Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: Community Empowerment Committee
Date/Time: June 2, 2020, 3:00 p.m.
Location: Virtual Meeting Room
Chair: Bessie Dennis **Vice Chair:** Andrew Ruffner

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS**: 06/02/20 Agenda, 03/03/20 Minutes

3. **STANDARD COMMITTEE ITEMS** (10 minutes)

   I. **CEC Development (Handout A)**
   Work Plan Activity 1.3: Educate CEC members on HIVPC & Ryan White Part A
   ACTION ITEM: Review the role of Committees to the HIVPC.

4. **MEETING ACTIVITIES/NEW BUSINESS**

   I. **Rankings Presentation (Handouts B1-B2)**
   Work Plan Activity 1.2: Priority rank Part A and MAI Service Categories and send recommendations to PSRA
   ACTION ITEM: Receive presentation on the rankings process.

   II. **FY2021-2022 CEC Rankings (Handout C)**
   Work Plan Activity 1.2: Priority rank Part A and MAI Service Categories and send recommendations to PSRA
   ACTION ITEM: Priority rank Part A & MAI service categories; send recommendations to PSRA.

   III. **Virtual Event Planning (Handout D)**
   Work Plan Activity 1.1: Engage consumers in townhalls/listening sessions
   Work Plan Activity 1.4: Host focus groups to receive feedback from populations of focus and/or selected audiences
   Work Plan Activity 2.4: Partner with HIV stakeholders to engage in community events
   ACTION ITEM: Review strategies for virtual community engagement while practicing social distancing. Select an event to begin planning.

5. **UNFINISHED BUSINESS**
6. **RECIPIENT REPORT**
7. **PUBLIC COMMENT**
8. **MEMBER TASKS**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   Date: July 7, 2020 at 3:00 p.m. **Venue:** Virtual Meeting Room

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

10. ANNOUNCEMENTS

11. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

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

FY 2020-21 Community Empowerment Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Community Empowerment Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Enhance participation in communities throughout the EMA through education/awareness and resource & information sharing.

Objective 1: Increase CEC member knowledge of the Committee's role in the HIVPC and amplify Consumer voice

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Engage consumers in townhalls/listening sessions	At Minimum Bi-Annually	CEC/Staff/ Facilitator	Consumer Involvement	Host events to receive feedback from audiences made up of interested parties (general public, consumers, service providers, etc.) regarding HIV-related topics. Utilize that information to inform CEC's priority rankings and the HIVPC as a whole.												
1.2 Priority rank Part A and MAI Service Categories and send recommendations to PSRA	Annually	CEC/Staff	Data driven PSRA process	Receive presentation on Part A utilization and historical trends. Data: Part A Scorecards; Historical epi data												
1.3 Educate CEC members on HIVPC & Ryan White Part A	Monthly	Recipient/Staff	Increased knowledge of HIVPC & Ryan White Program among CEC members	Provide presentations regarding topics of interest about the HIV Planning Council, its Committees, and the Ryan White Part A Program.	X											
1.4 Host focus groups to receive feedback from populations of focus and/or selected audiences	At Minimum Bi-Annually	Staff/Facilitator	Utilize feedback in PSRA process and future CEC and MCDC event planning efforts	Determine populations to include in focus group and what kind of information would be of use. Populations are not limited to consumers; they may include other community members as applicapble. Provide any relevant recommendations to PSRA that may inform the PSRA process. Provide any relevant recommendations to MCDC that may inform recruitment and retention strategies. Utilize any relevant recommendations that may inform the work of CEC.												

Objective 2: Promote education and awareness to affirm support for PLWHA (Integrated Plan Strategy 3.2.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Recommend creation or revision of promotional literature to MCDC	As Needed	CEC	Collaboration with MCDC to inform the community about HIVPC	Determine information useful to the community in understanding the role of the HIVPC. Provide this information to MCDC to update or create promotional literature.												
2.2 Distribute promotional literature - physically and electronically - to the community	Ongoing	CEC/Staff	Increased consumer awareness of HIVPC	CEC will distribute promotional literature at community events, talkback sessions and listening sessions. PCS Staff Team will distribute HIVPC and HIV-related information to its community listserv.												
2.3 Analyze survey results for each community event, including outreach, trainings and community forums	Ongoing	Staff/CEC	Measure event outcomes	Determine successes and failures of each event. Provide any relevant recommendations to PSRA that may inform the PSRA process. Data: survey results based on demographics, client self identified needs, and learning objectives												
2.4 Partner with HIV stakeholders to engage in community events	Ongoing	CEC	Develop consistent presence at community events	Coordinate with HIV stakeholders (those living with or otherwise affected by HIV) to hold Community Forums during significant HIV awareness days (e.g. National HIV Testing Day, Latino HIV Awareness Day, National Black HIV/AIDS Awareness Day) (Examples of Stakeholder Organizations: BTAN, Latinos En Accion, SFAN)												

Objective 3: Provide networking and communication opportunities to address the epidemic (Integrated Plan Strategy 4.1.d)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Use Needs Assessments, SOC, QM and PSRA recommendations to coordinate feedback mechanisms that address HIV prevention, stigma and treatment **(YEAR 1-5)**	Ongoing	CEC	Utilize feedback in PSRA process and other identifiers	Host events for target groups based on defined data collection focus												
3.2 Develop and implement education and awareness strategies that incorporate results from feedback mechanisms to increase HIV literacy (**YEAR 3)**	Ongoing	CEC	Reduce HIV-related health disparities and health inequities	Utilize community feedback to develop and implement education and awareness activities in the EMA												

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.brhpc.org

MEETING MINUTES

Committee: Community Empowerment Committee (CEC)
Date/Time: Tuesday, March 3, 2020 3:00 p.m.
Location: Government Center Annex A-337
Chair: Bessie Dennis **Vice Chair:** Andrew Ruffner

ATTENDANCE

#	Member	Present	Absent
1	Bhrangger, R.	X	
2	Dennis, B. *Chair*	X	
3	Franks, H.	X	
4	Gunion, D.		A
5	Lewis, V.		A
6	Marcoviche, W.	X	
7	Martinez, G.		A
8	Robertson, L.	X	
9	Ruffner, A. *Vice-Chair*	X	
10	Shore, R.	X	
	Quorum = 6	**7**	

Recipient Staff
Anderson, T.
HIVPC Staff
Oratien, V.
Ukpai, F.
Guests
Biggs, V.
Wilson, E.

1. CALL TO ORDER:

The Chair called the meeting to order at 3:15 p.m. and welcomed all present. The Chair notified attendees that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. A moment of silence was observed, and introductions were made by all in attendance.

2. APPROVALS:

Motion #1: To approve the 3/3/20 meeting agenda.
Proposed by: Robertson, L. **Seconded by:** Franks, H.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 2/4/20.
Proposed by: Franks, H. **Seconded by:** Marcoviche, W.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

CEC Development: Support staff began with a presentation of Ryan White Part A funded services in Broward County. Committee members were educated on the many services that the Part A program provides and discussed criteria for those services. The presentation detailed primary medical care and essential support services available to people living with HIV (PLWH) who are uninsured or underinsured. Members inquired about eligibility requirements, qualifications for Centralized Intake and Eligibility Determination (CIED) home visits, and entities responsible for deciding which services are funded in Broward's EMA. There was some discussion around additional options for PLWH who need services that were not funded by Ryan White Part A. Since Ryan White is the payer of last resort, there are likely other funding sources that cover the costs of services outside of Part A. A member noted that Emergency Financial Assistance (EFA) might be available to cover the costs of needed services contingent on the circumstance.

4. UNFINISHED BUSINESS

I. HIV Information: A CQM Health Planner presented Broward EMA data, which explored the HIV care continuum throughout the county. Data presented were drilled down by gender, race, and age category and examined the number of clients ever in care, in care, retained in care, on antiretroviral drugs (ARVs), and clients who have achieved viral suppression. The presenter reviewed data on clients 25 years of age and younger and assessed the HIV care continuum among the demographic. Clients within this group face unique challenges when living with HIV, which are closely correlated to lower viral load suppression rates.

The CQM presenter emphasized the importance of engaging the young adult population as they are less likely to achieve viral suppression. Data shows that nationally, the number of annual HIV infections among young adults has steadily increased. Young adults living with HIV face HIV-related health disparities, which stem from an intersection of factors to include stigma, substance use, homelessness, institutional neglect, and behavioral health issues.

FY2020-2021 CEC Work Plan: The Committee reviewed the draft work plan for the 2020 fiscal year. Support staff read through the objectives and activities to outline recommendations, and the Committee deeply assessed the proposed work plan, which included revisions. One revision was to merge activities which would essentially satisfy the same work plan objective. Members were encouraged to discuss what they intended to accomplish, then determine where and when they should go out and achieve it.

The Committee reflected on past events that were successful and noted the Fighting Stigma Through Fashion fashion show, which garnered community support in Broward. Members discussed revisiting similar strategies used to achieve some of those events. It was decided that the discussion to host another fashion show in this fiscal year be held off until more details can be added to the discussion.

Motion #3: To approve the changes made to the CEC annual work plan.
Proposed by: Franks, H. **Seconded by:** Robertson, L.
Action: Passed Unanimously

5. MEETING ACTIVITIES/NEW BUSINESS

I. Event Planning: The Committee Chair proposed a church-based event titled "Spilling the Tea," where community members will discuss love, sexuality, and HIV as it relates to the church and the Black community. This event would include a skit portraying two partners where one is fearful of disclosing their status. Members discussed the logistics of the event and decided to hold off moving forward with the event until all details were provided.

ACTION ITEM: PCS Staff will follow-up and coordinate with the CEC Chair to finalize details of the event and communicate those details to the Committee.

6. RECIPIENT REPORT

A representative for the Recipient's office announced that a call took place between the Health Resources and Services Administration (HRSA), the Recipient office, and the HIV Planning Council. The premise of the call was to discuss recruitment solutions and the technical assistance HRSA could provide to the Council to assist in recruitment efforts to increase consumer participation and provide better marketing to the Broward community.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 7, 2020 Time: 3:00 p.m. Venue: A-337

I. Event Planning
   a. Finalize education event proposed by CEC Chair.

9. ANNOUNCEMENTS

The CEC Chair noted that the Broward Ryan White Part A program was hosting the Simple Facts Video Series at World AIDS Museum on March 26, 2020.

The Chair also stated that an event is taking place on March 10, 2020, at the World AIDS Museum in honor of National Women and Girls HIV/AIDS Awareness Day.

10. ADJOURNMENT

The meeting was adjourned at 5:14 p.m.

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.brhpc.org

CEC Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	7	4	3										
1	1	0	**1**	Bhrangger, R.	X	X	X										
1	1	0	**2**	Dennis, B. *Chair*	X	X	X										
0	0	0	**3**	Franks, H.	X	X	X										
0	0	1	**4**	Gunion, D.	X	X	A										
1	1	1	**5**	Lewis, V.	X	E	A										
1	1	0	**6**	Marcoviche, W.	X	X	X										
1	1	2	**7**	Martinez, G.	X	A	A										
0	1	1	**8**	Robertson, L.	X	A	X										
0	0	0	**9**	Ruffner, A., *V. Chair*	X	X	X										
0	0	1	**10**	Shore, R.	X	A	X										
				Quorum = 6	10	6	7	0	0	0	0	0	0	0	0	0	

Legend:

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

THE HIVPC & ITS COMMITTEES

Broward County HIV Health Services Planning Council

1

Contents

I. Why the HIV Planning Council Exists
- HIV Planning Councils
- What Planning Councils Do
- Broward HIVPC's Mission Statement

II. How the HIVPC Operates
- The HIVPC's Committees
- How Committees Work Together

III. Resources

2

Photo Credit: Smithsonian Magazine

WHY THE HIV PLANNING COUNCIL EXISTS

3

HIV Planning Councils

Planning Councils are oriented toward the Denver Principles' recommendations for people with HIV.

The Denver Principles, 1983

> "People with HIV have a right to be active participants in their care and leaders in the decisions made regarding HIV care and services."
>
> – Michelle Dawson, Planning CHATT, Elevating Consumer Voices

An EMA/TGA must have a Planning Body or Planning Council in order to receive Ryan White Part A funding.

4

What Planning Councils Do

- Conduct Needs Assessments
- Establish Priorities for the Allocation of Funds
- Develop an Integrated Plan
- Assess the Administrative Mechanism
- Coordinate with Other Services
- Establish a Service Continuum of Care
- Establish Method(s) to Obtain Community Input
- Determine HIV Population Demographics

5

Broward County HIV Health Services Planning Council: Mission Statement

We direct and coordinate effective response to HIV epidemic in Broward County in order to ensure quality, comprehensive care and positively impact the health of people with HIV at all stages of illness. In so doing, we:

- Foster substantive involvement of HIV-infected and affected communities in assuring consumer satisfaction, identifying priority needs and planning a responsive system of care
- Support local control of planning and service delivery, and build partnerships among service providers, private foundations, voluntary organizations, community organizations and federal, state and municipal governments
- Monitor and report progress within continuum of care to assure fiscal responsibility and increase community support and commitment

6

Photo Credit: Betterhelp.com

HOW THE HIVPC OPERATES

7

Committees Help the HIVPC Achieve its Mission

CEC	MCDC	PSRA
QMC	SOC	Executive

8


Bridge between Council and PLWHA community
Encourages involvement of individuals living with and affected by HIV/AIDS in the Council process
Networks with community groups
Helps educate the community
Community Empowerment Committee

9


Ensures Council membership reflects demographics of epidemic in the County
Recruits new members
Makes nominations to Planning Council
Oversees mentoring & training of members
Plans and conducts Council retreat
Membership/Council Development Committee

10


Establishes service priority categories
Recommends annual funding levels for services
Reviews service category eligibility criteria
Monitors expenditures compared to allocations
Priority Setting & Resource Allocation Committee

11


Develops client & system outcomes & indicators
Oversees standards of care
Develops program evaluation study scopes of services
Quality Management Committee

12

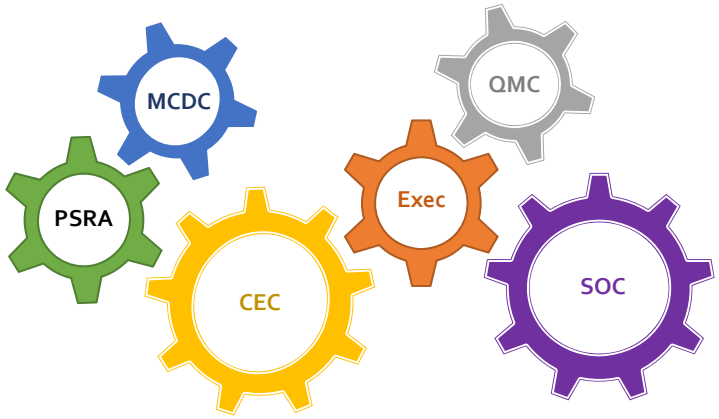

Reviews Unmet Need Research
Identifies Gaps in Care
Establishes Needs of Community
Develops Language on How Best to Meet the Need
Develops recommendations for service category eligibility
System of Care Committee

13


Develops Planning Council agenda
Oversees committee work plans which address Council goals & objectives, as well as those of the Integrated Plan
Executive Committee

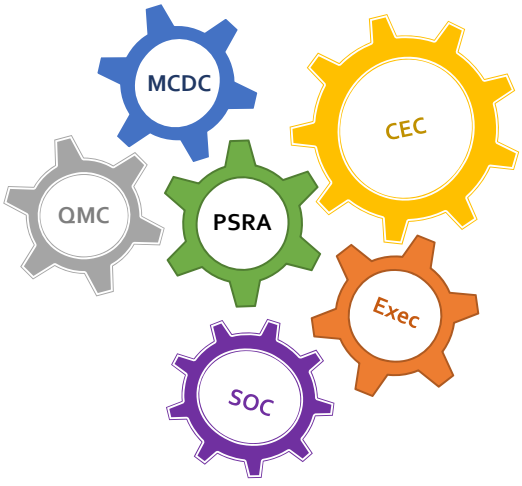
14

Each of the HIVPC's Committees Contributes to the Council's Work



15

How These Committees Work Together: Recruitment & Retention



All Committees have a role to play as Ambassadors & Advocates of the HIVPC!

All Members:
- Help identify & recruit new members
- Encourage participation

CEC:
- Holds community events and meetings
- Provides testimonials

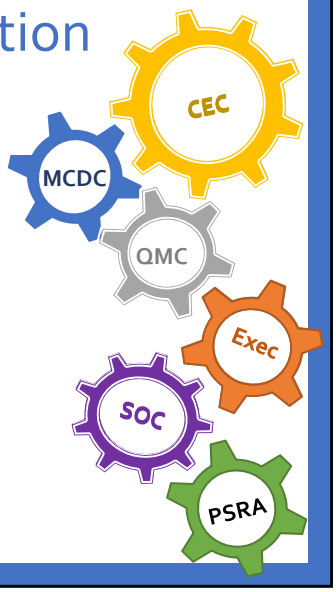
MCDC:
- Reviews HIVPC applications
- Holds an annual "Membership Drive"

16

How These Committees Work Together: Priority Setting & Resource Allocation

Each Committee adds to the PSRA Process!

- **CEC** ranks service categories.
- **QMC** reviews outcome & performance measure data and identifies trends.
- **MCDC** ensures Council reflectiveness so that people with HIV are at the table.
- **SOC** reviews system of care data and identifies trends. This informs their How Best to Meet the Need language & eligibility requirement recommendations.
- **PSRA** reviews recommendations from other Committees & funders as well as Needs Assessment and epidemiologic data. Using this information, PSRA ranks and allocates the Part A Core and Support services for the upcoming fiscal year.



17

Resources

I. The Denver Principles

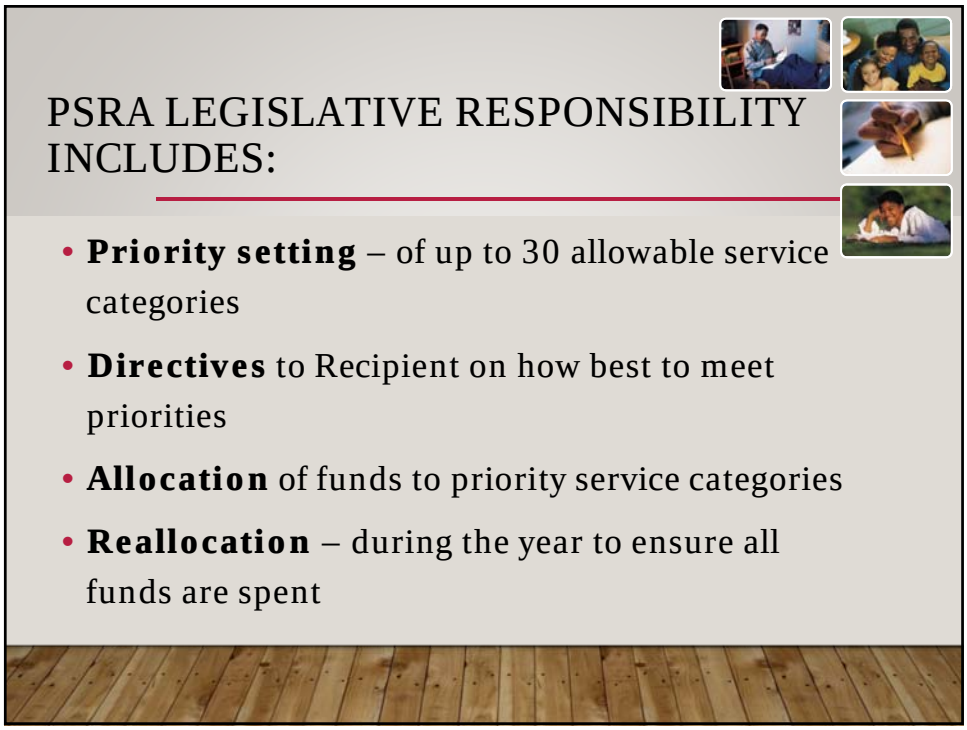
II. Planning CHATT, Elevating Consumer Voices

III. Planning Council Primer
Planning Council Duties, page 15

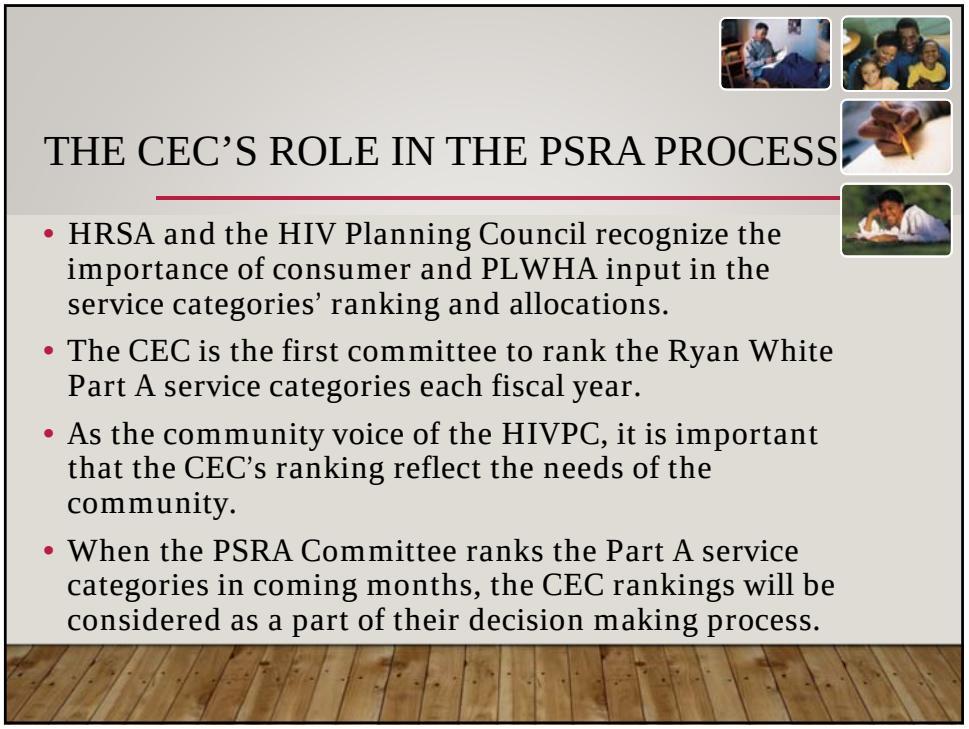
18


HIVPC
GET CARE
BROWARD
TREAT HIV|BEAT HIV
RYAN WHITE | PART A
CEC PRIORITY RANKINGS
Consumer Involvement in Prioritizing Ryan White Services

1


PSRA LEGISLATIVE RESPONSIBILITY INCLUDES:
• Priority setting – of up to 30 allowable service categories
• Directives to Recipient on how best to meet priorities
• Allocation of funds to priority service categories
• Reallocation – during the year to ensure all funds are spent

2


THE CEC'S ROLE IN THE PSRA PROCESS
• HRSA and the HIV Planning Council recognize the importance of consumer and PLWHA input in the service categories' ranking and allocations.
• The CEC is the first committee to rank the Ryan White Part A service categories each fiscal year.
• As the community voice of the HIVPC, it is important that the CEC's ranking reflect the needs of the community.
• When the PSRA Committee ranks the Part A service categories in coming months, the CEC rankings will be considered as a part of their decision making process.

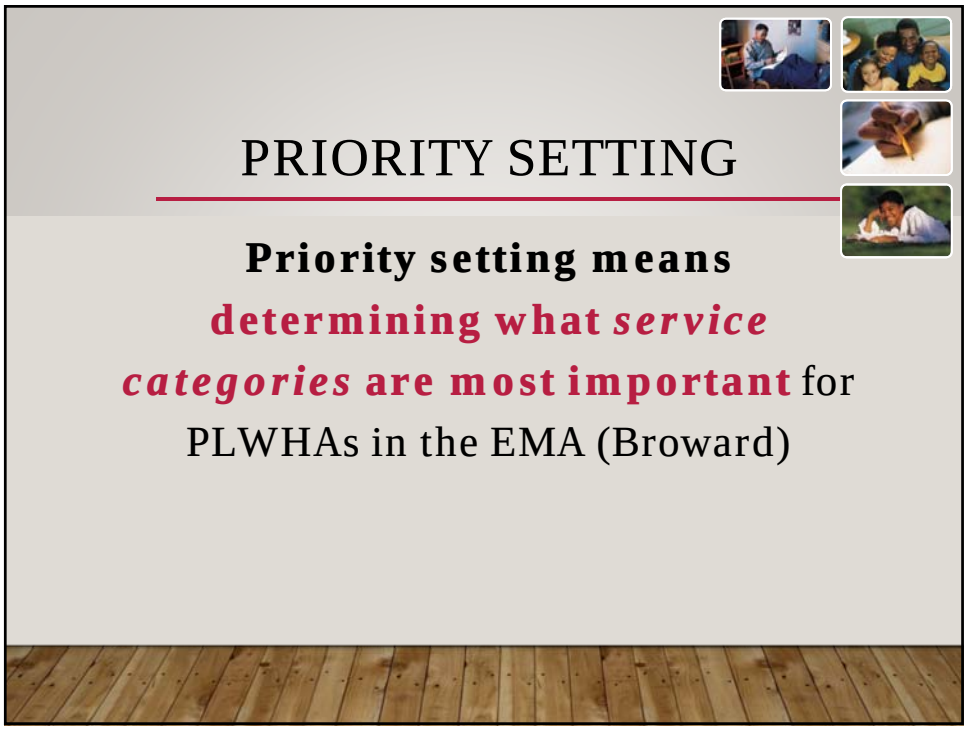
3


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

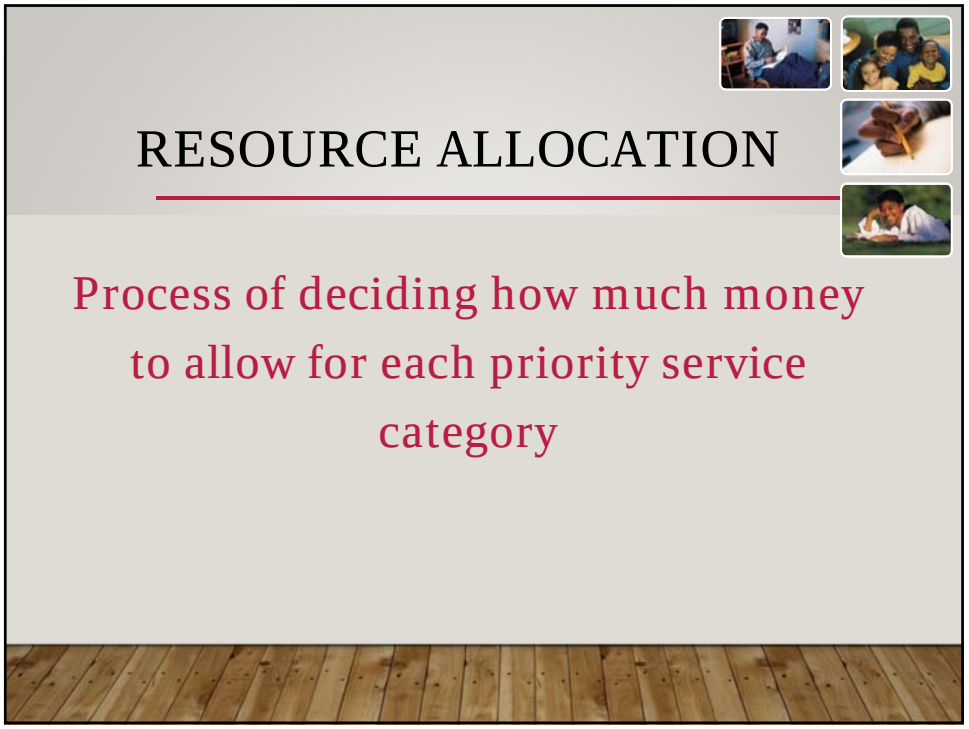
4


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

5


PRIORITY SETTING
Priority setting means
determining what service categories are most important for
PLWHAs in the EMA (Broward)

6



7

PREVIOUS RANKINGS FOR FY 2020-2021

Core Services	CEC	PSRA
AIDS Drug Assistance Program Treatments (ADAP)	1	6
AIDS Pharmaceutical Assistance (Local)	3	3
Early Intervention Services (EIS)	9	10
Health Insurance Premium and Cost Sharing (HICP)	4	5
Home and Community-Based Health Services	13	11
Home Health Care	10	12
Hospice	12	13
Medical Case Management (Disease)	2	2
Medical Nutrition Therapy	11	9
Mental Health Services	6	4
Oral Health Care (Dental)	7	7
Outpatient/Ambulatory Health Services (OAHS)	5	1
Substance Abuse - Outpatient	8	8
Support Services	**CEC**	**PSRA**
Child Care	16	14
Emergency Financial Assistance	2	4
Food Bank/Home-Delivered Meals	3	3
Health Education/Risk Reduction	12	11
Housing	1	1
Legal Services	4	5
Linguistics Services (Interpretation and Translation)	15	15
Medical Transportation Services	7	6
Non-Medical Case Management	6	2
Other Professional Services	14	17
Outreach	9	9
Permanency Planning	17	16
Psychosocial Support	5	8
Referral for Health Care and Support Services	11	10
Rehabilitation Services	10	12
Respite Care	13	13
Substance Abuse - Residential	8	7

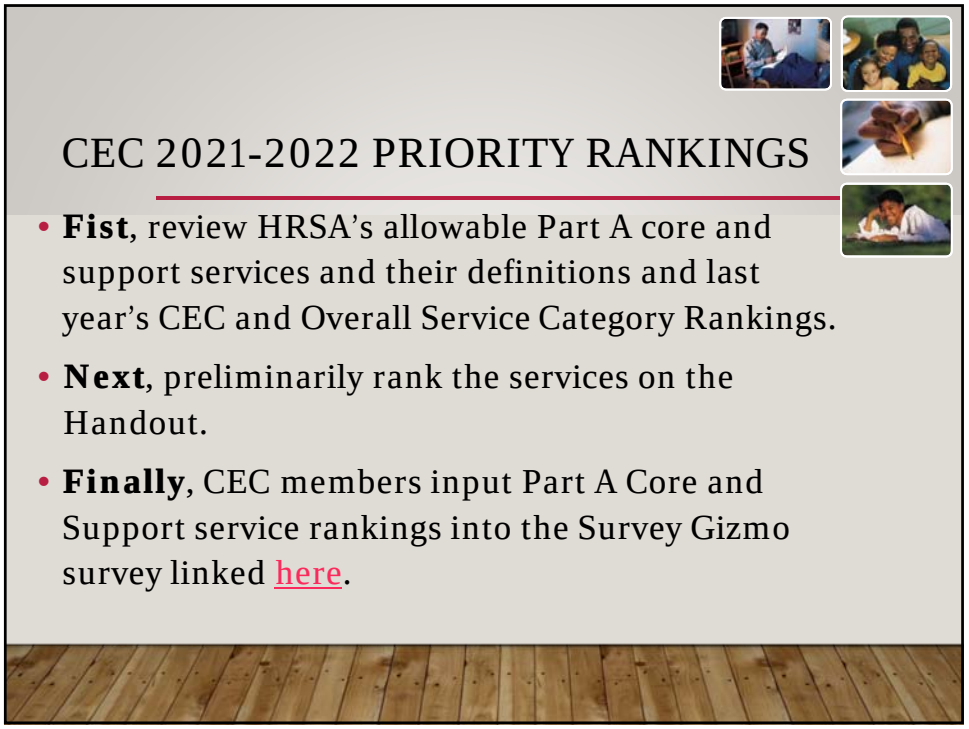
8

AS SERVICE USERS, CONSUMERS ARE WELL POSITIONED TO EVALUATE THE QUALITY, APPROPRIATENESS, AND EFFECTIVENESS OF FUNDED SERVICES.

9

Please feel free to ask questions before we begin the CEC Ranking Process!!

10


CEC 2021-2022 PRIORITY RANKINGS
• **Fist**, review HRSA's allowable Part A core and support services and their definitions and last year's CEC and Overall Service Category Rankings.
• **Next**, preliminarily rank the services on the Handout.
• **Finally**, CEC members input Part A Core and Support service rankings into the Survey Gizmo survey linked here.

11

HRSA Funded Service Categories

Please find listed below the 13 Core Medical Service Categories and the 17 Support Service Categories that are fundable with Ryan White Program Part A and MAI (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds – *Policy Clarification Notice #16-02 [Revised 10/22/18*]). **Those funded by the Broward EMA in 2019-2020 are in bold.** All funded agencies are contractually obligated to engage in activities, which help to engage and/or retain clients in care.

Core Medical Services:

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

Support Services:

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

Service Category Definitions

Core Medical Services (services funded by the Broward EMA are in blue text):

1. **AIDS Drug Assistance Program Treatments (ADAP):** A state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV. HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

2. **AIDS Pharmaceutical Assistance:** AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

   A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:
   - Uniform benefits for all enrolled clients throughout the service area
   - A recordkeeping system for distributed medications
   - An LPAP advisory board
   - A drug formulary that is
     - Approved by the local advisory committee/board, and
     - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
   - A drug distribution system
   - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
   - Coordination with the state's HRSA RWHAP Part B ADAP o A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
   - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

3. **Early Intervention Services (EIS)**: Include counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose to the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations of individuals with HIV/AIDS; and the provision of therapeutic measures.

4. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:
    - Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
    - Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
    - Paying cost sharing on behalf of the client.

5. **Home and Community-Based Health Services:** Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
    - Appropriate mental health, developmental, and rehabilitation services
    - Day treatment or other partial hospitalization services
    - Durable medical equipment
    - Home health aide services and personal care services in the home

6. **Home Health Care: T**he provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
    - Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
    - Preventive and specialty care
    - Wound care
    - Routine diagnostics testing administered in the home
    - Other medical therapies

7. **Hospice:** Services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
    - Mental health counseling
    - Nursing care
    - Palliative therapeutics
    - Physician services
    - Room and board

8. **Medical Case Management (including Treatment Adherence Services):** The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

9. **Medical Nutrition Therapy**: Includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

10. **Mental Health Services:** The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

11. **Oral Health Care:** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

12. **Outpatient/Ambulatory Health Services**: Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

    Allowable activities include:
    - Medical history taking
    - Physical examination
    - Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
    - Treatment and management of physical and behavioral health conditions
    - Behavioral risk assessment, subsequent counseling, and referral
    - Preventive care and screening
    - Pediatric developmental assessment
    - Prescription and management of medication therapy
    - Treatment adherence
    - Education and counseling on health and prevention issues
    - Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

13. **Substance Abuse Outpatient Care:** The provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:
    - Screening
    - Assessment
    - Diagnosis, and/or
    - Treatment of substance use disorder, including:
        - Pretreatment/recovery readiness programs
        - Harm reduction
        - Behavioral health counseling associated with substance use disorder
        - Outpatient drug-free treatment and counseling
        - Medication assisted therapy
        - Neuro-psychiatric pharmaceuticals
        - Relapse prevention

    Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Support Services (services funded by the Broward EMA are in blue text):

1. **Child Care Services:** Services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds includes:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

2. **Emergency Financial Assistance:** Provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

3. **Food Bank/Home Delivered Meals:** The provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

4. **Health Education/Risk Reduction:** The provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:
    - Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention

- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

5. **Housing**: Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.
6. **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills

    Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

7. **Linguistic Services:** Provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

8. **Medical Transportation:** The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:
    - Contracts with providers of transportation services
    - Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
    - Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Voucher or token systems

    Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

9. **Non-Medical Case Management Services (NMCM):** Provides a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Client-specific advocacy and/or review of utilization of services
    - Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary
    - Ongoing assessment of the client's and other key family members' needs and personal support systems

10. **Other Professional Services:** Allows for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
    - 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.

11. **Outreach Services:** Identifies PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

    Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services. Outreach Services must:

    1. use data to target populations and places that have a high probability of reaching PLWH who
        a. have never been tested and are undiagnosed,
        b. have been tested, diagnosed as HIV positive, but have not received their test results, or
        c. have been tested, know their HIV positive status, but are not in medical care;
    2. be conducted at times and in places where there is a high probability that PLWH will be identified; and
    3. be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

    Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

12. **Permanency Planning:** Includes services to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

13. **Psychosocial Support Services:** Provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
    - Bereavement counseling
    - Caregiver/respite support (RWHAP Part D)
    - Child abuse and neglect counseling
    - HIV support groups
    - Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
    - Pastoral care/counseling services

    Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership. For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

14. **Referral for Health Care and Support Services:** Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

    Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

15. **Rehabilitation Services:** Provides HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

16. **Respite Care:** The provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

    Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV

Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

17. **Substance Abuse Services (residential):** The provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention
    - Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

    Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

    Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

HANDOUT C

FY2021 CORE & SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the core medical 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 **1** is given to the **most important** service, while the score of **13** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Core Medical Services:

— Outpatient/Ambulatory Health Services

— AIDS Pharmaceutical Assistance (Local)

— Health Insurance Premium & Cost-Sharing Assistance (HICP)

— Medical Case Management (Disease)

— Mental Health Services

— Oral Health Care (Dental)

— Substance Abuse Services - Outpatient

— AIDS Drugs Assistance Program Treatments (ADAP)

— Medical Nutrition Therapy

— Early Intervention Services

— Home and Community-Based Health Services

— Home Health Care

— Hospice Services

HANDOUT C

FY2021 CORE & SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Listed below are the support 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 **1** is given to the **most important** service, while the score of **17** is given to the service with the **lowest importance**. Please do not give two services the same rank.

Support Services:

— Food Bank/Home-Delivered Meals

— Emergency Financial Assistance

— Legal Services

— Non-Medical Case Management (CIED)

— Housing Services

— Medical Transportation Services

— Substance Abuse Services - Residential

— Psychosocial Support Services

— Outreach Services

— Health Education/Risk Reduction

— Referral for Health Care/Supportive Services

— Linguistics Services (Integration and Translation)

— Other Professional Services

— Child Care Services

— Rehabilitation Services

— Permanency Planning

— Respite Care

HANDOUT C

FY2021 CORE & SUPPORT SERVICE CATEGORIES: PRELIMINARY RANKINGS

Please answer the following questions regarding survey participant demographics:

1. Are you a Person Living with HIV/AIDS (PLWHA)? ☐ Yes ☐ No ☐ N/A

2. Do you receive Ryan White Part A services? ☐ Yes ☐ No ☐ N/A

3. Do you work for an agency that provides services for HIV+ individuals? ☐ Yes ☐ No

4. What is your race? ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Other

5. What is your ethnicity? ☐ Hispanic ☐ Not Hispanic

6. What is your age? _____

7. What is your ZIP code? _____

HANDOUT D

Virtual Event Planning Options

I. Townhalls/Listening Sessions

Using the Zoom platform, we can:

- Poll attendees
- Allow attendees to ask questions and make comments

II. Focus Groups

Using the Zoom platform, we can:

- Poll participants
- Discuss topics of interest in an in-depth manner

III. Community Events

We can also use our resources to facilitate these events. Working with community partners, we can:

- Use Zoom to host events
- Use Eventbrite & Listserv to market events
- Send supplies (if any) to attendees in advance of the event
- Use Zoom or Survey Gizmo to poll/survey attendees

Virtual event ideas and examples:

- Guided Yoga class or beginner workout
- Panel discussion
- Tea party/ice cream social
- Build or paint something with attendees
- Question & Answer sessions
  Note: this differs from Townhalls & Focus Groups in that attendees ask all questions

Month	June	July	August	September	October	November	December	January	February
Awareness Days	**5th:** HIV Long-Term Survivors Awareness Day **8th:** Caribbean American HIV/AIDS Awareness Day **27th:** National HIV Testing Day	N/A	N/A	**18th:** National HIV/AIDS & Aging Awareness Day **27th:** National Gay Men's HIV/AIDS Awareness Day	**15th:** National Latinx AIDS Awareness Day	N/A	**1st:** World AIDS Day	N/A	**7th:** National Black HIV/AIDS Awareness Day
Suggested Event									