueCare Silver 24K02-27S											
<100% FPL/NO APTC		\$6,000	\$8,900	\$40	\$80	\$20	\$40				
100-149% FPL w/ APTC	\$789 - \$841	\$0	\$2,200	\$0	\$10	\$0	\$15				
150-199% FPL w/ APTC	\$843 - \$933	\$700	\$3,300	\$20	\$40	\$10	\$20				
200-249% FPL w/ APTC	\$933 - \$1036	\$3,000	\$7,400	\$40	\$80	\$20	\$40				
250-399% FPL w/ APTC	\$1038 - \$1281	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
FLORIDA BLUE (BCBS)	Premium	DED	O-o-P Max	PCP	Specialist	Generic Rx	Preferred Rx	MIN	MAX	MIN	MAX
BlueOptions Gold 24J01-20S		\$2,000	\$8,200	\$30	\$60	\$15	\$30				
BlueSelect Gold 2344S		\$2,000	\$8,200	\$30	\$60	\$15	\$30				
BlueSelect Silver 2343											
<100% FPL/NO APTC	\$1,425	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
100-149% FPL w/ APTC	\$505 - \$557	\$0	\$2,200	\$0	\$10	\$0	\$15				
150-199% FPL w/ APTC	\$559 - \$649	\$700	\$3,300	\$20	\$40	\$10	\$20				
200-249% FPL w/ APTC	\$649 - \$752	\$3,000	\$7,400	\$40	\$80	\$20	\$40				
250-399% FPL w/ APTC	\$754 - \$997	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
MOLINA	Premium	DED	O-o-P Max	PCP	Specialist	Generic Rx	Preferred Rx	MIN	MAX	MIN	MAX
Molina Gold Standard		\$2,000	\$8,200	\$30	\$60	\$15	\$30				
Molina Silver Standard											
<100% FPL/NO APTC	\$1,033	\$6,000	\$8,900	\$40	\$80	\$20	\$40				
100-149% FPL w/ APTC	\$113 - \$165	\$0	\$2,200	\$0	\$10	\$0	\$15	\$1,596	\$1,980	\$1,330	\$1,650
150-199% FPL w/ APTC	\$167 - \$257	\$700	\$3,300	\$20	\$40	\$10	\$20	\$2,004	\$3,084	\$1,670	\$2,570
200-249% FPL w/ APTC	\$257 - \$360	\$3,000	\$7,400	\$40	\$80	\$20	\$40	\$3,084	\$3,084	\$2,570	\$2,570
250-399% FPL w/ APTC	\$362 - \$605	\$6,000	\$8,900	\$40	\$80	\$20	\$40	\$4,344	\$7,260	\$3,610	\$6,050

BROWARD COUNTY HUMAN SERVICES DEPARTMENT

HEALTH INSURANCE CONTINUATION PROGRAM

SERVICE DELIVERY MODEL



Broward County Human Services Department Health Insurance Continuation Program Service Delivery Model

Providers contracted to do business with the Broward County Human Services Department are required to follow the policies and procedures in the Standard Terms and Conditions, Unit of Service Funding Agreement, Provider Handbook, Taxonomy Table, and the applicable Service Delivery Model located online at: <https://www.broward.org/CommunityPartnerships/Pages/ContractServicesProviderHandbook.aspx>, to receive reimbursement for Services provided to individuals meeting eligibility requirements.

This Service Delivery Model serves as a minimum set of standards to be followed by all providers of Health Insurance Continuation Program funded by the Broward County Human Services Department.

For purposes of this Service Delivery Model, the term “Agreement” refers to the executed contract between County and Provider including the Standard Terms and Conditions, Funding Agreement, and all exhibits and documents incorporated by reference. The term “Client” describes eligible individuals receiving Services from a Provider under an Agreement, as more fully described below.

I. SCOPE OF SERVICES: PROGRAM DESCRIPTION, PROGRAM TERMS, AND POPULATION OF FOCUS:

A. PROGRAM DESCRIPTION:

The Health Resources and Services Administration’s (HRSA) Health Insurance Premium and Cost Sharing Assistance Program provides financial assistance for eligible Clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. Health insurance also includes standalone dental insurance for this service category¹. The service provision consists of the following:

1. Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible Clients; and/or
2. Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible Clients; and/or
3. Paying cost sharing on behalf of the Client.

¹ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

In Broward County, the Health Insurance Premium and Cost Sharing Assistance Program is referred to as the Health Insurance Continuation Program (“HICP”). This includes the provision of financial assistance paid on behalf of eligible people living with HIV to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under a Ryan White AIDS Drug Assistance Program (ADAP)-approved Affordable Care Act health care coverage program.

The HICP allows the Provider to make direct payments (up to \$6,500 per year, per Client) to the Client's insurance company to ensure continuity of medical benefits coverage. The goal is to ensure that the Client's premium for a 12-month enrollment period is allocated prior to funding deductibles and copays.

A minimum of 804 unduplicated Clients must be provided Services under this program annually.

B. PROGRAM TERMS:

- 1. Third-Party Benefits:** An example of third-party benefits include, but is not limited to Medicaid, Medicare, Private Health Insurance plans, Supplemental Nutrition Assistance Program (SNAP), Employer-sponsored Health plans, Affordable Care Act Marketplace Health Insurance plans, etc.
- 2. Aids Drugs Assistance Program:** The AIDS Drug Assistance Program (ADAP) is a statewide, federally funded prescription medication program for low-income people living with HIV. This program provides access to medications to eligible clients either directly or by purchase of health insurance that includes coverage for HIV medications.
- 3. Affordable Care Act:** The Affordable Care Act (ACA) is a comprehensive reform law, enacted in 2010, that increases health insurance coverage for the uninsured and implements reforms to the health insurance market. Under the Affordable Care Act, patients who may have been uninsured due to preexisting conditions or limited finances can secure affordable health plans through the health insurance marketplace in their state.

C. POPULATION OF FOCUS: Individuals who meet all the following eligibility criteria:

- 1. Eligibility Criteria:** To be eligible for HICP, an individual must meet all the following criteria:
 - a.** Be a Broward County resident;
 - b.** Be age 18 years old or older;
 - c.** Be diagnosed with HIV/AIDS;
 - d.** Must have a household income that does not exceed the 400% of the federal poverty level;
 - e.** Be uninsured or underinsured, and;
 - f.** Have no other means of funding source to receive Health Insurance Continuation Program.

2. **Documentation of Eligibility:** Provider must verify Client financial and program eligibility for treatment prior to Client receiving services. All Clients must be screened for the following:
 - a. Verification of Broward County residency;
 - b. Verification of age;
 - c. Completed assessment from Provider or third-party clinician documenting HIV/AIDS status established by verified laboratory test results;
 - d. Completion of a benefits assessment with Centralized Intake and Eligibility Determination (CIED) to determine Ryan White Part A services and other third-party benefits;
 - e. Documentation of the benefits assessment and all other supporting documentation in the Client's record in the designated Human Services Software System (HSSS);
 - f. Verification of Notice of Eligibility for Ryan White Part A services from the Centralized Intake Eligibility Determination (CIED) office;
 - g. Verification of ADAP Premium Assistance program enrollment;
 - h. Verification of ADAP-approved ACA health insurance plan enrollment;
 - i. Verification of income, and;
 - j. Verification of insurance.

II. STANDARDS AND OTHER REQUIREMENTS:

Providers must adhere to standards and requirements set forth in the Provider Handbook, available online at <https://www.broward.org/CommunityPartnerships/Documents/Human%20Services%20Department%20Contracted%20Service%20Providers%20Handbook.pdf>, and requirements contained in any Contract Adjustments and amendments. Provider must also adhere to the minimum requirements outlined in the [Broward County Ryan White Part A Universal SDM](#), the [Title XXXVI - HIV Health Care Services](#) and comply with the rules set forth by the applicable State, Federal and local standards and guidelines relevant to services delivered within this service category

Information regarding the Poverty Guidelines may be found online at the Health and Human Services ("HHS") Poverty Guidelines, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Providers must comply with the Health Resources & Services Administration's ("HRSA") HIV/AIDS Bureau ("HAB"), Division of Metropolitan HIV/AIDS Program's National Monitoring Standards for RWHAP Part A Recipients, accessible online at: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part.pdf>.

Providers must follow the guidance in all applicable HRSA HAB Policy Notices and Program Letters to ensure compliance with programmatic requirements. Policy Notices and Program Letters are available at: <https://ryanwhite.hrsa.gov/grants/policy-notices> and

<https://ryanwhite.hrsa.gov/grants/program-letters>.

Providers must comply with the United States Code of Federal Regulations (“CFR”) Part 75 — Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, accessible online at: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>.

Provider must comply with the Health and Human Services Grants Policy Statement, accessible online at: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-april-2025.pdf>.

Provider must comply with the federally approved clinical practice guidelines for HIV/AIDS, accessible online at: <https://clinicalinfo.hiv.gov/en/guidelines>.

Provider must register staff to receive alerts regarding revisions to the Provider Handbook and related documents through AccessBROWARD: <https://access.broward.org/About.aspx>.

Provider must not use funds under this Agreement for payments for any item or service which is covered, or reasonably expected to be covered, under any state compensation program, insurance policy, federal or state health benefits program, or by an entity that provides health services on a prepaid basis (except for a program administered by, or providing the services of, the Indian Health Service).

Provider must utilize HSSS as the information collection method and data exchange system designated by County for all Clients referred to and from the Programs funded under this Agreement and ensure that all entered information is current and accurate.

Provider must immediately report knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline or the statewide toll-free telephone number (1-800-96ABUSE), in accordance with Chapters 39 and 415, Florida Statutes, as amended. The foregoing provision is binding upon both Provider and its employees.

Provider must not use funds under this Agreement for payments for any item or service which is covered, or reasonably expected to be covered, under any state compensation program, insurance policy, federal or state health benefits program, or by an entity that provides health services on a prepaid basis (except for a program administered by, or providing the services of, the Indian Health Service).

Provider must develop and post a Client Grievance Process in a visible location with copies of a client grievance report form available upon request, in accordance with the Florida Patient’s Bill of Rights and Responsibilities, Section 381.026, Florida Statutes.

Provider must develop a system to ensure that funding provided under this Agreement is used only to pay for in-network, HIV-related outpatient services for Clients currently enrolled in an ADAP-approved ACA health insurance plan.

Provider must provide telephonic or other virtual options as appropriate for Clients to receive Services.

Provider must develop policies that ensure Clients receive appropriate and necessary referrals and linkages to programs that are part of a network with other community providers to ensure continuity of care.

A. REQUIREMENTS FOR ELIGIBILITY VERIFICATION

Eligibility for Ryan White services is the responsibility of the Centralized Intake and Eligibility Determination Program (CIED). CIED determines eligibility and maintains supporting documentation of such eligibility in the HSSS. CIED will ensure that Clients recertify for eligibility for services at least every six-months during the year that the Client receives services or as Clients' needs change due to changes in medical status, income, or financial circumstances.

B. CLIENT INTAKE

CIED ensures that express and informed consent for admission and treatment is obtained from each prospective Client or Caregiver, as appropriate. Provider must provide each prospective Client or Caregiver with an orientation/description of Services. Provider must review all intake documentation with the Client and Caregiver, which includes, but is not limited to, the Client Confidentiality Form, Client Grievance Policy, Client Rights and Responsibilities, and Consent to Release Information. Provider must ensure that all documents are completed and signed by the Clients, Caregiver (if applicable) and Provider. Provider must ensure that completed, executed releases of confidential information and records forms for referrals and/or disclosures are maintained in the Client's file and the HSSS.

1. Client Orientation

The HICP service provider must ensure that new and returning Clients are familiarized with the HICP process. The HICP service provider must review all orientation materials, policies and procedures, and Client acknowledgment forms with the Client that the Broward County Recipient Office approves. Documentation of acceptance of the Client acknowledgment form must be signed and dated by the Client at the end of the orientation. Clients must be informed that the Ryan White Part A program cannot assist with paying any fees/penalties from prior years associated with the Client not having an ADAP-approved health insurance plan. Clients must also be notified that a service provider does not have to accept third-party payments. Ultimately, it is up to the service provider to agree to third-party payments.

Clients must be informed that it is their responsibility to share information regarding HICP reimbursement with their service provider at least four (4) weeks before their next scheduled appointment date to gain provider buy-in and encourage the service provider to coordinate payment assistance setup with the HICP service provider. The HICP service provider must make clear to the Client that HICP cannot reimburse the Client for copays, deductibles, or another coinsurance that the Client pays out-of-pocket to a provider.

If the facility chooses not to accept, the Client can either choose another service provider that accepts HICP payment assistance or proceed with the appointment, which will make the Client responsible for making the payment themselves. HICP cannot reimburse payments made by the Client.

C. ASSESSMENT OF CLIENT NEEDS

CIED also assesses the Client's long and short-term needs, collect and analyze program

intake documentation to identify resources and programs, and provide individualized referral with appropriate follow up to meet a respective Client's need for health and support services. If the Client is legally unable to make their own decisions or manage their own affairs due to a condition that limits their functional capacity, Provider must meet with the prospective Client with their parents, legal caregivers, or other authorized custodial representatives (each a “Caregiver”) and note the outcome of the eligibility verification in the prospective Client’s file and/or the HSSS.

D. PROGRAM REQUIREMENTS

HICP is available to assist low-income, program-eligible Clients. HICP assistance is limited to out-of-pocket HIV/AIDS-related healthcare coverage costs, including: Medical deductibles, Copayments, and Coinsurance (for medications that are not on the Ryan White ADAP Formulary).

These Clients must be enrolled in an ADAP Premium Assistance program and an ADAP-approved ACA health insurance plan. The Ryan White Part A program does not assist with ACA premium payments, as the Florida ADAP pays these premiums. The coverage of HICP is also **limited** to the annual out-of-pocket max per Client, as detailed in the [taxonomy table](#). A complete financial assessment and disclosure from the Client is required in all cases. The HICP service provider must have policies and procedures to inform and assist Clients in navigating the service category.

The HICP service provider will coordinate with third-party providers to assist with Client access to services and maintain a list of providers for medical and pharmaceutical services that accept HICP payments. At a minimum, this provider list must be updated each time a new provider agrees to be added to the list, and it may be shared with Clients upon request. The HICP service provider must also communicate, at minimum upon Client request, with third-party providers to inform them of the details of HICP reimbursement and assist in gaining provider acceptance of HICP third-party reimbursement.

As a service category, HICP can assist with HIV-related medication copayments and deductibles, as well as HIV-related doctor visits, lab visits, and outpatient procedure visits. This assistance is limited, not guaranteed and is dependent on funding availability.

Prior to receiving health insurance assistance, Clients must review, understand, and accept in writing all HICP policies and procedures approved by the Broward County Ryan White Part A Recipient Office and the HICP service provider. Documentation of acceptance of these policies must be signed and dated by the Client.

Table 1: HICP Requirements for Medications and Medical Services

Medical Services	Medications
Medical service(s) must be covered by a Client’s ADAP-approved health insurance plan.	Medications must be covered by a Client’s ADAP-approved health insurance plan.

Medical Services	Medications
Medical service(s) must be provided by an in-network provider on the Client’s insurance plan. Out-of-network provider visits, labs, and other services are not covered.	Medications cannot be listed on the Florida ADAP Formulary.
Payments cannot be made for services provided in the emergency department, for hospital-based inpatient service, or for conditions that are not related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.	Payments cannot be made for medications to treat conditions that are not related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.

1. Payment Verification

The HICP service provider must, upon request by a Client or service provider, inform healthcare providers about the HICP process, including billing setup, steps, covered services, and expected timelines. The HICP service provider must have a system in place to ensure funds pay only for eligible pharmaceuticals and in-network outpatient services. The HICP service provider must ensure that all funds are being used as a last resort when Clients utilize their existing ADAP-approved ACA insurance plan.

The HICP service provider must examine documentation to ensure copayments, coinsurance, and deductibles are valid based on eligible insurance plan benefits, insurer, and HICP policies.

The HICP provider must encourage Clients to schedule relevant medical appointments before January since the Ryan White fiscal year ends on February 28 (29), and reimbursements cannot be made across Ryan White fiscal years. HICP Clients are responsible for submitting a request for payment to HICP within 60 calendar days of the rendered service(s) and must be encouraged to proactively follow up with their providers if billing for services is not received on time. The HICP service provider will process eligible health insurance invoice(s) 15 business days of receiving payment. The HICP service provider must notify Clients within 5 calendar days if a service provider will not accept their payment request for any reason.

Payment of invoices received after 60 calendar days is dependent on HICP funding availability.

All invoices for payment may be sent via email or fax and include the following:

- a. Client’s Legal Name
- b. Date of Birth

- c. Date of Service
- d. Amount and type of payment request (Copayment, Coinsurance, or Deductible)

Payment verification documentation must show that the insurance covered the service(s) and that those service(s) were HIV-related to the extent that the services were intended to treat conditions related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. The HICP service provider must receive documentation from a medical practitioner indicating a Client received an HIV-related service for eligible payments to be processed.

The HICP service provider cannot process any invoices after the closeout period at the end of the Ryan White fiscal year nor pay the service provider on the Client's behalf after the indicated deadline.

2. Coordination with Third Party Providers

The HICP service provider must educate Clients on services available through HICP and provide guidance on HICP processes, timelines, and limitations. The HICP service provider must strongly encourage Clients to use their insurance plan in-network providers. Failure of Clients to utilize their in-network insurance plan will result in a disallowance of cost-sharing support.

3. Client Discharge

- a. Provider must develop a plan to provide for the discharge of Clients and the transition out of the Services ("Discharge Summary/Transition Plan") and document same in the Client's file and/or the HSSS within thirty calendar (30) days of the completion of the Client's treatment plan goals or ninety (90) calendar days of discontinuing Services. Completion or discontinuation of treatment must be determined based on the following criteria:
 - i. Client dies, declines Services, or relocates, and;
 - ii. Client exhibits uncontrolled disruptive behavior.
- b. Providers who terminate Clients due to disruptive behavior must refer Clients to new providers and provide due diligence to successfully link the Clients to new providers. Provider staff must sign all discharge plans for Clients terminated due to disruptive behavior.
- c. Providers must sign the Discharge Summary/Transition Plan. The Discharge Summary/Transition Plan must include a summary containing, at minimum, the following components about the Client:
 - i. Date and reason of case closure;
 - ii. Summary of Services provided;
 - iii. Documentation of post-discharge for Clients transitioning to a different program, as applicable.

4. Professional Requirements

Providers must adhere to the required minimum credentials outlined in the Provider Handbook and Taxonomy Table located online at, <https://www.broward.org/CommunityPartnerships/Pages/ContractServicesProviderHandbook.aspx#Standard%20Terms%20&%20Conditions,%20Provider%20Handbook%20and%20Taxonomy%20Table%20for%20Unit%20of%20Service%20Shell%20Agreements>

III. SUMMARY OF REQUIREMENTS:

Table 2. HICP Standards for Service Delivery

Requirements	Measure
1. Clients acknowledge acceptance of HICP policies, procedures, timelines, and limitations during orientation to HICP.	1.1. The HICP Policies and Procedures Acknowledgment form is signed and dated by the Client and uploaded in the designated HSSS.
2. Clients are instructed to offer information regarding HICP to their medical and pharmaceutical service providers no fewer than four (4) weeks before the next scheduled appointment.	2.1. The HICP Policies and Procedures Acknowledgment form is signed and dated by the Client and uploaded to the designated HSSS.
3. The HICP service provider verifies that the eligible insurance plan was effective on the date of service.	3.1. An active insurance policy is documented in the designated HSSS.
4. The HICP service provider verifies that services were provided by a service provider that is in the insurance plan’s network.	4.1. Documentation of the service provider’s participation in the HSSS network.
5. The HICP service provider must develop a system to ensure funds pay only for in-network outpatient services.	5.1. Documentation of HICP policies and procedures in designated HSSS.
6. The HICP provider must scan invoices and proof of payment.	6.1. Documentation of insurance information in the designated HSSS. 6.2. Verify that the invoice and payment are correct. 6.3. Duplication of documents will not be accepted. 6.4. All invoices for payment must include the Client’s legal name, Date of Birth, Date of Service, Amount, and type of payment request (Copayment, Coinsurance, or deductible)

Requirements	Measure
7. The HICP service provider must process eligible health insurance invoice(s) within 15 calendar days of receiving payment requests from the Client.	7.1. Documentation of date of receipt of copay, coinsurance, and/or deductible payment request in designated HSSS. 7.2. Proof of payment (invoice) is documented in the designated HSSS.
8. Upon request by a Client or a medical or pharmaceutical service provider, the HICP service provider must educate such third-party service provider regarding the details of HICP reimbursement and assist in gaining such service provider's acceptance of HICP third party reimbursements.	8.1. Documentation of orientation/education interaction entered in the designated HSSS.
9. The HICP service provider must coordinate with third-party service providers to assist with Client access to treatment services.	9.1. Documentation of Client coordination in designated HSSS.
10. The HICP service provider will provide HICP service orientation to each Client. The HICP service provider must ensure that each Client reviews, understands, and accepts in writing all HICP policies and procedures approved by the Broward County Ryan White Part A Recipient Office prior to providing each Client with services.	10.1. Documentation of orientation/education interaction entered in the designated HSSS.
11. The HICP service provider will maintain a list of providers for medical and pharmaceutical services that accept HICP payments.	11.1. Documentation of the provider list is updated, at minimum, once a year and distributed to Clients with physical and/or digital copies.
12. The HICP service provider must utilize HSSS as the information collection method and data exchange system designated by County for all Clients referred to and from the programs funded under this agreement and ensure that all entered information is current and accurate.	12.1. Client

Requirements	Measure
13. The HICP service provider must attend all Support Services Network meetings held by Broward County's Ryan White Part A Clinical Quality Management (CQM) team.	13.1. Documentation of Provider Network meeting attendance in CQM attendance log.
14. The CIED service provider must maintain and update a Continuity Plan that establishes policies and guidance to ensure performance of functions essential to Services identified in this Agreement during (and after) a declared disaster or pandemic.	14.1. Provide documentation of a Continuity Plan available upon request.

IV. OUTCOMES AND INDICATORS:

Table 3. Outcomes, Indicators, and Measure

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Measure (Who collects data, when how; special calculation instructions, if needed)
Clients maintain consistent access to medical care due to prompt invoice(s) payment.	85% of payments to third-party service providers are processed within 10 calendar days of receiving all required payment documents from Clients.	Documentation of payments processed on behalf of Clients recorded in the designated HSSS (Provide Enterprise). Monthly data compilation tracking sheets. Progress notes in designated HSSS.	Provider compiles data and submits to Broward County quarterly averages. Calculation: The total number of invoices processed within 10 calendar days / The total number of submitted eligible invoices within the reporting period.



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.