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, Florida 33020 954-561-9681 • FAX 954-561-9685

Community Empowerment Committee Meeting

AGENDA

Date: April 6, 2021 at 3:00 p.m.
Location: WebEx Virtual Meeting Platform
Chair: Vacant Seat **Vice Chair:** Andrew Ruffner

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 04/06/2021
   b. Last Meeting Minutes 02/11/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
6. **Unfinished Business**
7. **Meeting Activities/New Business**
   I. **FY2021-2022 CEC Work Plan (Handout A)**
   ACTION ITEM: Review progress made toward FY2020 work plan activities. Update work plan for FY2021-2022.
   II. **PSRA Service Categories Presentation (Handout B1-B2)**
   Work Plan Activity 1.3: Educate CEC members on HIVPC & Ryan White Part A
   ACTION ITEM: Receive presentation on the Ryan White Program service categories.
8. **Recipient's Report**
9. **Public Comment (10 minutes)**
10. **Agenda Items/Tasks For Next Meeting**
    a. Next Meeting Date: May 4, 2021 at 3:00 p.m. via WebEx Videoconference

b. Next Meeting Agenda Items

- Service Utilization Presentation by CQM Support Staff
- PSRA Process/CEC's Role Overview
- CEC's Ranking

11. Announcements

12. Adjournment

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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.

Revised 7/24/14

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.

Revised 7/24/14

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 respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè 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.

Revised 7/24/14

Meeting of the

Membership/Council Development Committee & Community Empowerment Committee

Thursday, February 11, 2021
9:30-11:30 AM
By WebEx Videoconference

MINUTES

MCDC Members Present: V. Foster (Committee Chair), T. Moragne (Committee Vice-Chair), Y. Arencibia, I. Wilson

Members Absent: A. Cutright

Members Excused: H. B. Katz

Planning Council Support Staff Present: G. Martinez, V. Oratien, F. Ukpai

Guests Present: S. Quintero, D. Gunion (CEC Member), L. Robertson (CEC Member), R. Bhrangger (CEC Member), W. Marcoviche (CEC Member), K. Williams, R. Shore (CEC Member), M. Samplin-Salgado, A. Ruffner (CEC Chair), R. Louis

Agenda Item #1: Call to Order, Welcome & Public Record Requirements

The *MCDC Chair* called the meeting to order at 9:42 a.m. The *MCDC Chair* welcomed all meeting attendees that were present. Attendees were notified that the MCDC/CEC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *MCDC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #2: Meeting Approvals

The approval for the agenda of the February 11, 2021 Membership/Council Development Committee & Community Empowerment Committee meeting was proposed by *L. Robertson*, seconded by *Y. Arencibia*, and passed unanimously. The approval for the minutes of the October 6, 2020 meeting was proposed by *Y. Arencibia*, seconded by *I. Wilson*, and approved with no further corrections.

Mr. Robertson, on behalf of CEC, made a motion to approve the February 11, 2021 Membership/Council Development Committee & Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the October 6, 2020, Community Empowerment Committee & Membership/Council Development Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #3: Joint Meeting Business

M. Samplin-Salgado, the John Snow Inc. (JSI) technical assistance (TA) representative, reported on the current status of the HIVPC Recruitment video. JSI's TA plan includes a goal to actively engage Planning Council members in video and photo formats. At the last joint meeting, members voted in favor of developing a recruitment video that will be shared with Ryan White providers to be played on a loop in waiting rooms and shared on social media platforms. *Ms. Samplin-Salgado* announced that the recruitment video will begin production on Tuesday, February 16, 2021, and will capture Planning Council and Committee members' testimonies. *K. Williams*, who is working in collaboration with JSI, reported that he would expound on the Storytelling Workshop and create a montage of the testimonies to start a more robust discussion around the Planning Council and its members.

R. Shore inquired about disseminating the recruitment videos if provider agencies have been identified and whether the HIVPC and provider agencies have an agreement to broadcast the promotional films. *Mr. Shore* also expressed the importance of engaging with agencies prior to completing the film to confirm participation in the dissemination of the videos. The *MCDC Chair* suggested that the HIVPC host a screening of the director's cut of the recruitment video and invite identified agencies to provide feedback prior to mass distribution. *Mr. Shore* recommended having the recruitment video in various languages or having closed captioning in Spanish, Haitian/Creole, and Portuguese. After much discussion, members decided to move forward with engaging provider agencies for a prospective pre-screening.

Agenda Item #4: Meeting Activities/New Business

PCS staff presented the HIVPC membership strategy to determine the best course of action to address vacancies. Several work-related seats have been vacant on the Planning Council, and staff has developed a strategy to reconstruct seats to fill these vacancies. Currently, there are five vacant seats (HOPWA, Medicaid, Substance Abuse, Social Services, and Hospital/Healthcare Planning Agency), one of which PCS staff is proposing a current member be changed to. The member presently occupies the Healthcare Provider seat; however, the proposition is to switch that member to the Hospital/Healthcare Planning Agency seat, which will achieve that vacancy's occupancy and will not adjust the HIVPC's current numbers.

PCS staff announced that a member was moved off of the Council because they were no longer an unaffiliated consumer but has applied to rejoin. Broward County Ordinance states that if an unaffiliated consumer gains employment with an agency funded by Ryan White Part A, the member must move off the Council and rejoin in a different seat. This member will be rejoining the Council and occupy the Local Public Health Agency seat. The remaining vacancy will be the Veterans Affairs seat.

PCS staff discussed the 'seats to sunset' with MCDC members. The HRSA manual highlights mandated seats, and both the Hepatitis B & C and Indian Tribe seats are listed as required seats if it represents a large portion of the community. Although Hepatitis B & C are prominent comorbidities in the HIV community, they are not reflective of Broward's HIV community, and per HRSA is not required. Efforts to fill the Indian Tribe vacancy have been ongoing; however unsuccessful. Members agreed to sunset both vacant seats and suspend efforts to fill those vacancies and instead focus on the Affected Communities and Alternate seats, both of which members must also be unaffiliated consumers.

Agenda Item #5: Standard Committee Items

The Committee reviewed submissions for current applicants interested in joining the HIV Planning Council. The Planning Council currently has 20 members; however, the interested party's addition

will increase Council membership to 21. HRSA mandates a 33% total percentage of unaffiliated consumers for the Planning Council. That percentage will remain below the mandate; however, the Committee is receiving technical assistance from JSI to increase unaffiliated consumer membership.

Members voted to move a current HIVPC members' seat to the Hospital/Healthcare Planning Agency seat. Members were then given a brief background of the applicant and voted to approve the application, which will move to the full body for consent, then sent to the Broward County Board of County Commissioners for final approval. *PCS staff* recommended that the Committee gradually add identified interested parties into work-related seats until unaffiliated consumer membership has improved on the Council to avoid drastically affecting HIVPC numbers.

The approval for Von Biggs's application was proposed by *Y. Arencibia*, seconded by *T. Moragne*, and passed unanimously. The approval for the change of Valery Moreno's seat on the HIV Planning Council to Hospital/Healthcare Planning Agency was proposed by *Y. Arencibia*, seconded by *T. Moragne*, and passed unanimously.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the application of Von Biggs as presented. The motion was adopted unanimously.

Ms. Arencibia, on behalf of MCDC, made a motion to approve the change of Valery Moreno's seat on the HIV Planning Council to Hospital/Healthcare Planning Agency. The motion was adopted unanimously.

Agenda Item #6: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #7: Recipient Report

There was no Recipient report given at this meeting.

Agenda Item #8: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #9: Member Tasks

Members were tasked with ongoing recruitment of unaffiliated consumers to the HIV Planning Council.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next MCDC meeting will be held on March 11, 2021, at 9:30 a.m. via WebEx Videoconference. The next CEC meeting will be held on March 2, 2021, at 3:00 p.m. via WebEx Videoconference.

Agenda Item #11: Announcements

There were no announcements made at this meeting.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 10:30 a.m.

MCDC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	11											
0	0	0	**1**	Arencibia, Y.		X											
0	0	1	**2**	Cutright, A.		A											
0	0	0	**3**	Foster, V. *Chair*		X											
1	1	0	**4**	Katz, H.B.		E											
0	0	0	**5**	Moragne, T.		X											
0	0	0	**6**	Wilson, I.		X											
				Quorum = 4	0	4	0	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**

CEC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	11												
1	1	0	**1**	Bhrangger, R.		X												
0	0	1	**2**	Franks, H.		A												
0	0	0	**3**	Gunion, D.		X												
1	1	1	**4**	Lewis, V.		A												
1	1	0	**5**	Marcoviche, W.		X												
0	1	0	**6**	Robertson, L.		X												
0	0	0	**7**	Ruffner, A., *V. Chair*		X												
0	0	0	**8**	Shore, R.		X												
0	0	0	**9**	Wilson, I.		X												
				Quorum = 6	0	7	0	0	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**

HANDOUT A

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.					X							
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				X								
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			X	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								X				
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)					X			X				

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					X							

HANDOUT B1

Broward County Ryan White Part A Program's Funded Service Categories

APRIL 6, 2021
Planning Council Support Staff

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of April 6, 2021

HANDOUT B1

BROWARD COUNTY RYAN WHITE PART A PROGRAM'S FUNDED SERVICE CATEGORIES

I. Ryan White HIV/AIDS Program Overview

II. Part A Services

- A. Core Medical Services
  1. All Available Core Medical Services
  2. Broward's Core Medical Services
- B. Support Services
  1. All Available Support Services
  2. Broward's Support Services

III. More Information

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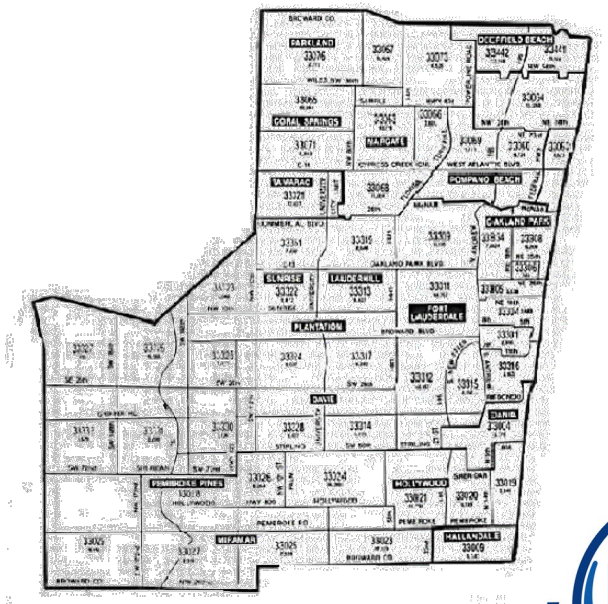
THE RYAN WHITE HIV/AIDS PROGRAM

- **The Ryan White HIV/AIDS Program (RWHAP)** provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.
- RWHAP is administered by the **HIV/AIDS Bureau (HAB)** of the **Health Resources and Services Administration (HRSA).**
- **Part A** grants funding to metropolitan areas hardest hit by the epidemic for **HIV medical care** and **support services.**
- RWHAP is the "funder of last resort."

In FY2020, the Part A Program of Broward County provided care for **7,709 unique clients**.



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ALL AVAILABLE CORE MEDICAL SERVICES

Of the 13 medical services allowed by the RWHAP, **7 are provided by the Part A Program in Broward.**

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

Broward's Core Medical Services

OAHS, AIDS Pharmaceutical Assistance, and HICP

1. **Outpatient/Ambulatory Health Services -** provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting.
2. **AIDS Pharmaceutical Assistance (Local) -** operated by a 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.
3. **Health Insurance Premium & Cost-Sharing Assistance (HICP) -** 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. This includes standalone dental insurance.

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Broward's Core Medical Services

Medical Case Management and Mental Health Services

4. **Medical (Disease) Case Management -** 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.

5. **Mental Health Services -** The provision of outpatient psychological and psychiatric services. These 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.

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Broward's Core Medical Services

Oral Health Care and Substance Abuse Services

6. **Oral Health Care (Dental) -** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals.
7. **Substance Abuse Services – Outpatient -** The provision of outpatient services for the treatment of drug or alcohol use disorders.

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ALL AVAILABLE SUPPORT SERVICES

Of the 17 support services allowed by the RWHAP, **4 are provided by the Part A Program in Broward.**

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

Broward's Support Services

Food Bank and Emergency Financial Assistance

1. **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.

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. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.
    - Urgent needs include: 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.

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Broward's Support Services

Legal Services and Non-Medical Case Management

3. **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.
    - Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

4. **Non-Medical Case Management -** 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.
    - In Broward County, Non-Medical Case Management includes Client Intake and Eligibility Determination (CIED).

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FOR MORE INFORMATION

- HRSA Funded Service Category Description (Handout B2)
- HRSA Planning Council Primer

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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 2020-2021 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.