



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

Broward County HIV Health Services Planning Council
Thursday May 28, 2026 – 9:30AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

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Meeting ID: 276 548 094 708 69
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Phone conference ID: 954 300 600#

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

This meeting is audio and video recorded.

Quorum for this meeting is 13

DRAFT AGENDA

ORDER OF BUSINESS

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 (**Handout B1 and B2**)

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 C)**

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 D)**

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. SOC’s recommendations are submitted to the PSRA committee.

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

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: Motion 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** to **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 F**)
- b. Part B (**Handout G1 and G2**)
- c. Part C (**Handout H**)
- d. Part D (**Handout H**)
- 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 Advisor at NMAC (**Handout I**)

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



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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(954) 561-9681 • FAX (954) 561-9685

**Broward County HIV Health Services Emergency
Planning Council Meeting
Thursday, April 23, 2026 – 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams**

DRAFT MINUTES

HIVPC Members Present: B. Barnes, R. Bhrangger, V. Biggs, J. Castillo, F. D'Amore, B. Fortune-Evans, R. Jimenez, B. Mester, T. Moragne, L. Robertson, J. Rodriguez, M. Schweizer, S. Tinsley, Y. Barrientos, R. Hadley, C. Williams, J. Rogers, S. Hafley, K. Hayes, N. Tyler, H. Bahi

Members Absent: J. De La Nuez, W. Marcoviche (excused) , A. Machado

Recipient Part A Staff Present: J. Roy, G. James, A. Maloney, T. Thompson, B. Spaulding, W. Cius, C. Evans, D. Watkins, R. Honick

FL Department of Health/Recipient Part B Staff Present: S. Cook, A. Abdool

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

Guests Present: M. Rajner, S. Moore, A. Mayfaire, R. Louis XIV, H. Singh, T. Adeagbo

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

The HIVPC Vice Chair called the meeting to order at **9:33 AM**. and welcomed all attendees. The Vice Chair noted that the meeting operates under Florida's "Government-in-the-Sunshine Law," which includes meeting reporting requirements and the recording of minutes. Additionally, attendees were informed that while acknowledgment of HIV status is not required, any disclosure would be subject to public record. PCS conducted a roll call of Council members, Ryan White Part A recipient staff, PCS/CQM staff, and guests, followed by a moment of silence.

1. Public Comment:

None.

2. Meeting Approvals

Motion #1: V. Biggs, on behalf of HIVPC, made a motion to approve the April 23, 2026, HIV Health Services Planning Council agenda. The motion was seconded by M. Schweizer and was passed unanimously.

Motion #2: K. Hayes, on behalf of HIVPC, made a motion to approve the April 9, 2026, HIV Health Services Planning Council minutes. The motion was seconded by J. Castillo and was passed unanimously.

3. Federal Legislative Report

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

4. Consent Items

- a. Motion to approve HIVPC Membership for Matthew Patterson
Justification: Matthew Patterson is a dedicated advocate for people living with HIV. Since his diagnosis in 2017, he has engaged in RW-funded care and housing services and has used his lived experience to support others. He is actively involved in HIV service planning and leadership, serving on the PSRA committee, as Vice Chair of QMC, and on multiple nonprofit boards, with a strong focus on improving outcomes and reducing stigma in the community.

Seat: Representative of/or formerly incarcerated PWH

PROPOSED BY: Membership/Council Development Committee

Motion #3: The Membership/Council Development Committee proposed the Consent Items, and a motion was made to approve them. The motion was seconded by V. Biggs and passed unanimously.

5. Standard Committee Items:

- a. AIDS Drug Assistance Program (ADAP) Updates

J. Roy announced that the Part A report will be provided at a later time.

6. Discussion Items

None.

7. Old Business:

None.

8. New Business:

- a. **Announcement:** Award Presented to Michael Rajner in Recognition of Courage and Advocacy During the AIDS Drug Assistance Program (ADAP) Crisis

The Vice-Chair presented M. Rajner with an award in recognition of his activism on behalf of the HIV community during the ADAP Crisis.

M. Rajner reviewed his HIV advocacy experience, contrasting the collaborative response during the 2010 crisis with the current lack of state-level transparency and input. He reported ongoing efforts to restore full program funding beyond temporary measures, emphasizing the need for comprehensive care and the impact of coverage gaps. He underscored the importance of community advocacy, sharing personal stories, and educating legislators, many of whom lack basic program knowledge. He noted challenges including limited access to officials and inconsistent state data, while warning that recent policy changes have reduced viral suppression rates. He encouraged broader participation in advocacy efforts and concluded that, despite obstacles, continued engagement is influencing some policymakers.

- b. **Announcement:** Broward HIV Health Services Planning Council Member of the Year FY2025-2026

T. Morange and V. Biggs announced F. D'Amore as Member of the Year for FY2025-2026.

- c. **Presentation:** Overview of the Priority Setting and Resource Allocation

S. Isidore provided an overview of the Priority Setting and Resource Allocation (PSRA) process, including its purpose, guiding principles, and key components. She explained that the Planning Council is responsible for identifying the most critical services for people living with HIV and determining how Ryan White Part A funds are distributed across these priorities.

S. Isidore described the annual PSRA cycle and identified the stakeholders involved, including the PSRA Committee, Quality Management Committee, Community Empowerment Committee, Planning Council, Recipient Office, and community partners. She explained how each group contributes to reviewing data, setting priorities, and making funding decisions.

She highlighted the key data sources used in the process, including scorecards, community feedback from listening sessions, epidemiological data, needs assessments, and estimates of unmet need. She emphasized that all decisions are based on a comprehensive review of these data to ensure alignment with community needs.

- d. **Presentation:** Broward County Boards, Ethics, Sunshine Law, and Public Records

R. Honick provided an annual overview of Florida's Sunshine Law, emphasizing that all discussions of public business—formal or informal—must be open, noticed, and accessible to the public. He clarified that any two-way communication between board members about matters that could come before the board may constitute a meeting and should occur in the sunshine, including overlapping meetings or external groups where multiple members are present, which may require public notice. He stressed avoiding private conversations, social media interactions, or side discussions about board business, as violations can lead to penalties, including fines, jail time, or reversal of decisions.

He further explained public records requirements, noting that most communications related to board business are subject to disclosure, regardless of device used, and that shared notes, emails, and messages may become public records. Members were advised to minimize informal communications, retain relevant records when necessary, and consult staff when handling requests. Ethics rules were also reviewed, including prohibitions on accepting gifts from certain sources (e.g., vendors, lobbyists), limits on gift values, and the importance of avoiding conflicts of interest or misuse of position. Disclosure of conflicts, careful evaluation of outside relationships, and consultation with staff or legal counsel were strongly encouraged. Overall, the guidance stressed transparency, caution in communications, and proactive compliance with legal and ethical standards.

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

G. Berkeley-Martinez outlined the purpose and scope of the Area 10 Impact Statement scheduled for May 5 and presented a draft for member review. M. Rajner recommended that the statement emphasize the need for the Department of Health to engage

authentically and proactively with stakeholders. J. Roy added that these recommendations align with HRSA's goals for greater system integration.

Motion #4: B. Barnes proposed the Consent Items, and a motion was made to approve the Statement with the recommendations made by M. Rajner and J. Roy. The motion was seconded by V. Biggs and passed unanimously.

9. Committee Reports

a. **Community Empowerment Committee – April 7, 2026**

Chair: Lorenzo Robertson, Vice Chair: Vacant

The report stands. L. Robertson announced that CEC needs to fill the position of Vice Chair.

b. **System of Care Committee – April 7, 2026 (Joint Meeting with QMC)**

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

The report stands.

c. **Membership/Council Development Committee – April 20, 2026**

Chair: T. Morange, Vice Chair: Vacant

The report stands. T. Morange announced that there will be a special meeting in June to address member term limits. He also noted that MCDC needs to fill the position of Vice Chair.

d. **Quality Management Committee – April 7, 2026 (Joint Meeting with SOC)**

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

The report stands. B. Fortune-Evans announced the next QMC meeting will be in conjunction with the PSRA Workshops in May.

e. **Executive Committee – April 9, 2026 and April 16, 2026**

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

The report stands.

f. **Priority Setting and Resource Allocation Committee – April 9, 2026 and April 16, 2026**

Chair: B. Barnes, Vice Chair: Mark Schweizer

The report stands. B. Barnes encouraged all members to join the PSRA Workshops.

10. Recipient's Report

a. **Part A:**

J. Roy reported on upcoming participation in the Ryan White National Conference, including planned presentations and abstracts, and provided program updates. She noted two vacant positions under Ryan White with a current hiring freeze impacting staffing capacity. Despite this, a well-attended provider orientation on April 21 incorporated prior feedback and covered compliance, monitoring, Planning Council engagement, and client self-sufficiency. Quality improvement efforts include updated client eligibility, development of provider report cards to assess performance, and a new monitoring dashboard integrating multiple data

sources to identify clients out of care. Contract adjustments related to reallocation and eligibility changes are in progress, along with fiscal close-out activities.

T. Thompson described the dashboard initiative, which tracks clients without recent paid services, supports provider follow-up, and aims to improve retention and viral suppression through proactive outreach. Planning Council members approved extending the meeting and raised concerns about staffing shortages affecting oversight, technical assistance, and provider monitoring, with HRSA expressing concern and urging positions be filled despite an anticipated lengthy hiring process. Members also discussed the provider report cards, pending contract allocations, and the need for timely budget clarity. Additional feedback emphasized improving hiring processes, enhancing quality-focused metrics, and considering advocacy to address staffing and system challenges.

Motion #4: B. Barnes, on behalf of HIVPC, made a motion to for the Chair and Vice Chair to send a letter to the Part A office addressing concerns regarding the hiring freeze and open positions, requesting that these positions be filled as soon as possible. The motion was seconded by J. Castillo and was passed unanimously.

b. **Part B:** The report stands.

S. Cook reported that the FY 2025–2026 grant award is projected to be fully expended. She also shared ADAP data indicating that 7% of clients who missed appointments were later recertified, while 32% were classified as true no-shows. B. Barnes requested follow-up with staff regarding the Integrated Plan to support collaboration, noting the absence of Prevention Council meetings for two years and expressing interest in representing the Prevention Council in the Integrated Plan process.

c. **Part C:** The report stands.

d. **Part D:** The report stands. B. Fortune-Evans reported that preparations are underway for the upcoming HRSA site visit scheduled for May and June.

e. **HOPWA:** No representative or formal report. G. James noted that the HOPWA program has received a Notice of Award.

f. **Prevention:** The report stands. V. Biggs requested clarification on the term “reengagement” in the report. S. Cook explained that it refers to clients who have fallen out of care and subsequently re-entered care services.

11. Data Request(s): None.

12. Public Comment: None.

13. Agenda Items for Next Meeting:

- a. The next HIVPC meeting will be held on **May 28, 2026**, at **9:30 a.m.** Location: Broward Regional Health Planning Council and Virtual through Microsoft Teams

14. Announcements:

- Man Up Festival (CEC approved community outreach activity) - Saturday, May 2, 2026, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort

Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions!

- PSRA Workshops: Workshops will be held to support the Committee in making informed, data-driven decisions regarding HIV care services in Broward County. The sessions are scheduled for Monday, May 18; Tuesday, May 19; and Wednesday, May 20, 2026, from 10:00 AM to 4:00 PM. Location: To be determined.
- K. Hayes and M. Greene have been reelected as the Chair and Vice Chair of EHE. EHE is welcoming applications for new members.

15. Adjournment

There being no further business, the meeting was adjourned at **11:52 AM**

HIVPC Attendance for CY 2026

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

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

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EXECUTIVE SUMMARY

FY27 Appropriations Begin: Congress formally began the FY27 appropriations process in April, with the House moving first on hearings and early markups while the Senate continued budget oversight hearings. Although the process is underway, reconciliation, spending disputes, and election-year politics continue to threaten the traditional appropriations timeline.

DHS Funding Resolved: Congress ended the prolonged DHS funding impasse by approving full-year appropriations for most DHS operations, restoring stability to TSA, FEMA, Coast Guard, and related functions. Immigration enforcement funding remains unresolved and has shifted into reconciliation.

Reconciliation Faces Procedural Hurdles: Senate Republicans continued advancing a border-focused reconciliation package centered on immigration enforcement funding, but recent Senate Parliamentary rulings struck several major provisions as noncompliant with reconciliation rules. Senate leadership is expected to revise portions of the package as Republicans work to meet the Administration's June 1 target.

Housing Legislation Remains Active: Bipartisan housing legislation remains on the table, though sharp differences still exist between House and Senate approaches, particularly around investor restrictions, banking provisions, and community development policy.

Surface Transportation Reauthorization Begins: House lawmakers released a five-year \$580 billion surface transportation reauthorization package, beginning formal work on replacing the current authorization before its September 30 expiration.

FISA Extended Again: Congress again postponed the Section 702 surveillance debate by approving a short-term extension, preserving intelligence authorities while broader disagreements over privacy protections remain unsettled.

FEMA Reform Debate Intensifies: The FEMA Review Council approved recommendations that would significantly restructure federal disaster policy, including shifting more responsibility to states and local governments, narrowing federal assistance eligibility, and reducing post-disaster mitigation support.

Federal Healthcare Oversight Expands: The Administration significantly expanded Medicare and Medicaid anti-fraud enforcement, including nationwide provider enrollment moratoria, Medicaid oversight directives, and new interagency enforcement initiatives.

Tariffs and Trade Actions Continue: The Administration continued modifying tariff policy and customs implementation, reinforcing continued reliance on trade authorities as an industrial and economic policy tool.

AI Infrastructure Becomes a Policy Issue: Data center growth and AI infrastructure demands increasingly drew congressional scrutiny, particularly around electricity demand, transmission capacity, water use, and consumer ratepayer impacts.

APPROPRIATIONS AND BUDGET OUTLOOK

Congress formally began the FY27 appropriations process in April, marking the transition from budget oversight into the early stages of legislative drafting. The House moved first, beginning hearings and positioning appropriations bills for markup activity, while the Senate continued oversight hearings but lagged in producing formal legislative text.

As in prior years, the appropriations process follows a familiar path beginning with the President’s budget request, followed by agency hearings, committee markups, floor consideration, and eventual House-Senate negotiations. However, the practical timeline remains compressed by competing legislative priorities, particularly reconciliation, immigration funding disputes, and broader disagreements over discretionary spending levels.

At present, regular-order appropriations activity is underway, but the likelihood of completing all twelve appropriations bills before the fiscal year deadline remains uncertain given the increasingly crowded legislative calendar.

FY27 Congressional Appropriations Tracker: [Appropriations Status Table: FY2027 | Congress.gov | Library of Congress](#).

DEPARTMENT OF HOMELAND SECURITY

Congress ended the Department of Homeland Security funding lapse on April 30, a record-breaking 76-day partial government shutdown, ending a record-breaking 76-day partial government shutdown that disrupted agency operations and created visible operational strain across multiple federal functions. The enacted funding legislation restored appropriations for core DHS operations, including TSA, FEMA, Coast Guard, Secret Service, and broader departmental functions. The funding resolution removed the immediate operational crisis that had increasingly affected airport operations, staffing, and public-facing homeland security functions.

Importantly, the political dispute over immigration enforcement funding was not fully resolved through the appropriations measure itself. Instead, Congress effectively separated traditional departmental operations from the broader immigration enforcement funding debate, allowing ICE and CBP funding questions to continue through reconciliation. This approach restored short-term operational stability while preserving the larger policy fight over border security, immigration enforcement priorities, and congressional oversight.

BUDGET RECONCILIATION 2.0

Republicans continued advancing a separate reconciliation strategy focused primarily on immigration enforcement and border operations. Senate Republicans released legislative text for a package totaling approximately \$71.7 billion and providing significant multi-year funding for ICE, CBP, DHS, DOJ, and related enforcement activities. It reflects a deliberate effort to move immigration funding outside the traditional appropriations process.

However, the package has recently encountered meaningful procedural setbacks under Senate reconciliation rules. The Senate Parliamentarian (in mid-May 2026) ruled several provisions out of compliance with the Byrd Rule, including a reported \$1 billion Secret Service funding provision tied to security renovations for the White House Ballroom Project, certain Border Patrol funding provisions

outside committee jurisdiction, and language allowing reconciliation funds to be used in the initial screening of unaccompanied migrant children. Senate Republicans are expected to revise affected provisions and resubmit language for review, though some provisions may ultimately be dropped entirely. Homeland Security and Governmental Affairs and Judiciary Committee markups are expected to proceed, followed by Budget Committee action to assemble the full package.

While Senate Republicans remain aligned on moving the legislation, the political challenge may shift to the House, where conservatives continue pressing for deeper spending reductions, broader anti-fraud provisions, and additional policy concessions. President Trump has publicly set a June 1 target for enactment.

LEGISLATIVE WATCH

SURVEILLANCE POLICY – FISA SECTION 702

Congress again delayed a final resolution of the Section 702 surveillance debate by approving two short-term extensions (a 10-day patch on April 17, followed by a 45-day extension on April 30, pushing the new deadline to June 12, 2026) rather than a long-term reauthorization framework. The core dispute remains whether intelligence agencies should face stronger warrant requirements when querying communications involving U.S. persons incidentally collected under foreign intelligence authorities. Intelligence officials continue arguing that additional warrant requirements would materially weaken operational effectiveness, while civil liberties advocates and some conservatives continue pushing for stronger safeguards. Because the issue cuts across traditional party lines, coalition-building remains difficult, increasing the likelihood of continued short-term extensions or narrower compromise legislation.

HOUSING POLICY

Housing remains a viable legislative issue with bipartisan support. The chronology: the House passed its version (the Housing for the 21st Century Act, H.R. 6644) on February 9, 2026 (390-9). The Senate then passed a substitute amendment, the 21st Century ROAD to Housing Act, on March 12, 2026 (89-10). The Senate version added Section 901, a prohibition on large institutional investors purchasing single-family homes, which was not in the House bill. The bill has now returned to the House for reconciliation of the two versions. Differences between the chambers remain, particularly around the institutional investor ban, community banking deregulation provisions, and related financial services priorities championed by House Financial Services leadership.

The White House continues favoring the Senate-passed version and has reportedly pressured House Republicans to accept that approach rather than substantially revising the bill. Senate lawmakers from both parties have also expressed frustration over what they view as major House changes to a carefully negotiated bipartisan Senate package. The issue remains viable precisely because of its bipartisan momentum, but final enactment will likely require renewed bicameral negotiation rather than simple House acceptance of the current package.

SURFACE TRANSPORTATION REAUTHORIZATION

House Transportation and Infrastructure Committee leadership formally launched surface transportation reauthorization efforts by releasing legislative text for the BUILD America 250 Act on May 17, 2026, a five-year \$580 billion infrastructure package intended to replace the current authorization before its September 30, 2026 expiration. The package includes significant Highway Trust Fund investments, a proposed annual fee on electric and hybrid vehicles (\$130/year for EVs; \$35/year for plug-in hybrids), rail

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and discretionary infrastructure funding, freight program support, and a federal framework addressing autonomous vehicle deployment.

Bill Text and Supporting Documents:

<https://transportation.house.gov/news/documentsingle.aspx?DocumentID=409495>.

The release marks the beginning of serious congressional work on surface transportation reauthorization, though meaningful hurdles remain. Once House committees complete markup activity and floor consideration, lawmakers will still need to negotiate a bicameral agreement with the Senate. Given the complexity of the package and compressed timeline, a short-term extension of current transportation authorities remains a realistic possibility if final agreement slips beyond the deadline.

For Broward County, this remains highly relevant given implications for freight policy, surface transportation funding, formula allocations, competitive grants, and infrastructure planning.

AVIATION SAFETY – ALERT ACT

The House advanced the ALERT Act during April as part of the congressional response to recent aviation safety concerns, including the 2025 Reagan National midair collision. The legislation addresses airspace safety, coordination, aircraft technology, and operational oversight. Compared to many transportation measures, the bill continues to enjoy relatively broad bipartisan support, improving its chances of continued legislative movement. Final enactment timing will depend on Senate action and whether leadership prefers standalone consideration or folding aviation safety provisions into broader transportation legislation.

PERMITTING REFORM

Permitting reform discussions regained momentum in April, with bipartisan Senate negotiations continuing around project review timelines, agency coordination, judicial review, and infrastructure delivery certainty. The central challenge remains balancing environmental review protections with efforts to accelerate infrastructure, energy, and transmission development. While comprehensive reform remains politically difficult, several narrower legislative proposals may preview components of a broader compromise.

For local governments, permitting reform remains directly relevant because changes to review timelines, agency roles, and litigation standards could materially affect infrastructure project delivery.

ADMINISTRATIVE AND REGULATORY DEVELOPMENTS

FEMA POLICY, DISASTER FUNDING, AND EMERGENCY MANAGEMENT REFORM

Federal emergency management policy remained highly active in April and early May as FEMA funding activity continued alongside a broader debate over the future federal role in disaster response and recovery. Most significantly, the FEMA Review Council approved and transmitted its final report to President Trump on May 7, 2026, recommending a substantial restructuring of federal disaster policy. If ultimately implemented, the recommendations would represent a major shift in emergency management responsibilities away from the federal government and toward state and local governments.

Among the most consequential recommendations are proposals to narrow the number of disasters qualifying for federal declarations, replace Individual Assistance with a new single direct-payment program (FAIR, up to \$150,000 per household), replace Public Assistance reimbursements with parametric block grants routed directly to states (RAPID), reduce post-disaster mitigation opportunities, and continue

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significant reform of the National Flood Insurance Program, including continued Risk Rating 2.0 implementation and expanded private market participation.

Many of the most consequential recommendations would require congressional action, particularly amendments to the Stafford Act. However, elements of the Administration's broader direction, including increased disaster declaration thresholds and narrower mitigation priorities, suggest portions of this policy shift could occur administratively even absent legislation.

Separately, FEMA continued resilience funding activity, including flood mitigation funding opportunities, while FEMA and DHS also withdrew litigation appeals involving immigration-related conditions previously tied to FEMA grants.

For Broward County, these developments remain highly consequential. Any shift toward reduced federal disaster assistance, narrower mitigation eligibility, or increased state/local cost responsibility would directly affect resilience planning, disaster recovery, and long-term infrastructure funding.

MEDICARE / MEDICAID ANTI-FRAUD INITIATIVES

The Administration significantly expanded federal healthcare program integrity efforts through a series of anti-fraud initiatives targeting Medicare and Medicaid providers. On May 13, 2026, CMS announced a six-month nationwide moratorium on new Medicare enrollment for hospice providers and home health agencies, identifying both as high-risk provider categories vulnerable to fraudulent billing activity. Existing providers may continue operating, but new entrants are temporarily barred while CMS intensifies provider investigations and enrollment scrutiny. Administration officials indicated the action was influenced in part by recent enforcement activity involving suspected fraudulent provider activity and broader concerns that fraud schemes could rapidly shift across jurisdictions.

Separately, also on May 13, Vice President Vance announced a nationwide initiative directing state Medicaid Fraud Control Units to demonstrate that they are aggressively investigating Medicaid fraud or risk losing federal support for those oversight functions. CMS also directed states to rapidly revalidate high-risk Medicaid providers and submit broader program integrity strategies. Notably, CMS also explicitly included Florida in an expanded home health pre/post-claim review demonstration program alongside Illinois, North Carolina, Ohio, Oklahoma, and Texas, directly relevant to Broward's home health sector.

The Administration has additionally launched new Medicare and Medicaid "Fraud War Rooms" intended to improve interagency coordination, accelerate fraud detection, and identify improper payments before disbursement. While framed as a taxpayer protection initiative, expanded enforcement could increase compliance burdens for providers and create operational uncertainty across affected healthcare sectors.

FERTILITY BENEFITS PROPOSED RULE

The Departments of Labor, Health and Human Services, and Treasury on May 10, 2026 issued a proposed rule establishing a new category of "excepted fertility benefits," allowing employers to offer standalone fertility-related coverage outside traditional major medical plans.

The proposal is intended to expand access to fertility treatments, including in vitro fertilization, while giving employers greater flexibility in benefit design. Under the proposed framework, fertility benefits would be treated similarly to limited-scope vision or dental benefits and would generally be exempt from many federal health coverage requirements applicable to comprehensive group health plans. The proposal would establish a lifetime benefit cap of \$120,000 per participant, subject to future inflation

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adjustments, with implementation proposed beginning January 1, 2027. Public comments are due July 13, 2026.

Because the rule remains proposed, its final structure may change following public comment and interagency review. Nevertheless, it reflects continued federal activity in employee benefits regulation and healthcare coverage policy.

CMS INTEROPERABILITY / PRIOR AUTHORIZATION RULE

CMS issued a proposed rule expanding interoperability and prior authorization requirements, particularly affecting prescription drugs covered under medical benefit arrangements. The proposal is intended to modernize electronic health information exchange, improve transparency, accelerate prior authorization decision-making, and reduce administrative burden across payer-provider interactions.

For providers, insurers, and health systems, the proposal may require meaningful technology investments, workflow adjustments, and compliance planning. Public-sector healthcare systems and local government health partners may also face downstream implementation implications.

IMMIGRATION / H-1B POLICY DEVELOPMENTS

The Department of Labor advanced proposed changes to prevailing wage calculations affecting H-1B and related employment-based visa programs. The Administration has framed the changes as labor market protections intended to ensure foreign worker wages more accurately reflect domestic market conditions.

Separately, congressional Republicans continued broader discussions about high-skilled immigration reform, including proposals to move away from the current H-1B lottery structure toward a more merit-based or economic-value-based framework.

TRADE POLICY – TARIFFS / SECTION 232 / CUSTOMS IMPLEMENTATION

The Administration continued expanding trade policy activity through tariff modifications, industrial policy actions, and customs implementation changes. Changes to Section 232 tariff policy affected certain steel, aluminum, and derivative products, continuing the Administration's use of trade authorities to influence industrial competitiveness, domestic manufacturing, and supply chain strategy. At the operational level, Customs and Border Protection launched a new refund mechanism designed to streamline certain tariff-related reimbursement claims involving duties imposed under emergency authorities.

For importers, ports, supply-chain stakeholders, and trade-dependent regional economies, continued tariff volatility remains a material planning consideration.

ELECTION POLICY – MAIL-IN VOTING EXECUTIVE ORDER

Election policy remained active as litigation continued over the Administration's executive order (signed March 31, 2026) addressing mail-in voting procedures and broader election administration practices. Legal challenges primarily focus on whether the executive branch exceeded constitutional authority by attempting to influence election administration practices traditionally governed by states and Congress. While litigation remains ongoing, the broader significance lies in the Administration's continued willingness to use executive authority to shape election policy debates even where final implementation remains uncertain. A 23-state coalition filed suit on April 3, 2026, in the District of Massachusetts. Florida is not among the plaintiff states, meaning Broward's elections operations are subject to state-level interpretation of the EO.

EMERGING POLICY ISSUES

DATA CENTERS, AI INFRASTRUCTURE, AND GRID RELIABILITY

Congressional attention to artificial intelligence infrastructure accelerated as lawmakers increasingly focused on the electricity, transmission, and infrastructure demands associated with rapid data center growth.

At a House Energy and Commerce hearing, lawmakers from both parties broadly agreed that large-scale data centers should bear the infrastructure costs associated with their electricity demand rather than shifting those costs to residential and commercial ratepayers. Areas of bipartisan agreement included improved load forecasting, grid modernization, advanced transmission technologies, and policies ensuring that major new electricity demand pays for associated infrastructure upgrades.

Witnesses and lawmakers discussed mechanisms such as special tariff structures, long-term power contracts, and utility rate reforms designed to shield consumers from electricity price increases associated with hyperscale computing demand. Permitting reform also emerged as a recurring theme, particularly around transmission upgrades and grid-enhancing technologies.

The issue reflects a growing policy tension between federal efforts to accelerate AI competitiveness and concerns about utility costs, infrastructure strain, water consumption, and long-term grid reliability.

For local governments, including Broward County, these issues may increasingly affect utility planning, energy policy, water reuse strategy, economic development, and infrastructure investment priorities.

MARITIME PROSPERITY ZONES

The Administration formally published America's Maritime Action Plan on February 13, 2026, establishing a Maritime Prosperity Zone (MPZ) framework modeled on Opportunity Zones. The plan calls on the Secretary of Commerce to designate 100 MPZs for 10-year terms; statutory authorization requires legislation. This reflects continued federal interest in domestic maritime competitiveness, shipbuilding, port-related industrial development, logistics infrastructure, and waterfront economic revitalization.

For port communities, including Broward County and Port Everglades, future implementation details may warrant closer attention to potential tax, financing, infrastructure, or development incentives.

OTHER NEWS

1. **Federal Gas Tax:** The Administration on May 11, 2026, formally floated federal gas tax relief as a consumer cost response amid fuel price volatility and broader geopolitical uncertainty (the national average was \$4.52/gal at time of announcement). While politically attractive as a short-term relief measure, the proposal remains difficult because the federal gas tax directly supports the Highway Trust Fund, creating a tradeoff between immediate consumer relief and long-term transportation infrastructure funding. Absent clear congressional momentum, the issue currently appears more politically symbolic than immediately actionable.
2. **Jones Act Waiver:** The Administration on April 24, 2026, extended for an additional 90 days (through August 16, 2026) a temporary Jones Act waiver first issued March 17–18, 2026, covering approximately 659 energy and commodity products including crude oil, refined petroleum, natural gas, LNG, coal, and fertilizer. The waiver was originally issued in response to supply disruptions tied to the U.S./Israel conflict with Iran and associated Strait of Hormuz shipping disruptions. The move

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reflects continued executive efforts to mitigate supply disruptions while balancing longstanding domestic maritime protection policies. The waiver remains temporary and narrowly focused rather than signaling broader structural Jones Act reform.

3. **South Florida Delegation Update:** Representative Sheila Cherfilus-McCormick resigned from Congress on April 21, 2026, creating a vacancy in FL-20, which covers parts of Broward and Palm Beach counties and is heavily Democratic. Gov. DeSantis has discretion over special-election timing, and given the slim Republican House majority is unlikely to call a special election leaving the seat vacant through early 2027.



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EXECUTIVE SUMMARY

The legislature convened for a special session on the budget beginning on May 12. House and Senate Budget conference committees met through May 15 negotiating differences between the chambers before ultimately bumping their remaining issues to House and Senate leadership for resolution. Leadership set the schedule in anticipation of passing the budget by May 29, but it is unclear whether ongoing disagreements between the House and Senate will push budget negotiations into June.

This update also contains relevant legislation signed or vetoed by the Governor between May 1 and May 22, 2026, along with a short summary of County impact.

BATTERY RECYCLING ORDINANCE PREEMPTION

During budget negotiations, the Senate proposed budget included proviso language that would preempt local government battery recycling ordinances until the Department of Environmental Protection releases a study recommending appropriate safety standards for battery collection. The Senate would appropriate \$100,000 for the study, which must be completed by June 30, 2027. This would preempt the County's battery recycling ordinance that went into effect on May 1, 2026, which would have required retailers that sell large numbers of batteries to offer recycling drop-off locations. The House proposed budget does not include the preemption as of the last committee meeting on May 15. This difference between the House and Senate proposed budgets will be worked out during budget negotiations.

SIGNED BY GOVERNOR BETWEEN 5/1/26 AND 5/22/26

HB 927 – LOCAL LAND PLANNING AND DEVELOPMENT, BY REP. SAPP

Passed House 110-0, Passed Senate 33-0, Approved by the Governor on May 6, 2026.

[HB 927](#) requires certain counties and municipalities to create a registry of qualified contractors to conduct pre-application reviews of plans, permits, or plats submitted as part of compliance with a local government's land development regulations. After completing a pre-application review on work in their respective field, a qualified contractor completes an affidavit that the work is in compliance with the local government's requirements, which is then reviewed by the local government. This requirement does not apply to certain historic properties and landmarks.

The bill revises the process for the expedited approval of residential building permits prior to plat approval by expanding its applicability to one or more phases of a community or subdivision and establishing procedures for when a local government has failed to establish an expedited permitting process.

Effective Date: July 1, 2026.

COUNTY IMPACT: Requires the creation of a registry of qualified contractors to conduct preapplication reviews and prohibits the County from conditioning, denying, or delaying an applicant's selection for use of a qualified contractor.

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SB 848 – STORMWATER TREATMENT, BY SEN. TRUENOW

Passed House 112-0, Passed Senate 36-0, Approved by the Governor on May 6, 2026.

[SB 848](#) provides that the use of a water quality enhancement area (WQEA) credit transfers the legal responsibility for complying with applicable regulatory water quality treatment requirements from the purchaser and user of such credit to the generator of such credit. It also authorizes environmental resource permit (ERP) applicants to use compensating stormwater treatment as a mitigation measure when existing ambient water quality prevents compliance with water quality standards.

The bill requires ERP applicants for regional stormwater management systems to provide documentation of adequate financial responsibility. These permits must include a graphic depicting the drainage area served by the system. The bill allows ERP applicants located within a regional stormwater management system’s drainage area to purchase and use pollution reduction allocations from such system to meet stormwater treatment performance criteria. The bill prohibits referring to pollutant reductions as “credits,” except for enhancement credits generated from a WQEA.

The bill requires DEP to adopt WQEA rules no later than October 1, 2026. Pending the adoption of such rules, DEP must accept applications for WQEA provisional permits and issue such permits if the applicant provides reasonable assurance of meeting applicable statutory criteria. Enhancement credits may be used from a WQEA established under a provisional permit. The bill authorizes DEP to modify a provisional permit to conform to the adopted rules but requires continued recognition, without change, of any enhancement credits issued under the provisional permit.

The bill further provides that regional stormwater systems and WQEAs operated by non-local governmental entities may not provide stormwater treatment, achieve net improvement of water quality, or convey enhancement credits for proposed port activities that cause or contribute to stormwater pollution at certain seaports.

Effective Date: July 1, 2026.

COUNTY IMPACT: Minimal impacts.

HB 803 – BUILDING PERMITS AND INSPECTIONS, BY REP. TRABULSY

Passed House 109-0, Passed Senate 37-0, Approved by the Governor on May 6, 2026.

[HB 803](#) revises provisions concerning the issuance of building permits, provides for reduced fees when a private provider is retained for commercial construction projects, and requires local governments to create a private provider registration system. The bill also limits local government regulation of glazing requirements on commercial buildings.

The bill requires the Building Commission to adopt a uniform commercial and residential permit application, requires the Department of Management Services to enter into state term contracts for

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building code inspection services, and allows certain out-of-state licensed building officials to work for one year after a declaration of a state of emergency in the state.

The bill provides that certain building permits expire 1 year after issuance or on the effective date of the next edition of the Florida Building Code, whichever is later, requires offsite-constructed residential dwellings to be treated the same as residential single-family dwellings, and allows owners of a single-family dwelling, or the owner's contractor, to request an exemption from building permit requirements under certain conditions for work under \$7,500 and for the installation of temporary residential hurricane and flood protection walls or barriers. The bill also prohibits homeowners' associations from requiring a building permit as a prerequisite of its review of the construction of homeowners' improvements.

Effective Date: July 1, 2026.

COUNTY IMPACT: Requires the County to create a private provider registration system and to provide 5 days of notice for an audit. It also prohibits counties from limiting the use of virtual inspections by private providers. The bill limits County regulation of glazing on commercial buildings. The bill also shortens the timeframe for counties to review building permit applications for certain work valued at less than \$15,000 for building permits for an existing single-family dwelling.

HB 589 – ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMITS, BY REP. NIX, JR.

Passed House 109-0, Passed Senate 38-0, Approved by the Governor on May 6, 2026.

HB 589 provides that if a building or plumbing permit is issued for a single-family residence that requires the use of an onsite sewage treatment and disposal system (septic system), a municipality or political subdivision of the state may not require an owner or builder to obtain a construction permit for the septic system as a condition of issuing the building or plumbing permit.

The bill requires a property owner or applicant for a septic system permit to assume all legal, financial, and safety liabilities arising from the construction of a septic system if the construction commences before the issuance of the septic system permit.

The bill also provides that any new rules relating to the use and installation of a septic system that are adopted by the Florida Department of Environmental Protection will not apply to permit applications submitted within 90 days after the date the rules are adopted.

Effective Date: Upon becoming law.

COUNTY IMPACT: The County may not require certain residences to receive a construction permit from FDEP before issuing a permit for an onsite sewage treatment or disposal system. This applies to single family residences. The owner or builder of the single-family residence must provide proof of applying for the onsite sewage treatment or disposal system when applying for a building or plumbing permit.

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SB 484 – DATA CENTERS, BY SEN. ÁVILA

Passed House 92-16, Passed Senate 31-6, Approved by the Governor on May 7, 2026.

SB 484 addresses the regulation of large-scale data centers and certain other large electricity users:

- Maintains the authority of local governments to exercise the powers and responsibilities for comprehensive planning and land development regulation granted by law with respect to large load customers. The bill also establishes that large load customers may not be considered an electric substation.
- Requires the Public Service Commission to develop minimum large load tariff requirements for public electric utilities. The tariff requirements must reasonably ensure that large load customers (such as large data centers) pay for their own cost of service, minimize the risk of nonpayment of such costs to the maximum extent practicable, and include provisions to prevent a public utility from providing electric service to a foreign entity large load customer.

Effective Date: July 1, 2026, except as otherwise provided.

COUNTY IMPACT: Clarifies that the County retains authority to exercise comprehensive planning and land development regulatory powers with respect to large load customers.

HB 905 – FOREIGN INFLUENCE, BY REP. PERSONS-MULICKA

Passed House 83-17, Passed Senate 28-11, Approved by the Governor on May 8, 2026.

SB 905 establishes a framework to limit foreign influence by foreign countries of concern (FCOCs) and designated foreign terrorist organizations across government operations. Notably, enhances the penalties for violations relating to gifts from FCOCs or designated foreign terrorist organizations.

Effective Date: July 1, 2026.

COUNTY IMPACT: Prohibits public officers and local governments attorneys from accepting anything of value from an FCOC or foreign terrorist organization.

HB 1121 – AGING AND DISABILITY SERVICES, BY REP. RIZO

Passed House 113-2, Passed Senate 35-0, Approved by the Governor on May 11, 2026.

HB 1121 revises aging and disability services provided by the Department of Elder Affairs and adds food and nutritional supplements as allowable uses of subsidy payments under the Home Care for the Elderly program. The bill also establishes competitive procurement requirements and salary limits for the Chief Executive Officer or Executive Director of an Area Agency on Aging (AAA), authorizes AAAs to provide core services to seniors in certain circumstances, and clarifies when the AAA's designation must be rescinded.

The bill expands the regulatory and enforcement powers of the Office of Public and Professional Guardians' (OPPG) over professional guardians, providing subpoena power, access to confidential clerk

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records for investigations, and authority to fine guardians. The bill adds a continuing education requirement for professional guardians regarding Alzheimer's disease. Additionally, the bill eliminates the requirement that OPPG's executive director be an attorney.

Effective Date: July 1, 2026.

COUNTY IMPACT: Various changes in the bill impact the County's elder care services.

SB 1004 – DOMESTIC ANIMALS, BY SEN. GAETZ

Passed House 110-0, Passed Senate 36-0, Approved by the Governor on May 12, 2026.

[SB 1004](#) requires the Florida Department of Law Enforcement (FDLE), by January 1, 2027, to post specified information on its website regarding individuals that have been convicted of cruelty to animals.

The bill requires the Department of Business and Professional Regulation (DBPR) to develop and publish on its website a list of voluntary best management practices for dog breeders, recommending the minimum standards of care for the breeding, feeding, housing, health, enrichment, recordkeeping, selling, and transferring of dogs in the state.

The bill modifies provisions governing the sale of cats and dogs in the state. Specifically, the bill imposes additional requirements on pet dealers; extends certain notification time frames related to the sale of an ill or unfit animal; and clarifies jurisdiction and remedies for disputes over the sale of an animal. The bill also requires DBPR to maintain on its website information relating to animal cruelty and abuse, and instructions on how to report suspected abuse to the appropriate local authority.

Effective Date: July 1, 2026.

COUNTY IMPACT: Additional regulations impacts the County's animal care enforcement.

HB 559 – ANIMAL WELFARE, BY REP. CHANEY

Passed House 114-0, Passed Senate 37-0, Approved by the Governor on May 12, 2026.

[HB 559](#):

- Creates new third degree felony offenses if a person 18 years of age or older causes or entices a minor to commit, or in the presence of a minor commits, aggravated animal cruelty; fighting or baiting animals; or sexual activities involving animals.
- Revises the ranking of fighting and baiting animals and ranks the newly created offenses on the offense severity ranking chart (OSRC).
- Requires a juvenile court to order a minor who commits animal cruelty to undergo a psychological evaluation and, if recommended, receive specified counseling or treatment.
- Increases max civil fines related to specified animal control or animal cruelty ordinance violations.

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- Updates requirements related to the animal abuser database maintained by the Florida Department of Law Enforcement (FDLE) to:
 - Specify the information that must appear on the database;
 - Limit how long such information may remain on the database;
 - Provide a process to petition FDLE to remove specified information from the database;
 - Require each clerk of court and county detention facility to provide specified information to FDLE.

Effective Date: October 1, 2026.

COUNTY IMPACT: Harsher penalties and increased visibility of the animal abuser database impacts the County's animal care enforcement.

HB 277 – DOMESTIC VIOLENCE AND PROTECTIVE INJUNCTIONS, BY REP. TENDRICH

Passed House 112-0, Passed Senate 37-0, Approved by the Governor on May 21, 2026.

HB 277 revises several statutes relating to domestic violence and protective injunctions, including:

- Authorizing a penalty enhancement if a person commits a crime of domestic violence and has a prior conviction for committing such an offense.
- Adding threatening to kill or injure a family pet and the existence of a military protective order to the list of factors that a judge may consider when determining whether to grant a domestic violence injunction.
- Requiring the Florida Department of Law Enforcement to enter injunctions against dating and sexual violence into a statewide database.
- Requiring a law enforcement officer who has probable cause to believe that a person violated a military protective order to report such a violation to the agency that entered the order.
- Increasing dollar amounts for relocation assistance claims for victims of domestic violence from \$1,500 to \$2,500 for a single claim and increasing the lifetime maximum from \$3,000 to \$5,000.
- Creating a domestic violence and violation of protective injunction electronic monitoring pilot program in Pinellas County, and specifying the requirements for the pilot program.

Effective Date: July 1, 2026.

COUNTY IMPACT: May increase use of jail beds due to penalty enhancements in the bill.

HB 425 – HISTORIC CEMETERIES PROGRAM, BY REP. ARISTIDE

Passed House 110-0, Passed Senate 39-0, Approved by the Governor on May 21, 2026.

HB 425 provides that if a historic African-American cemetery recorded in the Florida Master Site File sells excess vacant land to fund the cemetery's long-term maintenance and upkeep, the county or municipality where the cemetery is located must administratively approve an application to rezone or change the land

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use designation of the excess land to allow for development consistent and compatible with adjacent land uses. The bill allows a county or municipality to use reasonable discretion to determine the new zoning or land use designation, provided that it is consistent and compatible with the surrounding area.

Effective Date: July 1, 2026.

COUNTY IMPACT: Requires administrative approval to rezone or to change the land use designation for certain cemeteries excess land but provides the County with "reasonable discretion" to determine that designation.

SB 1434 – INFILL REDEVELOPMENT, BY SEN. CALATAYUD

Passed House 87-24, Passed Senate 36-0, Approved by the Governor on May 21, 2026.

SB 1434 creates the "Infill Redevelopment Act," which preempts certain local land development regulations and requires the administrative approval of certain proposed infill developments on environmentally impacted land in certain counties. The bill allows qualifying parcels to be developed for residential uses up to lesser of the average density allowed in any adjacent residential zoning district within the same jurisdiction or 25 dwelling units per acre. The bill requires a development that is adjacent to single-family homes and townhouses to include an open space buffer between existing residences and the new development.

The bill requires development projects that meet the requirements of the bill to be approved administratively and preempts local laws, ordinances, or regulations that restrict, prohibit, or otherwise limit the development of a qualifying parcel. Local governments can continue to apply local architectural design regulations if those regulations are generally applicable to comparable residential development. The bill requires developers to comply with concurrency requirements before the issuance of any building permit for any project authorized under the bill.

Effective Date: Upon becoming law.

COUNTY IMPACT: Preempts some land development regulations for certain proposed infill developments on environmentally impacted land.

SB 296 – VICTIMS OF DOMESTIC VIOLENCE AND DATING VIOLENCE, BY SEN. BERMAN

Passed House 113-0, Passed Senate 35-0, Approved by the Governor on May 22, 2026.

SB 296 requires the Division of Telecommunications within the Department of Management Services to conduct a domestic and dating violence 911 alert system feasibility study. The bill provides terms, requirements, and reporting requirements for such study.

The bill defines "dating violence" and allows a victim of dating violence to apply to participate in the Attorney General's address confidentiality program.

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Effective Date: July 1, 2026.

COUNTY IMPACT: The Division of Telecommunications will consult with local governments, among other entities, in conducting a feasibility study regarding the creation of a web-based alert system for victims of intimate violence.

HB 1085 – LOCAL GOVERNMENT CYBERSECURITY, BY REP. MILLER

Passed House 104-1, Passed Senate 39-0, Approved by the Governor on May 22, 2026.

HB 1085 creates the Local Government Cybersecurity Protection Program (the Program), to be administered by the Florida Digital Service (FLDS), to assist local governments in mitigating and defending against cybersecurity threats. It allows FLDS to apply for and accept Federal funds or grants, and allows local governments to purchase services and commodities from contracts executed by FLDS. The bill repeals the Program on July 1, 2031, unless it is reenacted by the Legislature.

Effective Date: July 1, 2026.

COUNTY IMPACT: The Program is designed to assist counties with cybersecurity threats, prioritizing fiscally constrained counties, and allows local governments to purchase cybersecurity commodities through the program.

SIGNED BY GOVERNOR AND INCLUDED IN EARLIER REPORT

- SB 290 – Department of Agriculture and Consumer Services
- HB 697 – Drug Prices and Coverage
- HB 399 – Land Use and Development Regulations
- HB 991 – Elections
- HB 919 – Commercial Service Airports
- SB 302 – Coastal Resiliency
- HB 1417 – Department of Environmental Protection
- SB 1134 - Official Actions of Local Governments
- HB 1217 - Prohibited Governmental Policies Regulating Greenhouse Gas Emissions
- SB 686 - Agricultural Enclaves
- HB 1093 - Vertiports
- HB 1103 - Local Administration of Vessel Restrictions
- SB 118 - Assessments levied on Recreational Vehicle Parks
- SB 488 - Department of Highway Safety and Motor Vehicles
- SB 504 - Code Inspector Body Cameras
- SB 422 - Automatic Dependent Surveillance-broadcasts
- HB 929 - Local Government Regulation of Chickees
- SB 1296 - Public Employees Relations Commission

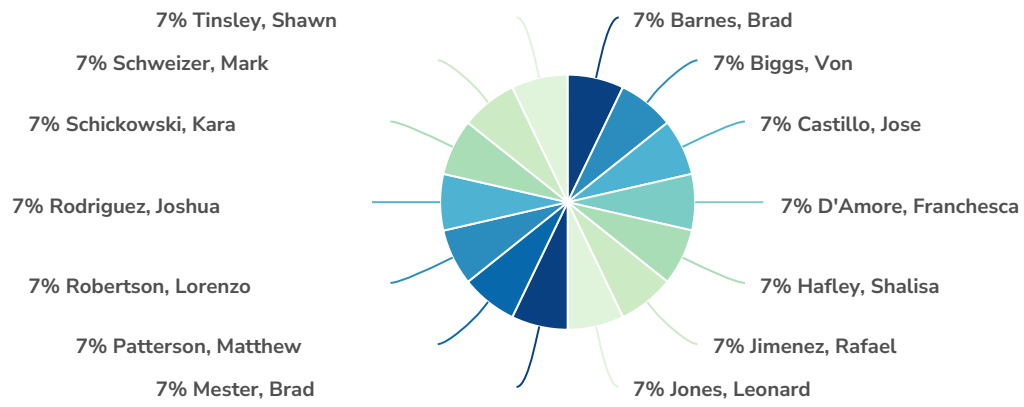
Report for FY 2027-2028 PSRA Ranking Survey

Response Counts



Totals: 14

1. What is your name?



2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
AIDS Pharmaceutical Assistance (Local)	1		161	14
Outpatient/Ambulatory Health Services (OAHS)	2		154	14
Health Insurance Premium and Cost Sharing (HICP)	3		153	14
Medical Case Management (Disease)	4		127	14
Oral Health Care (Dental) [Routine & Specialty Care]	5		125	14
AIDS Drugs Assistance Program Treatments (ADAP)	6		119	13
Mental Health Services	7		100	14
Substance Abuse- Outpatient	8		83	14
Early Intervention Services (EIS)	9		69	14
Medical Nutrition Therapy	10		51	14
Home and Community-Based Health Services	11		48	14
Home Health Care	12		45	14
Hospice	13		26	14

Lowest Rank Highest Rank

3. SUPPORT SERVICES. Listed below are support services that meet the federal government's requirements for Part A funding. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, and the score of 17 is the lowest important service. Do not give two services the same rank.

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Non-Medical Case Management	1		205	14
Food Bank/Home-Delivered Meals	2		198	14
Medical Transportation Services	3		185	14
Housing	4		181	14
Emergency Financial Assistance	5		174	13
Legal Services	6		147	14
Referral for Health Care and Support Services	7		126	14
Substance Abuse- Residential	8		121	14
Psychosocial Support	9		106	14
Outreach	10		104	14
Health Education/Risk Reduction	11		102	13
Linguistics Services (Interpretation and Translation)	12		99	13
Child Care	13		90	12
Rehabilitation Services	14		86	14
Respite Care	15		67	14
Other Professional Services	16		65	14
Permanency Planning	17		63	14

Lowest Rank Highest Rank

**“HOW BEST TO MEET THE
NEED/PRIORITIES”
RECOMMENDATIONS
TO HIVPC FY2027-2028**

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Recommendations from the System of Care Committee to the PSRA Committee
Presented by Planning Council Support Staff: May 2026



WHAT IS “HOW BEST TO MEET THE PRIORITIES?”

Section 2602(b)(4)(C)(ii) of the Public Health Services (PHS) Act

- **Requirement:** RWHAP Part A Planning Councils (PCs) must establish priorities for fund allocation.
- **How Best to Meet Priorities:** Also known as "how best to meet the need" locally

Considerations:

- Demonstrated (or probable) cost-effectiveness
- Outcome-effectiveness of proposed strategies and interventions

Directives: Typically address:

- Populations to be served
- Geographic areas to be served
- Service models or strategies to be utilized



Note:

- **HRSA Terminology:** How Best to Meet Priorities
- **Broward County Terminology:** How Best to Meet the Need

RECOMMENDATIONS: AT-A-GLANCE FY2027-2028

All Services (Recipient Oversight)

1. Annual SDM Training and Documentation
2. Peer Specialist Resource Webpage and Feedback Platform
3. Training Plans and Continuing Education Requirements

Outpatient Ambulatory Health Services (OAHS) /Integrated Primary Care and Behavioral Health

1. Develop a Collaborative Specialty Care Support System
2. Strengthen Documentation of Oral Health Counseling

Health Insurance Continuation Program

1. HICP Infrastructure for ACA Premium Assistance



RECOMMENDATIONS: ALL SERVICES (Recipient) FY2027-2028

Workforce Development

1. Annual Service Delivery Model (SDM) Training and Documentation

- Conduct an annual online SDM training review for all providers.
- Maintain records of training completion at each subrecipient site.
- Ensure all providers have a comprehensive understanding of the applicable SDM.

2. Peer Specialist Resource Webpage and Feedback Platform

- Develop a Broward RW Part A webpage dedicated to Peer Specialists in HIV.
- Include:
 - Certification resources
 - Links to continuing education opportunities
 - A comment and feedback option
- Share collected feedback with the Clinical Quality Management (CQM) team.
- Use this platform to capture Peer Specialists perspectives.

3. Training Plans and Continuing Education (CE) Requirements

- Ensure all subrecipient agencies maintain a documented training plan for new service providers covering each service offered to Broward RW Part A clients.
- Require all RW Part A service providers to complete annual CE related to HIV treatment and care.
- Determine total CE hours through collaboration between:
 - RW Part A Recipient staff
 - AIDS Education and Training Center (AETC)

RECOMMENDATIONS: CORE MEDICAL SERVICES FY2027-2028

1. **Develop a Collaborative Specialty Care Support System**

Establish a coordinated system that enables subrecipient agencies to collaborate in supporting one another to provide screenings and access to specialty care for clients aging with HIV. Priority specialty care gaps in the Broward EMA include, but are not limited to, orthopedics, pulmonology, neurology, rheumatology, ophthalmology, gastroenterology, vision care, podiatry, cardiology, and endocrinology.

2. **Strengthen Documentation of Oral Health Counseling**

Ensure licensed health care providers consistently document discussions with clients on the importance and benefits of maintaining oral health care alongside antiretroviral therapy, emphasizing its role in achieving viral suppression and improving both short- and long-term health outcomes.



RECOMMENDATIONS: HEALTH INSURANCE CONTINUATION PROGRAM (HICP) FY2027-2028

Maintain a sustainable infrastructure to support access to affordable health coverage for eligible clients through the HICP in response to ADAP changes. This framework will include HICP funding for ACA premiums, clearly defined Federal Poverty Level (FPL) eligibility criteria, and the established cap on ACA premium assistance



QUESTIONS?

Discussion



Core Services

Handout E

Rank	Providers	Service	Service Description	FY 24	FY 25	% of	FY 25 Final Expenditure	FY 25 Initial Allocation		FY 25 Avg Client Cost	FY 25 New Clients		FY 25 Unbillables due to Allocation Cap	FY 25 # of unbillable clients served	FY 26 Initial Allocation	FY 26 Projected Clients	Justification/Factors to Consider	Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 27 Allocation	
				#	#	%		\$	%		#	%						%	\$	%	\$	%	\$
2	7	Outpatient Ambulatory Health Services (OAHS)	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 Currently funded by Ryan White Part A	2,800	3,134	37%	\$5,482,758	\$5,296,953	50%	\$1,749.44	598	19%	\$301,627.33	1716	\$ 5,296,953.00	3,317	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.	8%	\$449,100	0.0%	\$0	52%	\$5,746,053
1	3	AIDS Pharmacy Assistance (LPAP)	Provides HIV-related medications to low-income clients living with HIV; can also provide access to medications by using program funds to purchase health insurance coverage and through medication cost sharing; The AIDS Drug Assistance Program is administered by the state through RWHAP Part B, but the Part A LPAP program provides assistance for medications not on the ADAP formulary.	17	5	0%	\$2,779	\$192,925	2%	\$555.87	0	0%	\$0.00	12	\$ 192,925.00	13	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.	96%	\$184,610	0%	\$0	3%	\$377,535
5	4	Oral Health	Supports outpatient diagnostic, preventive, and therapeutic oral health services by dental health care professionals based on an oral health treatment plan Broward County RWPA Oral Health Care services funding is separated into two components: Routine Maintenance Care; and Specialty Care. Currently funded by Ryan White Part A	2,273	2,256	27%	\$2,744,896	\$2,491,092	24%	\$1,216.71	429	19%	\$113,375.36	159	\$ 2,491,092.00	2,347	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.	10%	\$259,925	0%	\$0	25%	\$2,751,017
3	1	Health Insurance Premium & Cost Sharing (HICP)	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) Currently funded by Ryan White Part A and Part B	1088	1452	17%	\$619,439	\$822,465	8%	\$426.61	29	2%	\$0.00	0	\$ 822,465.00	1,514	HICP had a steady downward trend in recent years. However, with the elimination of ADAP Premium Assistance, HICP will offer premium assistance to a subset of clients who qualify. We recommend that the allocation for this service category be unchanged.	0%	\$0	0.00%	\$0	7%	\$822,465
4	9	Medical Case Management	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 Currently funded by Ryan White Part A	620	539	6%	\$878,845	\$837,923	8%	\$1,630.51	71	13%	\$166,895.03	254	\$ 837,923.00	612	Overall MCM has continued to see increased utilization above the initial allocation, even with assistance from EHE funds. In order to provide some financial support to ambulatory and LPAP we recommend a slight decrease of \$17,842.	-2%	(\$17,842)	0.00%	\$0	7%	\$820,081
7	3	Mental Health	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 Currently funded by Ryan White Part A	111	84	1%	\$123,387	\$203,125	2%	\$1,468.89	22	26%	\$1,811.64	53	\$ 203,125.00	91	Utilization in this category has been low for the last several years, including fewer clients being seen. We recommend a decrease \$73,125, with a slight increase for MAI.	0%	\$0	-36%	(\$73,125)	1%	\$130,000
10	1	Medical Nutrition Therapy	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. Currently funded by Ryan White Part A	88	285	3%	\$246,628	\$300,000	3%	N/A	13	N/A	\$0.00	31	\$ 300,000.00	312	Medical Nutrition Therapy is a newly funded service under Part A and has seen underutilization relative to its initial allocation. We recommend a decrease of \$50,000.	0%	\$0	-17%	(\$50,000)	2%	\$250,000
8	1	Substance Abuse (outpatient)	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 Currently funded by Ryan White Part A	35	35	0%	\$185,683	\$380,684	4%	\$5,305.22	9	26%	\$59,608.94	112	\$ 380,684.00	78	Substance Abuse continues to see significant Part A underutilization. We recommend a decrease of \$230,684 to Part A funding, with no reduction for MAI.	0%	\$0	-61%	(\$230,684)	1%	\$150,000
CORE TOTAL							\$10,284,415	\$10,525,167	80%					\$ 10,525,167.00				\$875,793	-\$303,809	84.4%	\$11,047,151		

Support Services

Rank #	Providers #	Service	Service Description	FY 24 Clients	FY 25 Clients	% of Total FY25 Clients	FY 25 Final Expenditure	FY 25 Initial Allocation		FY 25 Avg Client Cost	FY 25 New Clients		FY 25 Unbillables due to Allocation Cap	FY 25 # of unbillable clients served	FY 26 Initial Allocation	FY 26 Projected Clients	Justification/Factors to Consider	Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 27 Allocation	
				#	#	%	\$	\$	%	#	%	\$	#	%	%	\$		%	\$	%	\$		
1	1	Non-Medical Case Management Services [Centralized Intake & Eligibility Determination (CIED)]	Supports client-centered activities focused on improving access to and retention of needed core medical and support services. Provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and other needed services, and sometimes help in accessing public and private programs for which clients may be eligible, based on activities such as an initial assessment of service needs, development and regular re-evaluation of an individualized care plan, client monitoring, and timely and coordinated access to medically appropriate levels of health and support services and continuity of care Currently funded by Ryan White Part A and Part B	4,529	4,408	52%	\$416,442	\$349,378	14%	\$94.47	421	10%	\$75,968.00	1496	\$ 349,378.00	4,389	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.	0%	\$0	0%	\$0	17%	\$349,378
1	10	Non-Medical Case Management (Case Management)	Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services Currently funded by Ryan White Part A	3,287	2,820	33%	\$1,433,554	\$1,184,359	46%	\$508.35	409	15%	\$441,816.65	1178	\$ 1,184,359.00	3,216	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.	-31%	(\$364,278)	0.00%	\$0	40%	\$820,081
5	3	Emergency Financial Assistance	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. Currently funded by Ryan White Part A and B (Test & Treat)	201	133	2%	\$167,010	\$125,992	5%	\$1,255.71	69	52%	\$0.00	0	\$ 125,992.00	178	Utilization of EFA for Test and Treat ARVs and other allowable medications has seen a slight increase as this program is distinguished from AIDS Pharmaceutical Assistance (Local). Test and Treat medications are, however, also funded by Ryan White Part B. We recommend a reduction of \$10,120 as we investigate potentially eliminating this service category from Part A.	-8%	(\$10,120)	0%	\$0	6%	\$115,872
2	3	Food Bank/Food Voucher	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 - Currently funded by Ryan White Part A and EHE: Food Bank and Food Vouchers - Currently funded by Ryan White Part B: Home Delivered Meals	2,802	1,833	22%	\$640,084	\$782,586	30%	\$349.20	272	15%	\$0.00	31	\$ 782,586.00	1,921	Food Bank/Voucher utilization has decreased overall since FPL eligibility requirements have tightened. Due to ADAP changes and the goal of increasing Ambulatory, LPAP and Oral Health funding, we recommend a decrease of \$100,000 from Food Bank and a decrease of \$47,586 from Food Voucher. This is an overall decrease of \$147,586 from the service category.	-19%	(\$147,586)	0%	\$0	31%	\$635,000
6	1	Other Professional Services (Legal Services)	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 Currently Funded by Ryan Part A (Legal Services)	97	80	1%	\$129,138	\$129,151	5%	\$1,614.22	32	40%	\$0.00	0	\$ 129,151.00	88	Legal services utilization has remained steady historically. We recommend maintaining FY26-27 funding levels.	0%	\$0	0%	\$0	6%	\$129,151
SUPPORT							\$2,786,228	\$2,571,466	20%						\$ 2,571,466.00				-\$521,984		\$0	15.6%	\$2,049,482
CORE & SUPPORT TOTAL							\$13,070,643	\$13,096,633	100%						\$ 13,096,633.00						100%	\$13,096,633	

FY27-28 Recommended % Allocated to core services:	84.4%
FY27-28 Recommended % Allocated to support services:	15.6%

FY 27-28 RECOMMENDED PART A + MAI		
CORE	\$11,462,151	81.2%
SUPPORT	\$2,660,552	18.8%
TOTAL	\$14,122,703	100%

MAI Services

Rank	Providers	Service	Service Unit Definition	FY 2025	% of Total	FY 25 Final Expenditure	FY 25 Initial Allocation		FY 23 Avg Client Cost	FY 25 New Clients		FY 26 Projected Clients	FY 25 Unbillables	FY 26 Initial Allocation	Justification/Factors to Consider	Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 27 Allocation	
				Client	FY25 Clients		\$	%		\$	%					#	%	#	%	%	\$
2	1	Outpatient Ambulatory Health Services (OAHs)	Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.	1	0%	\$625	\$125,000	26%	N/A	1	N/A	5		\$ 125,000.00	There is one MAI provider in this category currently and that provider has seen significant underutilization. We recommend a decrease of \$75,000.	0%	\$0	-60%	\$ (75,000)	12%	\$50,000
7	1	Mental Health	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.	26	0%	\$68,813	\$62,469	13%	\$2,646.65	6	23%	38		\$ 62,469.00	This category under MAI has generally seen full utilization, with any over-utilization being captured under Part A. We recommend an increase of \$2,531.	0%	\$0	4%	\$ 2,531	16%	\$65,000
8	1	Substance Abuse (Outpatient)	Outpatient services for the treatment of drug or alcohol use disorders.	67	1%	\$454,443	\$300,000	62%	\$6,782.73	17	25%	78		\$ 300,000.00	This category under MAI has generally been highly over-utilized, with over-utilization being captured under Part A. Substance Abuse services overall; however, has been underutilized the last several years. We recommend maintaining the FY26-27 funding level.	0%	\$0	0%	\$ -	72%	\$300,000
		MAI CORE TOTAL				\$523,880	\$487,469	48%	\$ 9,429.37	24									40.4%	\$415,000	
Rank	Providers	Service	Service Unit Definition	FY 2025 Clients	% of Total FY25 Clients	FY 25 Final Expenditure	FY 25 Initial Allocation		FY 23 Avg Client Cost	FY 23 New Clients		FY 26 Projected Clients	FY 25 Unbillables	FY 26 Initial Allocation	Justification/Factors to Consider	Increase/Decrease Due to Factors		Increase/Decrease Due To Client Utilization		Recommended FY 27 Allocation	
#	#			#	%	\$	\$	%	#	#	%	#				%	\$	%	\$	%	\$
1	1	Non-Medical Case Management - Centralized Intake & Eligibility Determination (CIED)	Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.	5,253	64%	\$541,424	\$424,066	79%	\$ 103.07	394	8%	5,314	57,006	\$ 424,066.00	CIED remains highly utilized. The majority are MAI clients with MAI overutilization being captured under Part A. There were 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.	0%	\$0	0%	\$ -	69%	\$424,066
1	4	Non-Medical Case Management	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	414	5%	\$274,413	\$ 114,535.00	11%	\$662.83	42	10%	511	95,310	\$ 114,535.00	NMCM Case Management utilization has continued steadily increasing. In order to mitigate some of the reduction to Part A funding due to responses to ADAP changes, we recommend an MAI increase of \$72,469.	63%	\$72,469	0%	\$ -	18%	\$187,004
		MAI SUPPORT TOTAL				\$815,837	\$538,601	52%		436									59.6%	\$611,070	
		MAI CORE & SUPPORT TOTAL				\$1,339,718	\$1,026,070	100%		460							\$0		100%	\$1,026,070	

Handout F



Ryan White Part A

Administrative Update

Admin

- The Ryan White Part A office has received the final Part A / MAI Notice of Award for FY26-27, including a total of \$16,225,574.00
- The Part A office has also submitted the final Part A / MAI Expenditures Report to HRSA for FY25-26, showing 99% utilization overall for the fiscal year

Monitoring

- Monitoring season will begin June of 2026; official letters are being sent to providers
- Final monitoring reports for 2025-2026 are being sent to providers

ADAP

- The Budget will be voted on this Friday afternoon. Included in the budget are the following;
 - Maintained eligibility at 400% FPL
 - Full restoration of the formulary beginning July 1
 - Remove the review of the program from DOH and transfer responsibility to Office of Program Policy Analysis and Government Accountability (OPPAGA)

Outreach & Community Engagement

June 3rd, 2026

- Food Insecurity Event

June 20th, 2026

- Stonewall Pride – Wilton Drive

August 4th to 7th 2026

- Using AI-Enabled Automation to Support High-Volume HIPCSA Programs (BRHPC)
- Integrating State and Local HIV Data Systems to Improve Surveillance and Client Re-Engagement
- Faith in Action: Engaging Faith-Based Communities to Increase Access to Care and Eliminate HIV/AIDS Stigma
- Planning Council (PC)/ Planning Body (PB) Institute Session 301: Effective Practices in Community Engagement and Data-Informed Decision Making
- Poster Presentation: Sustaining Community Engagement to Advance Needs Assessment, Consumer Recruitment, and Cross [1] Sector collaboration

August 29th, 2026

- National HIV and AIDS Awareness Day 2026 - Pompano Beach Library Multipurpose Room 10 a.m. - 3 p.m.

December 1st, 2026

- World AIDS Day Proclamation- Broward County Government Center East
- World AIDS Day Celebration- African American Research Library

Questions?

Abstracts and Sessions Accepted

Using AI-Enabled Automation to Support High-Volume HIPCSA Programs (BRHPC)

- Health Insurance Premium and Cost Sharing Assistance (HIPCSA) helps clients access HIV medical care by covering eligible copays, deductibles, and coinsurance. HIPCSA programs often manage high request volumes with limited staff. This session reviews common operational challenges and shows how automation can add value. Examples include automated HIPCSA-specific responses, CPT and diagnosis code cross-referencing for eligibility, AI-assisted case note templates, and time-sensitive bulk messaging to support insurance enrollment during critical periods.

Quality

Provide Enterprise Update

- PE did a force eligibility benefit update for all active clients due to the new FPL changes with the service categories effective April 15

Agency Report Card

- The Recipient Office announced at the Orientation the Agency Report Card which will be used to Grade providers on Utilization, Timely Submissions, Data Completion, and Outcomes

Quality

Client Monitor Dashboard

- Utilizing Care Continuum, Ledger, and State Data, The Recipient has created a monitoring dashboard that compared Care Continuum to Ledger and flags clients that have service records but no paid services.
- PE numbers are then pulled and flagged with their Last known Agency interaction and Service.
- A list is sent to providers for confirmation of out of care or if the provider has interaction with that client.
- Comparison between Provider Information, State Information, PE Information, Any client deemed at risk or out of care is then sent to DIS.

Contracts

- All Option Period Exercise Contract Adjustments have been executed. Providers are currently entering their budgets into PE for approval so that billing can commence
- Contract Adjustments to reflect recent reallocations due to the ADAP Crisis are pending
- Contract Amendments to reflect FPL Eligibility modifications are under development
- The Recipient Office is currently completing closeout activities for FY25-26 with our Federal Financial Report due to HRSA on May 29th

Outreach & Community Engagement

MAPP 2.0 Training in Baltimore

- Wismy Cius attended the MAPP 2.0 Training in Baltimore which was a conference on networking and engaging with the community.

Real Men Read – 4/10/2026

- Male staff members attended a Real Men Read session in which staff read to elementary school kids on

Fifth Monthly Meeting Food Insecurity – 4/10/2026

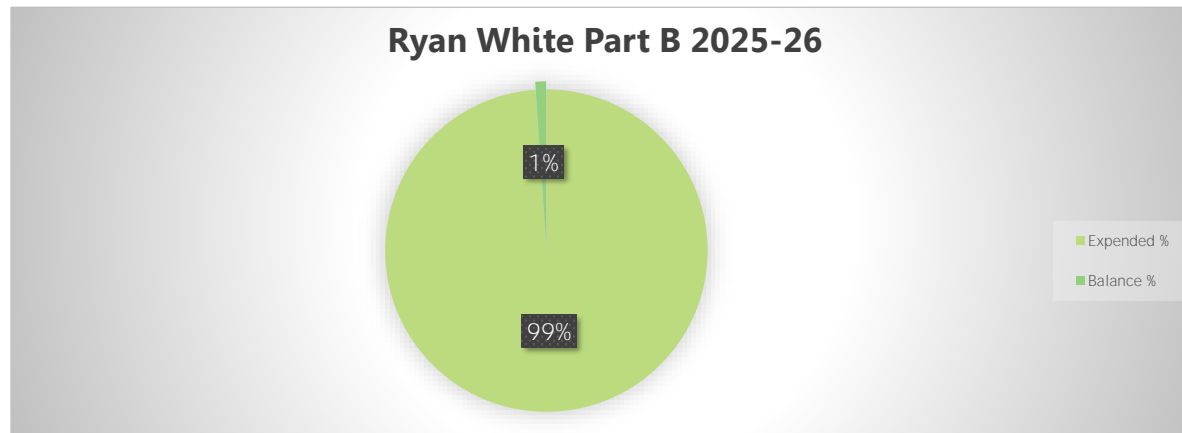
- Recipient Orchestrated and held the fifth monthly meeting on food insecurity

Questions?

Ryan White Part B
PTC25: April 1, 2025 to March 31, 2026
Expenditures for March 2026

Handout G1

<i>Service Category</i>	<i>Allocated</i>	<i>Expended March 2026</i>	<i>Expended YTD</i>	<i>Expended %</i>	<i>Balance %</i>	<i>Balance</i>
Administrative Services	\$ 85,825	\$ 10,752	\$ 79,965	93%	7%	\$ 5,859.66
Health Insurance Premium/Cost Sharing	\$ 50,000	\$ 18,740	\$ 49,385	99%	1%	\$ 614.59
Home & Community Based Health	\$ 8,000	\$ 329	\$ 6,078	76%	24%	\$ 1,921.65
Medical Nutritional Therapy	\$ 35,000	\$ 13,964	\$ 34,715	99%	1%	\$ 284.77
Emergency Financial Assistance	\$ 465,604	\$ 17,757	\$ 464,238	100%	0%	\$ 1,366.38
Home Delivered Meals	\$ 300	\$ -	\$ 273	91%	9%	\$ 27.00
Medical Transportation	\$ 55,476	\$ 12,399	\$ 55,476	100%	0%	\$ -
Non-Medical Case Management	\$ 257,628	\$ 33,786	\$ 257,628	100%	0%	\$ -
Referral For Health Care/Support Services	\$ 146,000	\$ 21,168	\$ 146,000	100%	0%	\$ -
Residential Substance Abuse	\$ -	\$ -	\$ -	0%	0%	\$ -
Clinical Quality Management	\$ 58,096	\$ 12,114	\$ 55,613	96%	4%	\$ 2,482.95
Planning and Evaluation	\$ -	\$ -	\$ -	0%	0%	\$ -
TOTALS	\$ 1,161,929	\$ 141,010	\$ 1,149,372	99%	1%	\$ 12,557.0



ADAP REPORT March 2025	
Enrollment March 2025	
Total Enrolled February 2025	6023
ADAP Enrollments and Re-enrollments processed	696
New Clients (new to PE)	44*
Assessments completed using RWPA NOE	94
Viral Suppression March 2025	
Total Virally Suppressed at 6 months	4975
Percentage of Virally Suppressed	92.85%
% Uninsured Virally Suppressed at 6 months	88.80%
% Insured Virally Suppressed at 6 months	96.21%
Missed Original Appointment Report March 2025	
Missed Original Appointment Report	41%
Missed Original Appointment Report Last Month	37%

*The 44 new clients include both those who have recently been diagnosed and those who were already in care but faced hardships such as: losing Medicaid, losing employment, relocating, or becoming unable to afford premiums or copays.

Handout H

Ryan White Part C Monthly Report-April 2026

Broward HealthPoint

- i. Total clients enrolled in the Part C program 1021
- ii. HIV positive individuals who **attended medical care** as of **4/1/2026-4/30/2026**- 993
- iii. Test and Treat- Month-April 2026-5 total (2 new and 3 re-engage)

Ryan White Part D Monthly Report-April 2026

Broward HealthPoint

- ❖ Total clients enrolled in the Part D program - **1502**
- ❖ Approximate Total Number of HIV Positive Individuals - **578**
 - Total number of HIV Positive Individuals enrolled in Program break down-**Women-544 Children-4 Youth-30**
 - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old -**4**
- ❖ HIV positive individuals who **attended medical care** as of **4/1/2026- 4/30/2026**- **496**
- ❖ Test and Treat- Month-April 2026- 4 total (1 new and 3 re-engage in care)



Broward HIV Health Services Planning Council Leadership Training: Florida HIV Updates & Community Action



Policy Advisor at NMAC
Speaker: Ashley Holmes, State



HIVPC General Meeting
Thursday, June 25, 2026
9:30AM



Broward Regional Health Planning Council (BRHPC)
200 Oakwood Lane Ste. 100
Hollywood FL, 33020

Microsoft Teams

Meeting ID: 276 548 094 708 69
Passcode: p3AJ7gj6
Dial in by Phone
+1 469-998-5921,,954300600#
Phone conference ID: 954 300

Why Attend?



- ✓ Stay informed on key updates to Florida ADAP eligibility and funding
- ✓ Understand legal changes & interim solutions impacting access to care
- ✓ Learn practical ways to advocate for yourself with healthcare providers
- ✓ Discover effective, non-political strategies for community advocacy and engagement



Contact Planning Council Support:



hivpc@brhpc.org



954-561-9681 x 1244 OR x 1343



www.browardhivpc.org





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.