



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

Executive Committee Meeting

Thursday, May 21, 2026 – 12:45 PM

Meeting location: BRHPC and Microsoft Teams

Join Executive Committee Meeting

Meeting ID: 293 527 114 588 49

Passcode: T2vy3nN2

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

Phone conference ID: 285 085 237#

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

This meeting is audio/video recorded.

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

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for May 21, 2026
5. **ACTION:** Approval of Minutes for April 16, 2026 (**Handout A**)
6. Standard Committee Items
 - a. **Action Item:** Review and Approve May 28, 2026, HIVPC Agenda, Meeting Materials, and Motions (**Handout B**)
 - b. **Action Item:** Review June 2026 HIVPC Calendar (**Handout C**)
7. New Business: None.
8. Unfinished Business: None.
9. Recipient Report
10. Data Request
11. Public Comment
12. **Next Meeting Date:**

- a. June 18, 2026, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference

13. Agenda Items for next meeting

- a. Review and approve the June 25, 2026, HIVPC Agenda, Meeting Materials, and Motions
- b. Review the July 2025 HIVPC Calendar

14. Announcements

15. Adjournment

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

Please complete your [meeting evaluation](#).

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

Broward County Board of County Commissioners

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

[Broward County Website](#)



May 2026

Broward HIV Health Services Planning Council Calendar



All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit [HIV Health Service Planning Council](#) for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2 
3	4	5 Community Empowerment Committee (CEC) 3:00PM - 5:00PM	6	7 System of Care Meeting (SOC) 9:30AM - 11:30AM	8	9
10 	11	12	13	14 Local Pharmacy Assistance Committee (LPAC) 2:00PM - 4:00PM	15 Integrated Planning Work Group (IP) 11:30AM - 2:30PM	16
17	18 PSRA Data Presentation Workshop Day 1 10:00AM - 4:00PM 	19 PSRA Data Presentation Workshop Day 2 10:00AM - 4:00PM	20 PSRA Data Presentation Workshop Day 3 10:00AM - 4:00PM Quality Network Meeting (CQM) 10:00AM - 11:15AM In-Person	21 Executive Committee Meeting 12:45PM - 2:45PM	22	23
24	25 	26	27	28 HIV Planning Council Meeting 9:30AM to 11:30AM	29 Medical Case Management Meeting (CQM) 2:30PM - 3:45PM Integrated Planning Work Group (IP) 9:30AM - 12:30PM	30 
31						

Broward Regional Health Planning Council (BRHPC):
200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

May 2026

Broward HIV Health Services Planning Council Calendar



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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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Executive Committee

Thursday, April 16, 2026 – 12:45PM

Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

Executive Members Present: S. Tinsley, B. Fortune-Evans, T. Moragne, B. Barnes, M. Schweizer, K. Hayes, J. Castillo, F. D'Amore, M. Patterson

Members Absent: L. Robertson

Ryan White Part A Recipient Staff Present: G. James, T. Thompson, R. Pena, J. Roy

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

Guests Present: H. Singh, C. Harvey, V. Biggs, E. Bastidas, D. De Lima, T. Adeagbo

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

The Executive Committee Chair called the meeting to order at **12:48 PM** and welcomed all meeting attendees. The Chair notified attendees that the Executive Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, he stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the Executive Committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

1. Public Comment

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

2. Meeting Approvals

Motion #1: On behalf of the Executive Committee, M. Schweizer moved to approve the April 16, 2026, agenda. The motion was seconded by K. Hayes and approved unanimously.

Motion #2: B. Fortune-Evans on behalf of the Executive Committee, made a motion to approve the April 9, 2026, Executive Committee meeting minutes. The motion was seconded by M. Schweizer and adopted unanimously.

3. Standard Committee Items

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

No updates at this time.

- b. Review and Approve April 23, 2026, HIVPC Agenda, Meeting Materials, and Motions

Motion #3: M. Schweizer on behalf of the Executive Committee, made a motion to approve the April 23, 2026, HIVPC. The motion was seconded by F. D'Amore and adopted unanimously.

- c. Review May 2026 HIVPC Calendar

S. Isidore noted that the PSRA Workshop overlaps with QMC's regular meeting. She recommended that QMC should attend the workshop in lieu of their meeting. The Chair and Vice Chair of QMC agreed to the plan.

4. Discussion Items:

- a. **Discussion:** Review Committee Workplans

S. Isidore conducted the CEC review and provided an update on the committee's planned future outreach activities. She also noted that the LPAC Chair and Vice Chair will hold a sunshined meeting to schedule the next committee meeting.

S. Tinsley stated that the Executive Committee report stands. T. Morange stated that the MCDC report stands. M. Schweizer stated that the PSRA report stands. B. Fortune-Evans stated that the QMC report stands and noted the committee is behind on two activities, which are scheduled for completion in June. J. Castillo stated that the SOC report stands.

- b. **Discussion:** Area 10 Impact Statement for FCPN Statewide Meeting

G. Berkeley-Martinez announced FCPN meetings on May 5, May 6, and May 14 and said an impact statement is needed, noting there will be a public comment session and asking if the Planning Council should participate. K. Hayes asked how many consumers are affected by the ADAP changes, and J. Roy estimated about 5,000 but said it is difficult to confirm. B. Fortune-Evans questioned using uncertain data and asked what talking points should be included.

B. Barnes said this may be the group's only chance to raise the issue with the state and recommended making a statement even if it highlights uncertainties. M. Schweizer agreed that impacts are still unclear and warned against using unverified data.

Discussion emphasized using careful, generalized messaging. PCS staff shared a prior letter to Commissioner Rogers, and F. D'Amore suggested requesting a future opportunity to present data. F. D'Amore volunteered to make the statement on behalf of the Planning Council. The group agreed to deliver a cautious, strategic statement acknowledging limited data.

Motion #4: K. Hayes, on behalf of the Executive Committee, made a motion to appoint F. D'Amore as a representative of the Planning Council to present an Impact Statement during the upcoming FCPN meeting. The motion was seconded by B. Fortune-Evans and adopted unanimously.

- c. **Discussion:** Planning Council Support Budget

G. Berkeley-Martinez provided an overview of the BRHPC budget for the fiscal year, including personnel and fringe costs for Planning Council staff and non-personnel support expenses such as staff travel, outreach activities, and attendance at the National Ryan White Conference. She also reviewed operational costs including communications, IT support, printing, supplies, postage, rent, utilities, maintenance, and advertising, as well as direct service costs such as Planning Council food and catering. Additional expenses included consumer transportation assistance, out-of-area travel for the Chair and Vice Chair to the national conference, and consultant costs for website maintenance and recruitment materials. She noted that approximately 8.9% of the budget is allocated to administrative costs, including IT, accounting, human resources, audit, and

professional liability services.

B. Barnes recommended not paying rent for meeting space and instead utilizing county office space at no cost. G. Berkeley-Martinez clarified that the rent allocation also covers staff office space. B. Barnes further recommended that the Executive Committee review the budget in detail to be prepared to respond to audit-related questions.

Motion #5: M. Schweizer, of behalf of the Executive Committee, made a motion to approve the budget with an amendment removing the reference to "conference room." The motion was seconded by B. Fortune-Evans and passed unanimously.

5. Unfinished Business

- a. **Update:** Reconvene Ad hoc Bylaws Committee to update Bylaws and Memorandum of Understanding with Broward County

S. Isidore reported that the By-laws Subcommittee still did not have the required five members needed to convene and support the proposed bylaw amendment for the LPAC to become a standing committee. M. Schweizer volunteered to serve as Chair, and B. Fortune-Evans volunteered to serve as Vice Chair, noting that both were unavailable during the first week of May. J. Castillo and F. D'Amore also volunteered to join the committee.

S. Isidore confirmed that the committee reached the minimum membership needed to convene. S. Tinsley clarified that participation on the By-laws Committee would not count toward the two-committee limit, as it is a temporary committee expected to complete its work within approximately two to three meetings before dissolving.

6. New Business: None

7. Recipient's Report: None.

8. Data Request: None.

9. Public Comment

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

10. Agenda Items for Next Meeting

11. Next Meeting Date:

- a. May 21, 2026, at 12:45 p.m. LOCATION: Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- b. Agenda Items for next meeting
- i. Review and approve the May 28, 2026, HIVPC Agenda, Meeting Materials, and Motions
 - ii. Review the June 2026 HIVPC Calendar

12. Announcements

- S. Tinsley: Thanked members of the committee and staff for their support during the death of her family member.
- K. Hayes: Announced that she has been voted as Chair and Michael Greene as Vice Chair of Broward County EHE

13. Adjournment

There being no further business, the meeting was adjourned at **1:44 PM**.

Executive Committee for CY 2026

Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
	Meeting Date	15	15 (Election Cert.)	19	19	9	16										
1	Barnes, B.	X	X	X	X	X	X										
2	Castillo, J	X	X	X	X	X	X										
3	D'Amore, F., Vice-Chair	X		X	X	E	X										
4	Fortune-Evans, B.	X	X	X	X	X	X										
5	Hayes, K.	A	A	X	A	X	X										
6	Moragne, T.	X	X	X	X	X	X										
7	Robertson, L.	X		X	X	A	A										
8	Tinsley, S., Chair	X		A	X	X	X										
9	Schweizer, M.	X	X	X	E	X	X										
10	Patterson, Matthew				E	E	X										
	Biggs, V.	X		X													
	Chery-Davis, E.	X	X	A													
	Creary, Karen	X	A	E	A	X											
	Quorum = 7	11	6	9	7	8	9										

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

Executive Committee Meeting Minutes – April 16, 2026 - Minutes prepared by PCS Staff



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Broward County HIV Health Services Planning Council

Thursday May 28, 2026 – 9:30AM

Meeting at Broward Regional Health Planning Council and Microsoft Teams

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

Meeting ID: 276 548 094 708 69

Passcode: p3AJ7gj6

Dial in by phone

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

[Find a local number](#)

Phone conference ID: 954 300 600#

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

This meeting is audio and video recorded.

Quorum for this meeting is 13

DRAFT AGENDA

ORDER OF BUSINESS

I. CALL TO ORDER/ESTABLISHMENT OF QUORUM

II. WELCOME FROM THE CHAIR

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

III. PUBLIC COMMENT

IV. ACTION: Approval of Agenda for May 28, 2026

V. ACTION: Approval of Minutes for April 23, 2026 (**Handout A**)

VI. FEDERAL LEGISLATIVE REPORT– Federal and State Legislative Report

VII. CONSENT ITEMS

VIII. STANDARD COMMITTEE ITEMS

IX. DISCUSSION ITEMS

- a. None.

X. OLD BUSINESS

- a. None.

XI. NEW BUSINESS

- a. **Discussion:** Priority Setting & Resource Allocation (PSRA) Committee FY2026-2027 Ranking Results (**Handout B**)

Purpose: In accordance with HRSA requirements, the Planning Council is responsible for setting service priorities and allocating Ryan White Part A resources to best meet the needs of people with HIV. The PSRA Committee leads this process by developing recommended priorities and funding allocations for Broward County, with final priority setting and resource allocation informed by the full HIV Planning Council.

PSRA Overall Justification for Core & Support Services Not Funded by Part A FY27-28: Our priority is maintaining the existing continuum of services, where nearly 90% of funding is already committed and outcomes have shown strong success and retention rates. While we would like to expand into additional service categories, doing so at this time could jeopardize the stability and effectiveness of the current continuum.

- b. **Discussion:** Review and Vote How to Best to Meeting to Need FY2027-2028 (**Handout C**)

Purpose & Justification: RWHAP Part A Planning Councils are required to establish priorities for fund allocation and determine “how best to meet the need.” The SOC reviews this language to guide local decision-making on effective and cost-efficient strategies, including service delivery approaches, priority populations, and geographic focus, to ensure resources are directed where they will have the greatest impact.

- c. **Discussion: Motion to Approve FY2027-2028 Allocations (**Handout D**)**

Allocate Part A Core Services FY2027-2028

- a. Motion #1: Motion to allocate \$5,746,053 to Outpatient Ambulatory Health Services for FY2027–2028.

Justification: OAHS continues to be one of our most accessed services. Historically we see final expenditures exceed the initial allocation with provider unbillables due to allocation cap at year end each year. Due to changes in Florida ADAP benefits that may result in additional clients seeking Part A ambulatory assistance in FY26 and FY27, we recommend a dollar amount increase of \$449,100 for the service category.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- b. Motion #2: Motion to allocate \$377,535 to AIDS Pharmacy Assistance (LPAP) for FY2027–2028.

Justification: ADAP assistance had been temporarily drastically reduced by the State in early 2026 and the future of the program remains uncertain. Due to this uncertainty and the potential that Part A will be responsible for HIV-related medication support, we recommend a dollar amount increase of \$184,610 for the service category.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- c. Motion #3: Motion allocate \$2,751,017 to Oral Health for FY2027–2028.

Justification: Utilization rates for oral health care remain high with provider unbillables due to allocation cap each year. Routine services are leading the utilization. There remains only one specialty provider. As with ambulatory, there is concern that individuals losing health insurance might also look to Part A for their oral health services. We recommend a \$200,000 reduction in the Oral Health Specialty subcategory and a \$495,925 increase in Oral Health Routine. This is a

recommended overall increase of \$259,925.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- d. Motion #4: Motion to allocation \$822,465 to Health Insurance Premium & Cost Sharing for FY2027–2028.
Justification: Provides financial assistance to enable PLWH to maintain health insurance or standalone dental insurance by paying their premiums or other cost-sharing expenses, including co-pays, deductibles, and funds to contribute to a client’s Medicare Part D true out-of-pocket costs (TrOOP)
PROPOSED BY: Priority Setting and Resource Allocation Committee
- e. Motion #5: Motion to allocate \$820,081 to Medical Case Management for FY2027–2028.
Justification: Provides client-centered activities designed to improve health outcomes, such as assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling.
PROPOSED BY: Priority Setting and Resource Allocation Committee
- f. Motion #6: Moton to allocate \$130,000 to Mental Health for FY2027–2028.
Justification: Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
PROPOSED BY: Priority Setting and Resource Allocation Committee
- g. Motion #7: Motion to allocate \$250,000 to Medical Nutrition Therapy for FY2027–2028.
Justification: The goal of MNT is to provide medically tailored food items and meals that are approved by a licensed registered dietitian or other licensed nutrition professional that reflect appropriate dietary therapy based on evidence-based practice guidelines. Diets and meals recommended by a licensed registered dietitian or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes for clients. Clients are required to report to the clinician at a minimum quarterly to discuss their progress and nutritional treatment plan goals.
PROPOSED BY: Priority Setting and Resource Allocation Committee
- h. Motion #8: Motion to allocate \$150,000 to Substance Abuse - Outpatient for FY2027–2028.
Justification: Provides outpatient services for the treatment of drug or alcohol use disorders, including both drug-free treatment and counseling and medication-assisted therapy, harm reduction; can include syringe access services that meet current appropriations law and applicable HHS-, HRSA-, and HAB-specific guidance; does not include the purchase of syringes
PROPOSED BY: Priority Setting and Resource Allocation Committee
- i. Motion #9: Motion to allocate \$11,047,151 to Total Part A Core Services for FY2027–2028.
PROPOSED BY: Priority Setting and Resource Allocation Committee

Allocate Part A Support Services FY2027-2028

- a. Motion #1: Motion to allocate \$349, 378 Non-Medical Case Management [Centralized Intake & Eligibility Services] for FY2027–2028.
Justification: CIED remains highly utilized, with unbillables due to allocation cap at the end of FY25-26. We recommend maintaining initial CIED (Part A and MAI) funding overall in line with the current FY26-27 contracted levels.
PROPOSED BY: Priority Setting and Resource Allocation Committee

- b. Motion #2: Motion to allocate \$820,081 to Non-Medical Case Management [Case Management] for FY2027–2028.
Justification: NMCM Case Management utilization has continued steadily increasing. Due to ADAP changes and the goal of increasing Ambulatory, LPAP and Oral Health funding, we recommend a decrease of \$364,278.
PROPOSED BY: Priority Setting and Resource Allocation Committee

- c. Motion #3: Motion to allocate \$115,872 to Emergency Financial Assistance for FY2027–2028.
Justification: EFA provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered ADAP or AIDS Pharmaceutical Assistance (Local). Provision of allowable Ryan White Part A pharmaceutical assistance to a client beyond thirty (30) days must not be funded through EFA. Ryan White funds are used for EFA only as a last resort, ensuring that insurance plans, Patient Assistance Programs (“PAPs”), pharmaceutical vouchers and/or pharmaceutical samples are utilized in advance of EFA.
PROPOSED BY: Priority Setting and Resource Allocation Committee

- d. Motion to allocate \$635,000 to Food Bank/Food Voucher for FY2027–2028.
Justification: Provides grocery items or a voucher program to purchase food Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues.
PROPOSED BY: Priority Setting and Resource Allocation Committee

- e. Motion #5: Motion to allocate \$129,151 to Other Professional Services (Legal Services) for FY2027–2028.
Justification: Supports professional and consultant services, including legal services, permanency planning, and income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.
PROPOSED BY: Priority Setting and Resource Allocation Committee

- f. Motion #6: Motion to allocate \$2,049,482 to Total Part A Support Services for FY2027–2028.
PROPOSED BY: Priority Setting and Resource Allocation Committee

- g. Motion #7: Motion to allocate \$13,096,633 to Total Part A Core and Support Services for FY2027–2028.
PROPOSED BY: Priority Setting and Resource Allocation Committee

Allocate Part A MAI Core Services FY2027-2028

- a. Motion #1: Motion to allocate \$50,000 to Outpatient Ambulatory Health Services for FY2027–2028.

Justification: Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- b. Motion #2: Motion to allocate \$65,000 to Mental Health for FY2027–2028.

Justification: Outpatient psychological and psychiatric assessment, diagnosis, and treatment services offered to clients living with HIV. Services are conducted in an outpatient group or individual session.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- c. Motion #3: Motion to allocate \$300,000 to Substance Abuse - Outpatient for FY2027–2028.

Justification: Outpatient services for the treatment of drug or alcohol use disorders.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- d. Motion #4: Motion to allocate \$415,000 to Total MAI Core Services for FY2027–2028.

PROPOSED BY: Priority Setting and Resource Allocation Committee

Allocate Part A MAI Support Services FY2027-2028

- a. Motion #1: Motion to allocate \$424,066 to Non-Medical Case Management – Centralized Intake & Eligibility Services for FY2027–2028.

Justification: Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.

PROPOSED BY: Priority Setting and Resource Allocation Committee

- b. Motion #2: Motion to allocate \$187,004 to Non-Medical Case Management for FY2027–2028.

Justification: Assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling

PROPOSED BY: Priority Setting and Resource Allocation Committee

- c. Motion #3: Motion to allocate \$611,070 to Total MAI Support Services for FY2027–2028

PROPOSED BY: Priority Setting and Resource Allocation Committee

- d. Motion #4: Motion to allocate \$1,026,070 to Total MAI Core and Support Services for FY2027–2028.

PROPOSED BY: Priority Setting and Resource Allocation Committee

XII. COMMITTEE REPORTS

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

Chair: Lorenzo Robertson • Vice Chair: Vacant

May 5, 2026

- ii. **Work Plan Item Update/Status Summary:** The committee reviewed its work plan and planned activities and finalized preparations for upcoming outreach events. The committee also reviewed the results of the Ryan White Part A Core and Support Services ranking process. An update was

provided on the progress of the Community Advocacy Training with NMAC, and the committee began preliminary planning updates for Listening Sessions 1 and 2.

- iii. **Data Requests:** None.
- iii. **Rationale for Recommendations:** None.
- iv. **Data Reports/Data Review Updates:** None.
- v. **Other Business Items:** None.
- vi. **Agenda Items for Next Meeting:** To be Determined.
- vii. **Next Meeting Date:** June 2, 2026, at 3:00 PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

b. System of Care Committee (SOC)

Chair: Jose Castillo • Vice Chair: Kendra Hayes
May 7, 2026

- i. **Work Plan Item Update/Status Summary:** The committee received a presentation providing an overview of and vote on the How Best to Meet the Need/Priorities (HBTMTN) Language for FY2027–2028. Following the presentation, the committee reviewed and made recommendations to the HBTMTN language. The committee also received an update from CQM Support Staff on QIP activities, and members were invited to attend the PSRA workshops, particularly Day 2, as several work plan activities aligned with the data being reviewed.
- iv. **Data Requests:** None.
- iv. **Rationale for Recommendations:** None.
- v. **Data Reports/Data Review Updates:** None.
- vi. **Other Business Items:** None.
- vii. **Agenda Items for Next Meeting:** To be Determined.
- viii. **Next Meeting Date:** June 4, 2026, at 9:30AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

c. Membership/Council Development Committee (MCDC)

Chair: Dr. Timothy Moragne • Vice Chair: Vacant
Next Meeting Scheduled – *June 11, 2026 (Special Meeting)*

- v. **Work Plan Item Update/Status Summary:** None.
- vi. **Data Requests:** None.
- v. **Rationale for Recommendations:** None.
- vi. **Data Reports/Data Review Updates:** None.
- vii. **Other Business Items:** None.
- viii. **Agenda Items for Next Meeting:** To be Determined.
- ix. **Next Regular Meeting Date:** July 9, 2026, at 9:30 AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

d. Quality Management Committee (QMC)

Chair: Bisiola Fortune-Evans • Vice Chair: Matthew Patterson
QMC Members Invited to PSRA Workshop Day 2; Tuesday, May 19, 2026

- vii. **Work Plan Item Update/Status Summary:** None.
- viii. **Data Requests:** None.
- vi. **Rationale for Recommendations:** None.
- vii. **Data Reports/Data Review Updates:** None.
- viii. **Other Business Items:** None.
- i. **Agenda Items for Next Meeting:** To be Determined.

- ii. **Next Meeting Date:** June 15, 2026, at 12:00PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

e. **Executive Committee**

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore
May 21, 2026

- ii. **Work Plan Item Update/Status Summary:** The committee reviewed and approved the agenda and examined all committee work plans.
- ix. **Data Requests:** None.
- vii. **Rationale for Recommendations:** None.
- viii. **Data Reports/Data Review Updates:** None.
- ix. **Other Business Items:** None.
- ix. **Agenda Items for Next Meeting:** To be Determined.
- x. **Next Meeting Date:** June 18, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

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

Chair: Brad Barnes • Vice Chair: Mark Schweizer
Data Workshops Monday, May 18 to May 20, 2026th

- iii. **Work Plan Item Update/Status Summary:** The three-day data workshop was designed to support the PSRA Committee in making informed, data-driven decisions regarding HIV care services in Broward County and the Integrated HIV Prevention and Care Plan.
- iv. **Rationale for Recommendations:** None.
- ix. **Data Reports/Data Review Updates:** None.
- x. **Other Business Items:** None.
- xi. **Next Meeting Date:** June 18, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- xii. **Agenda Items for Next Meeting**
 - i. FY2026 Reallocation/Sweeps – Cycle One
 - ii. AIDS Drug Assistance Program (ADAP) Updates

XIII. RECIPIENT REPORTS

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

XIV. DATA REQUEST(S)

XV. PUBLIC COMMENT

XVI. AGENDA ITEMS FOR THE NEXT MEETING

Next Meeting Date:

- a. Thursday, June 25, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- b. **Presentation:** Leadership Training: Florida HIV Updates & Community Action; Ashley Holmes, State Policy Advisory at NMAC (**Handout F**)

XVII. ANNOUNCEMENTS

XVIII. ADJOURNMENT

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

Please complete your [meeting evaluation](#).
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

[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



June 2026

Broward HIV Health Services Planning Council Calendar

Handout C



All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
	1	Community Empowerment Committee (CEC) 3:00PM - 5:00PM	2	3	System of Care Meeting (SOC) 9:30AM - 11:30AM	4	5	6	
7	8	MBylaws Ad Hoc Committee Meeting (MCDC) 9:30AM - 11:30AM	9	10	Membership/Council Development Committee Meeting (MCDL) 9:30AM - 11:30AM	11	12	13	
14	Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	15	Support Services Network Meeting (SQM) 9:00AM - 10:15AM	16	17	PSRA Committee Meeting 9:30AM - 11:30AM Executive Committee Meeting 12:45PM - 2:45PM	18	19	20
	21	22	23	24	HIV Planning Council Meeting 9:30AM to 11:30AM	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**.

June 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.

<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 resevwa 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>		



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 nesese 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.