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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, June 27, 2013 at 9:00 a.m.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of 6/27/13 Meeting Agenda
   e. Approval of 5/23/13 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

Consent #1	To appoint Marsha McBain to the Joint Planning Committee
Justification:	The State Medicaid Agency Representative is interested in serving on the Joint Planning Committee
Proposed by:	Joint Planning Committee

7. **TRAINING ON SCORECARDS: Carla Taylor-Bennett** (Handout B)
8. **DISCUSSION ITEMS**

Discussion #1 To approve FY14/15 Core and Support Service Category Rankings as shown below:

CORE SERVICES	RANK
Outpatient/Ambulatory Health	1
AIDS Pharmaceutical Assistance (Local)	2
Medical Case Management	3
Health Insurance Premium Assistance (HICP)	4
Oral Health	5
Mental Health	6
Substance Abuse (Outpatient)	7

		SUPPORT SERVICES	
		Centralized Intake and Eligibility Determination (CIED)	1
		Food Bank	2
		Legal Services	3
		Outreach	4
Justification:	Rankings were conducted as part of the Priority Setting and Resource Allocation process		
Proposed by:	Priority Setting and Resource Allocation Committee		

Discussion # 2	To approve the FY 14/15 Language on How Best to Meet the Need (Handout C)
Justification:	Language is developed to provide the grantee with directives on how to best meet the needs of clients in various service categories
Proposed by:	Joint Planning Committee

9. JUNE COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

Cancelled *Chair: K. Creary, Vice Chair: T. Wilson*

Next Agenda Items: Training on Demographics & Seats; Mentoring Plan; Recruitment and Retention Plan. *Next Meeting Date:* July 11, 2013

b. JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)

June 4, 2013 *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:

Work plan item 1.2 -- The Committee completed a brief evaluation survey on the Hot Topic training that they received at the May meeting on the Priority Setting and Resource Allocation Process. This evaluation was developed to ensure that the JCCR training sessions are as effective and meaningful as possible. It also assessed what members learned from the training session.

Work plan item 1.2 --Members received training on the scope of Ryan White Part A and B services by Kim Strong and Ann Mercer. The Part A presentation covered the following topics: the structure of the Part A Grantee office; Grantee's role/responsibility; Uses of Part A Service Funds; Overview of Core and Support Services; and the structure of the Part A HIV Health Services Planning Council's Committees and QI Networks. The Part B presentation detailed the following: Part B Funded Programs (Medication Co-Payment, Home Delivered Meals, Medical Transportation, and Non-Medical Case Management); Core Eligibility Requirements; Other Funded Part B Programs (ADAP and AICP); Contact Information for the Part B Program.

Work plan item 1.1 -- Members reviewed a handout of the proposed social media strategy. This handout included various ways to reach consumers in order for them to attend JCCR's community events (letters, posters, press releases, PSAs, and provider websites). Members discussed having a Facebook account as well has getting more peers involved in order to attract individuals to the events. Members also mentioned that the internet is a great way to attract a younger crowd. It was also suggested that case managers get involved by actively informing clients of upcoming community events.

Work plan item 2.2, 3.2. – The Committee commenced the discussion regarding their 3rd community event. Members focused on the following venues: Shadowood, MODCO, and MDEI. The Committee reviewed information regarding holding an event at Shadowood, which was requested at a previous meeting. Members concluded that the topic should be on

the Affordable Care Act/Health Care Reform. Members agreed that one of their Hot Topic presentations should be on the ACA/HCR in order to become more knowledgeable on the issue before holding the community event.
B. Rationale for Recommendations:
JCCR Co-Chairs reiterated that the previously scheduled July meeting is cancelled since quorum will not be achieved. The work plan was adjusted accordingly.
C. Data Reports / Data Review Updates:
The Committee reviewed the Part B scorecards for the following service categories: Non-Medical Case Management; Medical Transportation; Part B Medication Co-Payment/AICP program; Home Delivered Meals. Information included allocations, expenditures, and utilization data for each service category.
D. Data Requests:
Staff will research other EMAs for various social media strategies and provide this information to the Committee at the next meeting.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Continue planning for the 3rd Community Event; Discuss Training for Peer Educators. *Next Meeting Date*: August 6, 2013

c. **JOINT PLANNING COMMITTEE**

June 10, 2013_____ *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*

A. Work plan item update / Status Summary:
Work plan item 1.3– The Committee viewed a presentation on the draft FY14/15 Language on How Best to Meet the Need developed by Michele Rosiere. Language was divided into various categories: Service Delivery Models, Access to Care, Clinical Quality Management and Cultural Competence. Members viewed current language as well as discussed recommended language for all Part A and MAI core and support service categories. The financial implications of various language were discussed. New language addressed the following: the implementation of the Affordable Care Act, Mental Health/Substance Abuse Assessments; the emphasis on adherence and retention in medical care for populations not achieving viral load suppression; and the provision of health education and reinforcing of strategies for risk behavior reduction. Work plan item 2.3, 2.4- The Committee reviewed a presentation on how assessing the needs of special populations and unmet need estimates could shape the development of the language on how best to meet the need.
B. Rationale for Recommendations:
The members appointed Marsha McBain to the Committee. She was recently appointed to the HIV Planning Council as the State Medicaid Agency representative and was interested in serving on Joint Planning. Members recommended that the contractual language for the medical case management service category be provided to the Priority Setting and Resource Allocation Committee to review in order to assess whether medical case managers who are not in a medical setting are able to meet the needs expressed in the service delivery model.
C. Data Reports / Data Review Updates:
Members reviewed the January-May 2013 HIV/AIDS Surveillance Data for Broward County and the FY12/13 Viral Load Stratification report. The FY12/13 Scorecard data and the CY 2011 Unmet Need Data were also provided for Committee members.
D. Data Requests:
Members requested that the FY12/13 Viral Load Stratification report be sent to Committee members after the meeting. The Committee requested that the contractual language for

medical case management be provided to the Priority Setting and Resource Allocation Committee to review.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Prepare for FY13/14 Needs Assessment; Assess Impact of Comorbidities on Service Costs. *Next Meeting Date*: July 8, 2013.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

Meeting Cancelled *Chair: C. Grant*

Next Agenda Items: Review 3-year QM Work Plan; Review Policies and Procedures; Quarterly Network Update; Identify Service Category for Annual Review; Review Performance Measures and other Data Source to Assess Linkage to Care; Quarterly Data Review.
Next Meeting Date: July 15, 2013

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

June 19, 2013 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate*

A. Work plan item update / Status Summary:
Work plan item 1.3--Members viewed the updated scorecard format for each core and support service category. Members discussed a recommendation for the scorecards, which is adding 100-400% FPL due to the impact of the health exchanges. Work plan item 1.5--The Committee reviewed the rankings completed by the Joint/Client Community Relations Committee and discussed the recommendations from the Joint Planning Committee on special populations and Language on How to Best Meet the Need. Members discussed the impact of new language and the possibility of reshaping the Non-Medical Case Management service category in order to make it more relative to the type of case management provided in the program. Work plan item 1.7--A presentation was provided detailing the client survey results in order for Committee members to see how participants ranked the service categories as well as assess identified barriers.
B. Rationale for Recommendations:
Based on the data and the implementation of the ACA, the Committee ranked the FY 14/15 core and support service categories. The Committee ranked the following core services from 1-7 respectively: Outpatient Ambulatory Medical Care; AIDS Pharmaceutical assistance; Medical Case Management; Health Insurance Continuation Program, Oral Health Care; Mental Health Treatment; Substance Abuse Treatment. The Committee ranked the following support services from 1-4 respectively: Centralized Intake and Eligibility Determination (CIED); Food Bank; Legal Assistance; Outreach. Members also recommended that the Joint Planning Committee review the verbiage of the Client Survey to make it easier for participants to understand, such as the terms representing the core and support services.
C. Data Reports / Data Review Updates:
Members reviewed a presentation that focused on the recommendations from the Joint Planning Committee on the Language on How Best to Meet the Need; JCCR's rankings; Consumer Rankings; FY 2012 Part A Viral Load Stratification Data; and 2012 Client Survey results that addressed barriers, linkage to care, special populations, lost to care, and other key findings. The Committee also reviewed the FY 12/13 Part A Scorecards, Part B Scorecards, and data for all funders.
D. Data Requests:
The members requested to review service delivery models of other EMAs in order to assess best practices of medical and non-medical case management.

E. Other Business Items:
None. *Agenda Items for Next Meeting:* Discuss other EMA service delivery models on medical and non-medical case management service categories; Review scope of services and eligibility for each service category; Allocations of Part A and MAI funds by service category. *Next Meeting Date*: July 10, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No meetings *Chair: Dionne Proulx*

Next Meeting Date: July 30, 2013

f. JOINT EXECUTIVE COMMITTEE

No June Meeting *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

Next Meeting Date: July 18, 2013

g. PART A EXECUTIVE COMMITTEE

June 18, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:
Work plan item 1.1, 1.2 --Committee chairs reported on their work plan progress to ensure that goals are being met. Members also assessed the Planning Council's progress of accomplishing the goals of the Comprehensive Plan and the National HIV/AIDS Strategy through the use of Committee work plans. The HIVPC Vice Chair reflected on the accomplishment of establishing the benchmark for Part A viral load; attaining the majority of Part A clients' viral load. Members were reminded that the viral load information provided is not a community viral load but rather a step towards getting Part A clients undetectable to reduce the number of new infections in Broward County. Members also discussed the factors associated with the implementation of the Affordable Care Act (ACA). The Pre-Existing Condition Insurance Plan (PCIP) Subcommittee was resturctured and its work is being integrated into the Joint Executive Committee. The Committee will assess the adjustment of the RW Part A Program services based on the implementation of the ACA. The data that was gathered for PCIP will be utilized by Joint Executive as guidance for discussion about the ACA.
B. Rationale for Recommendations:
Training on the scorecards will be conducted for HIV Planning Council members at the upcoming meeting in order to provide education on the justification of data-driven decisions made as part of the Priority Setting and Resource Allocation process.
C. Data Reports /Data Review Updates:
The Committee reviewed the Part A FY12/13 Scorecards and the FY12/13 Part A Viral Load Stratification.
D. Data Requests:
Members requested that the following data be provided at the next Joint Executive meeting: Existing Specialty Plans (i.e. PSN, PHCP, and Clear Health Alliance), AICP Data (i.e. Insurance, Premiums), and Part B Medication Copays (i.e. Utilization, Cost, etc.).
E. Other Business Items:
The Committee discussed items that should be addressed at the next Joint Executive Meeting. 1) Develop a timeline for implementation including process and end date 2) Overview of work completed (e.g. CMS census data [100%-400%], CMS grant consortia, contact information for desirable providers, and navigator plans in Florida) 3) Data for existing specialty plans and services covered in order to determine potential wrap around and/or ancillary services 4) AIDS Insurance Continuation Program (AICP) data to determine wrap around services for Part A. 5) Developing an educational/training session for clients.

The Committee was introduced to the following individuals from the Health Resources and Services Administration: Frances Hodge (Project Officer), Jim McCarthy (Administrative Consultant), and Juanita Farrow (Fiscal Consultant).
Items for Next Meeting: Reviewing allocations of FY14/15 Part A and MAI funds by service category; Discussion of FY13/14 Client Survey. *Next Meeting Date*: July 18, 2013 at 12:30 p.m.

h. **AD HOC BY-LAWS COMMITTEE**
No June Meeting *Chair: W. Spencer*
Agenda Items: Revision of Grievance Policy and Procedure; Draft Policy on Reporting Violations
Next Meeting Date: July 18, 2013

10. GRANTEE REPORTS (up to 10 minutes)
a) Part A
b) Part B

11. OTHER REPORTS (up to 10 minutes)
a) Part C
b) Part D
c) HOPWA
d) Prevention

12. UNFINISHED BUSINESS

13. NEW BUSINESS

14. ANNOUNCEMENTS

15. PUBLIC COMMENT (Up to 10 minutes)

16. REQUEST FOR DATA

17. AGENDA ITEMS FOR NEXT MEETING: July 25, 2013 at 9:00 a.m. **VENUE:** BRHPC

18. ADJOURNMENT

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

May 23, 2013

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	
1	Kuryla, S. Chair	**X**			Morgan, M.	Murphy, K*
2	Gammell, B., Vice-Chair	**X**			Fields, A.	
3	Baner, S.	**X**			Schickowski, K.	
4	Creary, K.	**X**			DeSantis, M.	
5	Dyer, L.	**X**			Sabatino, D	
6	Grant, C.		**E**		Stoakley, M.	
7	Hayes, M.	**X**			Downey, G.	
8	Bhrangger, R.	**X**				
9	Holness, Comm. D. V.C.		**X**		**Grantee Staff**	
10	Katz, H. B.	**X**			Green, W. (Part A)	
11	Marcoviche, W.	**X**			Jones, L. (Part A)	
12	Moragne, Dr. T.	**X**			Copa, R. (Part A)	
13	Proulx, D.		**X**		Mercer, A. (Part B)	
14	Roberson, C.		**E**		Degraffenreidt, S. (Part A)	
15	Siclari, R.	**X**				
16	Spencer, W.		**X**			
17	Taylor-Bennett, C.		**X**		**HIVPC Support Staff**	
18	Tomlinson, K.	**X**			Crawford, T.	
19	Wilson, T.		**E**		LaMendola, B.*	
20	Wynn, J.	**X**			Rosiere, M.	
A1	Coscarelli, M. (Alt)		**E**		Solomon, R.	
A2	Parker-Maysonet, P. (Alt)		**X**		Eshel, A.	
	Quorum=11	**13**	**9**		***Attended via Phone**	

1. CALL TO ORDER

The Chair called the meeting to order at 9:18 a.m. without quorum. Quorum was established at 9:23 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.

3. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 5/23/13 Agenda

Motion #1:	To approve the 5/23/13 Agenda
Proposed by:	Dyer, L.
Seconded by:	Creary, K.
Action:	Passed Unanimously

Approval of the 4/25/13 Meeting Minutes

Motion #2:	To approve the 4/25/13 Meeting Minutes
Proposed by:	Katz, H.B.
Seconded by:	Wynn, J.
Action:	Passed Unanimously

4. PUBLIC COMMENT

There was no public comment.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy

A written handout of the May 2013 Federal Legislative Report was provided. Via phone, Mr. Murphy reported that HIV/AIDS advocates are meeting with members of Congress to stress the need to continue full Ryan White funding. However, the House is expected to be less receptive. The House Appropriations Committee released its budget targets, with the biggest reductions (18%) in the Labor-Health and Human Services-Education sections. Amounts for Ryan White have not yet been released.

Several officials in Broward are active in the Federal AIDS Policy Partnership (FAPP), which held a national town hall meeting on May 14, 2013. The FAPP Ryan White work group is looking for HIV-positive clients who have been able to return to work as a result of Ryan White care, to have them testify or meet with members of Congress to support continued Ryan White funding.

6. CONSENT ITEMS

The following four (4) consent items were presented for ratification by the Council:

Consent #1	To appoint Marsha McBain to fill the State Medicaid Agency seat
Justification:	To ensure that Mandated seats are filled
Proposed by:	Membership/Council Development Committee

Consent # 2	To appoint Devon Burgess and Alton Fields to the MCDC Committee
Justification:	Continued attendance at the meetings
Proposed by:	Membership/Council Development Committee

Consent # 3	To appoint Brad Gammell to the Quality Management Committee
Justification:	To apply the knowledge he obtained from the National Quality Center's Training of Consumers in Quality (NQC TCQ) to the Committee
Proposed by:	Quality Management Committee

~~**Consent # 4**~~	~~To approve the proposed HIVPC Job Descriptions (Handout B)~~
~~**Justification:**~~	~~To provide clear duties, qualifications, and responsibilities for each Planning Council seat~~
~~**Proposed by:**~~	~~Membership/Council Development Committee~~

The Chair of MCDC pulled item #4 from the consent agenda and added it to the discussion agenda. Members reviewed the remaining three consent items and made the following motion:

Motion #3	To approve all Consent Items
Proposed by:	Wynn, J.
Seconded by:	Katz, H.B.
Action:	Passed Unanimously

7. DISCUSSION ITEMS

Discussion #1	To approve the proposed HIVPC Job Descriptions (Handout B)
Justification:	To provide clear duties, qualifications, and responsibilities for each Planning Council seat
Proposed by:	Membership/Council Development Committee

The MCDC Chair asked for clarification about wording changes made to HIVPC Job Descriptions by the Executive Committee, after MCDC had completed the document. The Council Vice Chair explained that an effective date was added. Also, clarifying wording was added to the description of the seat representing formerly incarcerated individuals, which may be held by a person who must have been incarcerated within the past three years. The phrase "at time of appointment" was added to the 3 year requirement to prevent the seat holder from relinquishing their seat 3 years after their release. After hearing the explanations, the MCDC Chair made the following motion:

Motion #4	To approve proposed Job Descriptions
Proposed by:	Creary, K.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

Discussion #2	To approve the recommended By-Laws Changes (Handout C)
Justification:	The changes make the By-Laws clearer and up to date with current processes
Proposed by:	Ad Hoc By-Laws Committee

Members briefly discussed the proposed language in recommendation #3. By-Laws members noted that additional wording was added to further explain the Chair's discretion to grant excused absences. A Committee member made the following motion:

Motion #5	To approve proposed By-Laws changes
Proposed by:	Moragne, T.
Seconded by:	Dyer, L.
Action:	Passed Unanimously

8. MAY COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

May 2, 2013 *Chair: K. Creary, Vice Chair: T. Wilson*

A. Work plan item update / Status Summary:

Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA

Work plan item 1.1 -- The members moved to recommend the appointment of Marsha McBain to the State Medicaid Agency seat.

Work plan item 1.2 -- Per Part A Executive Committee's directives, the Committee reviewed and revised the HIVPC Job Descriptions for #2: Non-Elected Community Leader and #14: Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released job description.

Work plan item 4.1 -- Members tabled the review and revision of the mentoring plan until the next meeting in interest of time; however, a sign-up sheet will be provided at the Council meetings for members who are interested in participating in the program.

Work plan item 1.5, 1.7-- The Committee tabled review of the Reimbursement Plan. A fact sheet will be created for members to be aware of the services available to them.

B. Rationale for Recommendations:

Appointing the individual to the State Medicaid Agency seat while tabling other applicants until the next meeting ensured that mandated seats by virtue of position would be filled while maintaining the reflectiveness of unaffiliated consumers.

The Committee will continue to table the review of current council members' applications until the member update forms are completed by all HIVPC members.

The Job Descriptions provide a clearer expectation of what is expected of individuals who are in various seats on the Council. Specific descriptions were edited to incorporate more language from HRSA. Members moved to appoint Devon Burgess and Alton Fields to the Membership/Council Development Committee due to their continuous attendance at the meetings. Members voted to recommend that the Ad Hoc By-Laws Committee review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance.
C. Data Reports / Data Review Updates:
The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.
D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review and Revise Mentoring Plan; Review Reimbursement Fact Sheet; Review Work Plan; Training on Demographics and Council Seats; Review Recruitment Plan; Decide July Meeting Date. *Next Meeting Date*: June 6, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
May 7, 2013 *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:
Work plan item 1.2 -- The Committee received training on the Priority Setting and Resource Allocation Process by Carla Taylor-Bennett, Part A Co-Chair of the Joint Priorities Committee. The objective is to educate members on the PSRA process in order to make an informed decision when ranking service categories. The ultimate goal is ensure committee members are knowledgeable when relaying Ryan White information to other consumers and the community at large. Members then ranked the PSRA service categories, observed historical rankings from FY12/13 and FY13/14, and reviewed how consumers ranked services in the 2012 Client Survey. Members noted the differences in ranking and discussed what factors may have contributed to these differences: i.e., absence of JCCR Committee Members on the day of ranking who are community members living with the virus; personal stance at time of ranking. Work plan item 1.2 --Members chose additional hot topics for future Committee meetings: Surveillance data education session by Department of Health and Affordable Care Act update as we approach 2014. Topics discussed for next meeting include: the scope of HIV/AIDS epidemic (the extent of the epidemic in relations to affected populations), the dental program for adults and children and Dr. Ana Puga: the future of HIV/AIDS (recent story involving an infant).
B. Rationale for Recommendations:
July meeting cancelled-quorum will not be achieved. The work plan will be adjusted accordingly.
C. Data Reports / Data Review Updates:
The Committee reviewed the core and support service category rankings from the following sources: FY12/13, FY13/14, 2012 Client Survey, and the ranking data from a previous Joint Client/Community Relations Committee meeting held on December 4, 2012.
D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Hot Topic Presentation; Recap of Previous Hot Topic; Develop Strategy for using Social Media to Reach Consumers; Discuss Location of 3rd Community Event. *Next Meeting Date*: June 4, 2013

c. **JOINT PLANNING COMMITTEE**

Meeting Cancelled *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*

Current Month's Agenda Items: Develop Language of how best to Meet the Need; Review Unmet Need Estimate. *Next Month's Agenda Items:* Assess Needs of Special Populations. *Next Meeting Date*: June 10, 2013

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

May 20, 2013 *Chair: C. Grant*

F. Work plan item update / Status Summary:
Work plan item 2.3 – Review 3-Year Quality Management (QM) Work Plan. The Committee was informed that the 3-Year QM Work Plan is currently under review; Committee is anticipated to review and approve 3-Year Work Plan at the July meeting. *Work plan item 2.2* –Review Policies and Procedures (P&P). The Committee was informed that the P&P are currently under review. Committee is anticipated to review and approve P&P at the July meeting. *Work plan item 3.2*- Review Findings from Client Needs Assessment and Joint Planning Committee Identified Barriers. The Committee heard a presentation on the 2012 Client Survey Summary of Findings. The presentation included findings related to: Consumer priority rankings; demographics; special populations; homelessness; barriers to care; lost to care; and newly diagnosed. FY 12-13 Part A service utilization was also presented. *Work plan item 1.1* – Quarterly Data Review. The Grantee queried members about their preference for reviewing PE data since there are multiple datasets available for review. The Committee requested that summary reports for HAB Measures, Broward Client Level Outcomes and Indicators, In+Care Campaign, and National HIV/AIDS Strategy (NHAS) Indicators be presented quarterly to identify areas needing further review and determine possible interventions.
G. Rationale for Recommendations:
Members recommended appointing Brad Gammell to the QM Committee. Mr. Gammell recently attended the National Quality Center's Training of Consumers in Quality (NQC TCQ) and will be applying the knowledge he gained at the training to the QM Committee's work.
H. Data Reports / Data Review Updates:
Client Survey findings were presented.
I. Data Requests:
There were no requests for data.
J. Other Business Items:
There was no other business.
K. Agenda Items for Next Meeting:
Standing Agenda Items, Review of 3-Year QM Work Plan, Review of Committee Policies and Procedures, Quarterly Network Update, Identify Service Category for Annual Review, Review Performance Measures and Other Data Sources to Assess Linkage to Care, Quarterly Data Review. *Next Meeting Date*: July 17, 2013

e. **JOINT PRIORITIES COMMITTEE**

Meeting Cancelled *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate*

Current Month's Agenda Items: Review Updated Scorecard Format; Review PSRA Recommendations; *Next Month's Agenda Items:* Review Scope of Services and Eligibility for each

Service Category; Review Client Survey Results; Rank Part A and MAI Priorities. *Next Meeting Dates*: June 12, 2013 & June 19, 2013.

AD HOC PCIP (Pre-Existing Condition Insurance Plan) SUBCOMMITTEE

Meeting Cancelled *Acting Chair: Brad Gammell*

Agenda Items: Review Requested Data (AICP Data, Part B Co-pays; Undocumented Client Data Served in Part A); Review Part A FY 12/13 Cost Summary Data; Begin Developing Client Cost Profile. *Next Meeting Date*: May 30, 2013

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No meetings *Chair: Dionne Proulx*

Next Meeting Date: To be determined

f. ### JOINT EXECUTIVE COMMITTEE

Meeting Cancelled *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

Agenda Items: Update on Patient Planning Group; Legislative Update.
Next Meeting Date: July 18, 2013

g. ### PART A EXECUTIVE COMMITTEE

May 16, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

L. Work plan item update / Status Summary:
Work plan item 1.2 --Committee chairs reported on their work plan progress to ensure that goals are being met. Chairs utilized the new meeting summary template as a guide for their Committee's progress. Work plan item 4.1 --The Committee briefly reviewed the proposed changes recommended by the Ad Hoc By-Laws Committee that was previously mailed out to Planning Council members for review. Members will vote on the package at the upcoming meeting on May 23, 2013. The By-Laws Chair updated the Committee on their work with the grievance policy and procedure.
M. Rationale for Recommendations:
The Part A Executive Committee members recommended that the proposed HIVPC Job Descriptions be forwarded to the May HIV Planning Council meeting to be voted on, with a few additional changes. The Committee wanted to specify that individuals apply to be an individual who was formerly incarcerated within the last 4 years, had to meet that criteria at the time of appointment. This would prevent applying a term limit on that specific seat as well as avoid continuous turnaround. Members also felt that representatives of this seat should adequately advocate for their needs in regards to health and support services. Members reaffirmed that they would not hold a PSRA Data Presentation in the Community this year; the Committee previously decided this at the last Executive meeting. Members also agreed that the Joint Priorities Committee would discuss if a video is needed in preparation for the next PSRA process.
N. Data Reports /Data Review Updates:
None
O. Data Requests:
None
P. Other Business Items:
The Committee reviewed and approved the proposed changes to the HIVPC Job Descriptions sent by the Membership/Council and Development Committee. Membership revised the HIVPC Job Descriptions for #2: Non-Elected Community Leader and #14: Representatives of Individuals who formerly were Federal, State, Or Local Prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released job description. The Executive Committee members mentioned that these descriptions should only apply to new members beginning June 1, 2013. *Items for Next Meeting:* Discuss Impact of the Affordable Care Act on Ryan White Part A Services; Discuss Legislative

Report; Review and Approve Mentoring Plan. *Next Meeting Date*: June 18, 2013 at 9:30 a.m.

h. **AD HOC BY-LAWS COMMITTEE**

May 9, 2013 *Chair: W. Spencer*

Q. Work plan item update / Status Summary:
The Committee discussed the work it has done thus far and reviewed the remaining documents for revision. Members briefly discussed the formal proposal for recommended By-Laws Changes that will be voted on at the HIV Planning Council meeting on May 23, 2013.
R. Rationale for Recommendations:
The Committee continued editing the Planning Council Grievance procedure and form. The new language would assign grievances to be handled by the Part A Executive Committee; Language relating to Part B and SFAN was removed. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The titles of the documents were changed to reflect that this type of grievance was only in regards to Planning Council actions and decisions. Members decided to hold off from removing language relating to mediation since it is stated in the HRSA Guidance on grievance procedures. Further information is being gathered and this item will be revisited at the next meeting. Members reviewed a proposal sent from the Membership/Council Development Committee, which was to review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance. Members believed that the administrative code could not be changed; however, the Chair of a committee has the discretion to grant excused absences. Members will revisit and vote on this issue at the next meeting since quorum was lost at the time this discussion was conducted.
S. Data Reports / Data Review Updates:
None
T. Data Requests:
The Ad Hoc Committee requested that 1) staff ask the County if there are any current policies in place that are related to grievance procedures for advisory boards so that members can tailor the policy and procedure to reflect the Planning Council Process; 2) the grantee ask the county attorney for feedback on our current grievance process and form in order to seek a legal opinion as it relates to the grievance policy. The Chair also requested that the HRSA guidance on grievance procedures be sent to the Ad Hoc By-Laws Committee members.
U. Other Business Items:
No other business. *Items for Next Meeting:* Review and Revise Planning Council Grievance Procedure; Review and Revise draft policy on reporting violations; Review remaining items on the Parking Lot list. *Next Meeting Date*: TBD.

9. GRANTEE REPORTS

Part A

No update has been given on the final grant award. The Project Officer from the Health Services and Resources Administration is coming for a site visit June 17-20, 2013 to review Grantee and Planning Council operations. The Executive Committee rescheduled its meeting for June 18, 2013 at 9:30 a.m. to accommodate the site visit; Members and Interested Parties are invited to attend and speak to the Project Officer.

Collaborative phone calls among the Part A grantees and AIDS Drugs Assistance Program (ADAP) in Florida are continuing. Broward County Health Care Services Administrator of the Grantee's Office attended a meeting of the Urban Coalition for HIV/AIDS Prevention Services and presented Broward's Crosswalk document linking Ryan White services and prevention. It was well received as being innovative and a best practice; Broward County Health Care Services Administrator to present Crosswalk

to the whole body at the June 9-10, 2013 meeting. The Grantee has begun to meet with our prevention partners to discuss our next steps, which will be how to put the plan into operation. The ultimate goal is to have a seamless process covering both treatment and prevention, which few if any metropolitan areas have. In response to a question from a member, the Grantee said community input about the details of the plan would come in the next steps.

Part B

The written Part B Grantee report was provided detailing expenditures up to March 2013.
The grantee representative reported that training on the new health insurance marketplace for 2014 would begin in June. Flyers are available for those who are interested. Part B scorecards have been submitted. The grantee noted that 1,229 unduplicated clients received bus passes, which is much higher than expected as approximately 400 clients are served each month. In response to a member question, the grantees from Parts A and B mentioned that information is being developed to educate clients of the ADAP health insurance Marketplace that will start on January 1, 2014; Marketplace information is being distributed to clients with their prescriptions.

10. OTHER REPORTS

a) Part C
There was no Part C report.

b) Part D
The written Part D report was distributed. (*copy on file*).

c) Housing Opportunities for Persons with AIDS (HOPWA)
The City of Fort Lauderdale HOPWA administrator distributed information on the policy on terminating HOPWA subsidies for those who violate rules. It was reported that HOPWA may face a 1% to 2% cut in certain federal funds; more information is expected in June. A member asked about HOPWA benefits for registered sex offenders. The administrator noted that registered sex offenders are automatically denied access to HOPWA housing, under local policies. Those convicted of drug offenses are not eligible to apply until 5 years after the conviction date.

d) Prevention
The Council member in the prevention seat reported that the Broward Health Department is starting to analyze data to compare trends from 2011 and 2012; anticipated to be completed in June. About 300 fewer HIV tests were done in 2012. There was an increase in tests in health care settings, but a decrease at community-based organizations. Prevention data does not include information from private testing sites, only from state registered testing sites; Prevention can provide 2011 reports to compare.
It was noted that June 27, 2013 is National HIV Testing Day. The Health Department is partnering with the community for wide participation. Testing will be done at the five Veteran Affairs (VA) facilities in Broward, twelve Walgreens Stores and local hospitals; Advertisements will begin in early June. Information will be provided to the HIV Planning Council as well.

Condom distribution continues as usual with new distribution locations established. The VA and the Broward County and Broward Sheriff's Office are all distributing condoms. About 1,000,700 condoms were freely distributed to individuals. Members asked about unrestricted condom distribution, such as in VA waiting rooms. It was noted that condoms are available at most places without having to ask for them. In this community, 250 stores and agencies distribute condoms.

A new social marketing website is set to become active in 2 weeks; www.browardgreaterthanaids.com will have information on testing sites and where to receive free condoms. Radio spots, posters/flyers, bus and radio advertisements are being utilized in order to increase awareness.

11. UNFINISHED BUSINESS

There was no unfinished business.

12. NEW BUSINESS

There was no new business.

13. ANNOUNCEMENTS

- The SFAN Chair noted that ADAP would hold a Town Hall forum on July 18, 2013 to get a glimpse of how the ADAP program will look in 2014. Forum to include information on the health insurance Marketplace. The location is the Holy Cross women's center, time TDB. ADAP director Lorraine Wells is slated to attend. ADAP clients encouraged to attend.
- The SFAN Chair also reported that up to 27 agencies hope to hire navigators that will help clients find coverage through the health insurance exchanges and educate clients on other coverage concerns. Grants are available to hire individuals.
- The POET outreach program now has a Facebook page; Consumers are invited to visit. Also, the website www.positivelyaware.com is a way to blog anonymously.
- The MCDC chair noted that the Committee is trying to revive the dormant mentorship program. Members are encouraged to volunteer to become mentors or to request a mentor. Sign-up sheets have been placed around the table for anyone interested.

14. REQUEST FOR DATA

There was no request for data.

15. AGENDA ITEMS FOR NEXT MEETING: June 27, 2013 at 9:00 a.m. **VENUE:** BRHPC

- Standing Agenda Items

16. ADJOURNMENT

Without objection, the meeting was adjourned at 10:28 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2013

Meeting Dates →	24	28	28	25	23							
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Creary, Karen	√	√	√	√	√							
Dyer, Leroy	√	√	√	√	√							
Gammell, Bradford	√	√	√	√	√							
Grant Claudette	√	√	√	√	E							
Hayes, Marie	√	√	A	√	√							
Bhrangger, Ronald	√	E	√	√	√							
Holness, Dale V.C. (Comm)	A	A	A	A	A							
Katz, Bradley	√	√	√	√	√							
Kuryla, Samantha	√	A	√	√	√							
Marcoviche, William	√	E	√	√	√							
Moragne, Timothy	A	√	√	√	√							
Roberson, Carl	√	√	√	√	E							
Siclari, Rick	√	√	√	√	√							
Spencer, Will	√	√	√	√	A							
Taylor-Bennett, Carla	√	√	√	√	A							
Tomlinson, Karlene	√	√	√	A	√							
Wilson, Tara	√	√	√	√	E							
Wynn, Joey	√	√	√	A	√							
Proulx, D.	N	√	√	√	A							
Baner, S.	N	√	A	√	√							
Coscarelli, Monica (Alt 1)	E	E	A	E	E							
Parker-Maysonet, Patricia (Alt 2)	A	√	√	E	A							

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HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: June 25, 2013

President's Fiscal Year 2014 Appropriations:

We still await action from the Senate and House Appropriations Committees with respect to the Ryan White programs. Because it tends to be the most controversial of the appropriations bills, the Committees customarily save it for the end of the process. We do not currently know the program funding levels. We remain concerned because the overall allocation in the House for health programs was over $30 billion for FY 2014 than it was for 2013. That portends major cuts when the bill is finally written in the House. The Senate, however, provides a $20 billion increase in overall health funding, suggesting that Ryan White might not suffer any funding reductions in its bill.

Of more immediate concern are funding levels for the Housing Opportunities for People with AIDS (HOPWA) program in the House's 2014 funding bill for the U.S. Department of Housing and Urban Development. On top of organizational changes imposed by Secretary Donovan, the House will drastically cut HOPWA of $32 million. It was previously funded at $332 million, but House Appropriators would fund the program at only $330 million.

FY 2012/13 Scorecard: Part A & MAI Outpatient/Ambulatory Health **ELIGIBILITY: HIV+, Broward Resident, </=400% FPL**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$6,504,282	$100,000	$6,604,282	$5,743,196	$99,936	$5,843,132	5%	$15,390,658	38%	1
2011	$5,920,360	$234,473	$6,154,833	$5,482,813	$99,993	$5,580,806	-9%	$15,006,261	37%	1
2010	$5,944,675	$120,035	$6,064,710	$5,876,974	$263,344	$6,140,318	-1%	$15,395,252	40%	1
2009	$4,534,544	$176,185	$4,710,729	$5,833,076	$344,635	$6,177,711	24%	$15,188,452	41%	1
2008	$4,271,208	$120,079	$4,391,287	$4,639,829	$331,075	$4,970,904		$15,171,291	33%	2

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)

Federal Poverty Level (FPL)	PART A/MAI Medical Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	#	%	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	2,258	58%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	728	19%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	119	3%	3%-4%	$479	$689	$1,964	$2,443	$2,653	
151%-200%	379	10%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	Not Eligible
201%-250%	246	6%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	117	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	21	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	23	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	15	0.4%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401% & over	4	0.1%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						

Part A/MAI Medical Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$1,000	$597	1,380
$1,001-$2,000	$1,428	1,715
$2,001-$3,500	$2,507	550
$3,501-$5,500	$4,226	123
$5,501-$9,326	$6,654	22
$0-$9,326	$1,403	3,790

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Premium subsidy reduces premium cost based on % of income (100% FPL=2% of income)
* Long transition period may require Part A medical to be fully funded, at least initially, in FY 14
* ADAP medical deductible, copay and premium assistance funding will likely be greatly expanded
* Potential need for Part A emergency deductible, copay and premium assistance
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from federal benefits
* PLWHA out of/or never in care may need assistance while being reconnected or connected

FY 2012/13 Part A/MAI Demographics

Total Clients	# New	% New		Male	Female	Transgender
3,790	997	26%	Gender	72%	28%	1%
				Black	White	Other
Ryan White Part A & MAI Providers			Race	53%	46%	1%
Type	*Part A*	*MAI*		Hispanic	non-Hispanic	Haitian
Number	5	1	Ethnicity	19%	81%	14%

FY 2012/2013 Other Medical Funding

Source	Clients	Amount
Ryan White Part C	182	$143,437
Ryan White Part D	1,329	$369,969
RW Part B AICP	712	$3,782,640
Veterans (VA)	377	$660,609
	2,600	$4,956,655

FY 2012/13 Scorecard: Part A & MAI Outpatient/Ambulatory Health **ELIGIBILITY: HIV+, Broward Resident, </=400% FPL**

HAB HRSA HIV Performance Measures

HAB Performance Measure	Numerato	Denominator	Achieved	HAB Performance Measure	Numerator	Denominator	Achieved
CD4 T-Cell Count	2,559	3,291	**78%**	Chlamydia Screening	549	808	**68%**
HAART	316	329	**96%**	Gonorrhea Screening	547	808	**68%**
Medical Visits	2,765	3,291	**84%**	Syphilis Screening	3,018	3,922	**77%**
Oral Exam	1,647	3,922	**42%**	Cervical Cancer Screening	404	1,083	**37%**
Lipid Screening	2605	3,310	**79%**	Hepatitis B Screening	3,281	3,922	**84%**
TB Screening	2,545	3,915	**65%**	Hepatitis C Screening	2,985	3,922	**76%**

Fort Lauderdale/Broward EMA Medical Outcome

Outcome	**Slow/prevent clients HIV disease progression**	Numerator	Denominator	Percent
Indicator 1:	80% of clients with a CD4 <500 are on HAART	1,660	1,938	86%
Indicator 2:	70% of clients on HAART over 6 months will have a VL <400	2,748	3,264	84%

National Quality Center (NQC) inCARE Retention Measures for Part A/MAI Medical Patients

NQC Retention Measure #1: Gap Measure		Numerator	Denominator	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	23	1,572	1%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		Numerator	Denominator	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	1,070	1,134	94%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		Numerator	Denominator	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	97	128	76%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		Numerator	Denominator	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	1,386	1,803	77%
Denominator:	Patients with at least one medical visit in the measurement year			

Grantee Comments

1. Enhance the emphasis on adherence and retention in medical care with a focus on those sub-populations that are not achieving virologic suc
2. Review ability to establish and integrate a patient centered medical home model of care for all core medical services.

FY 2012/13 Scorecard: Part A Local AIDS Drug Assistance — **ELIGIBILITY: HIV+, Broward Resident, </=400%**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Priority Rank
FY	*Part A*	*MAI*	*Total*	*Part A*	*MAI*	*Total*	*% change*	Total	% of Total	
2012	$411,109	$0	$411,109	$655,486	$0	$655,486	64%	$15,390,658	4.3%	2
2011	$622,385	$0	$622,385	$400,827	$0	$400,827	-49%	$15,006,261	2.7%	2
2010	$926,000	$0	$926,000	$780,125	$0	$780,125	-15%	$15,395,252	5.1%	2
2009	$1,652,500	$40,000	$1,692,500	$921,396	$0	$921,396	-53%	$15,188,452	6.1%	2
2008	$4,361,410	$40,000	$4,401,410	$1,932,285	$39,998	$1,972,283		$15,171,291	13.0%	1

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cos

Federal Poverty Level (FPL) Range	PART A/MAI Medical Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	#	%	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	1,555	61%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	427	17%	2%	$230	$317	$1,964	**$2,194**	**$2,281**	
139%-150%	59	2%	3%-4%	$479	$689	$1,964	**$2,443**	**$2,653**	
151%-200%	229	9%	4%-6.3%	$694	$1,448	$1,964	**$2,658**	**$3,412**	Not Eligible
201%-250%	169	7%	6.3%-8%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	73	3%	8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	10	0%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	20	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	6	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	3	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	2,551	**100%**							

Part A Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$100	$41	1,372
$101-$300	$181	720
$301-$500	$387	238
$501-$4,691	$975	274
$1-$4,691	$210	2,604

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assistance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* ADAP funding for copay assistance will likely be greatly expanded
* Potential need for Part A emergency deductible, copay and premium assistance

FY 12/13 Pharmacy Client Demographics

Total Clients	# New	% New	Black	White	Other	Hispanic	Haitian
2,551	679	27%	57%	42%	1%	18%	16%
				Male	**Female**		
Part A Pharmacy Providers	*3*			68%	32%		

FY 12/13 Other Funding

Source	Clients	Amount
ADAP	3,321	$19,783,108
Med CoPay	553	$456,503
		$20,239,611

FY 2012/13 Scorecard: Part A Local AIDS Drug Assistance	ELIGIBILITY: HIV+, Broward Resident, </=400% FPL		
National Quality Center (NQC) in CARE Retention Measures			
NQC Retention Measure #1: Gap Measure	*Numerator*	*Denominator*	Percent
Numerator: Patients with no medical visits in the last 180 days of the measurement year	50	802	6%
Denominator: Patients with one or more medical visits in the first six months of measurement year			
NQC Retention Measure #2: Medical Visit Frequency	*Numerator*	*Denominator*	Percent
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	622	692	90%
Denominator: Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care	*Numerator*	*Denominator*	Percent
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	19	29	66%
Denominator: Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression	*Numerator*	*Denominator*	Percent
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	700	852	82%
Denominator: Patients with at least one medical visit in the measurement year			

FY 2012/13 Scorecard: Part A & MAI Medical Case Management — ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$1,134,105	$176,644	$1,310,749	$1,097,100	$23,544	$1,120,644	0.2%	$15,390,658	7.3%	5
2011	$1,090,105	$29,953	$1,120,058	$1,088,560	$29,943	$1,118,503	-9%	$15,006,261	7.5%	3
2010	$1,282,612	$29,953	$1,312,565	$1,174,211	$58,835	$1,233,046	-3%	$15,395,252	8.0%	4
2009	$1,400,201	$29,953	$1,430,154	$1,243,500	$29,761	$1,273,261	5%	$15,188,452	8.4%	3
2008	$1,154,840	$29,953	$1,184,793	$1,184,341	$29,924	$1,214,265		$15,171,291	8.0%	4

Part A/MAI Utilization & Demographics

Total Clients	# New	% New	Male	Female	Trans.
3,509	951	27%	74%	26%	1.0%
Black	White	Other	Hispanic	non-Hispanic	Haitian
55%	44%	1%	17%	83%	11%

Funded Providers

RW Providers	
Part A	*MAI*
7	2

FY 2012 -13 Other Funding

Source	Funding	Clients
Part C	$173,099	1,072
Part D	$365,805	1,114
PAC Waiver	$606,200	659

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)

Federal Poverty Level (FPL)	RW PART A and MAI		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	# of MCM Clients	% of MCM Clients	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	2,188	62%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	608	17%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	100	3%	3%-4%	$479	$689	$1,964	$2,443	$2,653	Not Eligible
151%-200%	313	9%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	
201%-250%	175	5%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	89	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	18	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	10	0%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	5	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	4	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	3,510	100%							

Part A/MAI MCM Cost Range

Cost Range	*Avg Cost*	*# Clients*
$0-$300	$135	2,223
$301-$600	$417	910
$601-$1,500	$831	354
$1,501-$6519	$2,053	22
$0-$6,519	$290	3,509

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assistance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A & MAI Medical Case Management	ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL		
FY 2012/2013 Clinical Quality Management Indicators Data Summary			
EMA Outcomes:	*Numerator*	*Denominator*	***Achieved***
Indicator 1.1: *100% of clients receive information regarding available services & corresponding eligibility*	1,716	1,725	**99%**
Indicator 1.2: *80% of new clients achieve initial POC goals by designated target dates*	1,475	2,573	**57%**
Indicator 2.1: *80% of clients self-report adherence with their prescribing medication regimen*	3,136	3,248	**97%**
Indicator 2.2: *80% of new client have outpatient medical visits scheduled to occur within 2 weeks of intake*	1,590	1,725	**92%**
Indicator 2.3: 80% of clients remain enrolled in Medical at time of discharge or episodic status	861	1,314	**66%**
National Quality Center (NQC) inCARE Retention Measures			
NQC Retention Measure #1: Gap Measure	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with no medical visits in the last 180 days of the measurement year	109	1,559	**7%**
Denominator Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	770	1,028	**75%**
Denominator Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	135	205	**66%**
Denominator Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	1,400	2,095	**67%**
Denominator Patients with at least one medical visit in the measurement year			

HAB HRSA HIV Performance Measures			
HAB Performance Measure	*Numerator*	*Denominator*	*%*
MCM Care Plans	298	2,292	**13%**
MCM Medical Visits	2,292	2,292	**100%**

Grantee Comments
Enhance the emphasis on adherence and retention in medical care with a focus on those sub-populations that are not achieving virologic succes

FY 2012/13 Scorecard: Part A Oral Health Care — **ELIGIBILITY: HIV+, Broward Resident, </=300%**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Rank
FY	*Part A*	*MAI*	*Total*	*Part A*	*MAI*	*Total*	*% change*	Total Part A/MAI	% Award	
2012	$2,623,653	$0	$2,623,653	$2,641,484	$0	$2,641,484	0%	$15,390,658	17.2%	3
2011	$2,155,150	$0	$2,155,150	$2,635,854	$0	$2,635,854	15%	$15,006,261	17.6%	4
2010	$2,183,022	$0	$2,183,022	$2,293,381	$0	$2,293,381	7%	$15,395,252	14.9%	3
2009	$1,455,187	$0	$1,455,187	$2,152,430	$0	$2,152,430	47%	$15,188,452	14.2%	4
2008	$1,040,526	$0	$1,040,526	$1,463,896	$0	$1,463,896		$15,171,291	9.6%	3

Utilization by Poverty Level

FPL	PART A Clients	
	#	%
0%-138%	2,074	75%
139%-300%	672	24%
301%-400%	12	0%
>400%	3	0%
	2,761	100%

Part A Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$1,000	$428	1 ,945
$1,001-$2,000	$1,350	540
$2,001-$3,000	$2,448	174
$3,001-$7,181	$4,059	102
$167-$7,181	$870	2,761

Funded Providers

Part A	2
Part F Funding	**Part F Clients**
$234,747	212

Total Clients	# New	% New
2,751	676	25%
Male	Female	Trans.
71%	28%	1%
Black	White	Other
49%	51%	0%
Hispanic		Haitian
17%		11%

FY 2012/2013 Clinical Quality Management Indicators Data Summary

EMA Outcome:		*Numerator*	*Denominator*	*Achieved*
Indicator 1:	90% of caries identified in the initial treatment plan restored upon completion of initial treatment plan	257	262	98%
Indicator 2:	90% of patients free of recurrent caries on restorations placed in the initial treatment plan upon exam 6 or 12 months after completion of initial treatment plan	32	61	52%

National Quality Center (NQC) inCARE Retention Measures

NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	91	741	12%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	412	545	76%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	45	89	51%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	652	834	78%
Denominator:	Patients with at least one medical visit in the measurement year			

Grantee Comments

Review the feasibility of establishing a patient navigator component to promote access to, and retention in, oral health care.

FY 2012/13 Scorecard: Part A & MAI Mental Health — **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$274,099	$95,368	$369,467	$332,746	$84,003	$416,749	20%	$15,390,658	2.7%	6
2011	$229,098	$95,000	$324,098	$257,238	$88,814	$346,052	8%	$15,006,261	2.3%	7
2010	$259,168	$95,000	$354,168	$239,685	$79,579	$319,264	-16%	$15,395,252	2.1%	5
2009	$171,168	$112,408	$283,576	$251,035	$129,476	$380,511	40%	$15,188,452	2.5%	6
2008	$110,238	$112,408	$222,646	$159,392	$112,121	$271,513		$15,171,291	1.8%	6

Part A/MAI Utilization by FPL

Federal Poverty Level (FPL)	RW PART A and MAI # of MH Clients	RW PART A and MAI % of MH Clients
0%-99%	338	67%
100%-138%	72	14%
139%-150%	11	2%
151%-200%	36	7%
201%-250%	28	6%
251%-285%	13	3%
286%-299%	7	1%
300%-349%	0	0%
350%-400%	1	0%
401%+	2	0%
	508	**100%**

Health Insurance Exchange Cost Estimate for Silver Plan

Federal Poverty Level (FPL)	Annual Premium w/ Subsidy Applied: Cost as % of Income	FPL Range: Min	FPL Range: Max	Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket): Min	Total Annual Cost (Premium & Out of Pocket): Max	Medicaid Expansion
0%-99%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	2%	$230	$317	$1,964	**$2,194**	**$2,281**	
139%-150%	3%-4%	$479	$689	$1,964	**$2,443**	**$2,653**	
151%-200%	4%-6.3%	$694	$1,448	$1,964	**$2,658**	**$3,412**	Not Eligible
201%-250%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						

Part A/MAI Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$500	$231	242
$501-$1,000	$709	121
$1,001-$2,000	$1,431	116
$2,001-$3452	$2,452	29
$0-$3,452	**$746**	**508**

Other Funders

Source	Funding	Clients
Part C	$16,886	197
Part D	$115,574	793

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assistance= Premium subsidy reduces cost based on a % of income (100% FPL=2% of income)
`
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP funding for medical deductible, copay and premium assistance will likely be expanded

RW Part A Funded Providers

Part A = 3 MAI = 2

Part A/MAI Utilization & Demographics

Total Clients	# New	% New	Black	White	Other
508	157	31%	37%	62%	1%
Male	**Female**	**Transgender**	**Hispanic**	**Haitian**	
82%	17%	1%	24%	7%	

FY 2012/13 Scorecard: Part A & MAI Mental Health		ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL		
National Quality Center (NQC) inCARE Retention Measures				
NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	7	228	3%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	122	141	87%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	23	28	82%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	191	297	64%
Denominator:	Patients with at least one medical visit in the measurement year			

Mental Health Parity and Addiction Equity Act

This new Federal law requires group health insurance plans (with >50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits but, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan.

Why is the Federal parity law important?

Eliminates unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension.

How does the Federal parity law work?

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

HANDOUT B

FY 2012/13 Scorecard: Part A and MAI Substance Abuse — **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

FY	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
FY 12	$355,389	$400,624	$756,013	$319,631	$399,986	$719,617	-2%	$15,390,658	4.7%	7
FY 11	$355,389	$375,000	$730,389	$360,060	$374,931	$734,991	7%	$15,006,261	4.9%	8
FY 10	$359,861	$375,000	$734,861	$350,277	$334,750	$685,027	4%	$15,395,252	4.4%	6
FY 09	$418,861	$215,268	$634,129	$359,824	$296,393	$656,217	2%	$15,188,452	4.3%	5
FY 08	$225,861	$215,268	$441,129	$427,801	$215,193	$642,994		$15,171,291	4.2%	9

FY 2012 Part A and MAI Utilization & Demographics

Total Clients	# New	% New	Male	Female	Trans
126	44	35%	75%	25%	0.0%
Black	White	Other	Hispanic	Haitian	
53%	45%	2%	11%	2%	

Funded Providers

Part A	MAI
#	#
2	1

FY 2012 Other HIV Funders

Funder	Amount	Clients
Part D	$20,609	27
PAC Waiver	$0	0
	$ 20,609	27

Part A/MAI Utilization by FPL

Federal Poverty Level (FPL)	RW PART A and MAI # of Clients	RW PART A and MAI % of Clients	Annual Premium w/ Subsidy Applied: Cost as % of Income	FPL Range Min	FPL Range Max	Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket) Min	Total Annual Cost (Premium & Out of Pocket) Max	Medicaid Expansion
0%-99%	109	87%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	10	8%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	1	1%	3%-4%	$479	$689	$1,964	$2,443	$2,653	
151%-200%	4	3%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	Not Eligible
201%-250%	2	2%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	0	0%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	0	0%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	0	0%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	0	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	0	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	126	100%							

Part A/MAI Cost Ranges

Cost Range	Avg Cost	Clients
$1-$1,000	$334	27
$1,001-$5,000	$2,559	46
$,5001-$10k	$6,917	23
$10,001-$14,90	$12,280	30
$0-$14,901	5,192	126

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assitance= Premium subsidy reduces premium cost based on % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from Fed benefits
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP funding for medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A and MAI Substance Abuse **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

National Quality Center (NQC) inCARE Retention Measures

NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	3	34	9%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	16	21	76%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	4	7	57%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	41	49	84%
Denominator:	Patients with at least one medical visit in the measurement year			

Mental Health Parity and Addiction Equity Act

This new Federal law requires group health insurance plans (with >50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits but, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan.

Why is the Federal parity law important?

Eliminates unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension.

How does the Federal parity law work?

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

FY 2012/13 Scorecard: Part A and MAI Centalized Intake and Eligibility Determination (CIED) ELIGIBILITY: HIV+, Broward Resident

FY	CIED Service Allocations			CIED Final Expenditures				EMA Award		Support Rank
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% Total	
FY 12	$300,000	$290,957	$590,957	$467,438	$290,943	$758,381	22%	$15,390,658	5%	2
FY 11	$300,000	$290,957	$590,957	$329,542	$290,957	$620,499	137%	$15,006,261		5
FY 10	$384,043	$290,957	$675,000	$87,765	$174,354	$262,119		$15,395,252		2

CIED FPL	Clients		Units	Amount	Avg $	Avg $	Affordable Care Act Impact by FPL
</=138%	5,067	76%	43,413	$521,494	$103	$103	If FL Medicaid Expands </=138% FPL* covered
139- 300%	1,489	22%	12,979	$155,860	$105	$105	Insurance Exchanges: 100-400% FPL* and ineligible for Medicaid and employer insurance can receive assistance to purchase insurance.
301-400%	62	1%	556	$6,672	$108	$108	
>/= 400%	13	0%	108	$1,296	$100	Part A/MAI =1	
Total	6,631	100%	57,056	685,322	$103		* See Immigration Status Restrictions below

RW Medical Cost Ranges		
Cost Range	*Avg Cost*	*Clients*
$0-$100	$67	3,880
$101-$200	$133	2,467
$201-$300	$225	261
$301-$408	$322	20
$0-$408	$99.00	6,629

Affordable Care Act

Medical Services Coverage

* Medical services will be covered for most if FL fully implements ACA
* However, If Medicaid is not expanded clients < 100% FPL will not be eligible for ACA
* Most legal residents with income >100% FPL required to purchase insurance or pay a penalty
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from Fed benefits

Utilization & Demographics

Race	2009	2010	2011	2012
Other	226	214	249	82
White	2,933	3,169	3,117	3,028
Black	3,457	3,733	3,656	3,520
Total	6,616	7,116	7,022	6,630
Ethnicity	**2009**	**2010**	**2011**	**2012**
Hispanic	876	997	1,014	1,034
Haitian	598	651	696	687
Gender	**2009**	**2010**	**2011**	**2012**
Transgender	22	23	28	32
Female	1,998	2,110	2,076	1,962
Male	4,596	4,983	4,918	4,635
Total	6,616	7,116	7,022	6,629

FPL	2009	2010	2011
0-100	4,188	4,317	4,087
101-200	1,820	2,095	2,193
201-300	530	613	649
301-400	62	74	79
400+	16	17	14
Total	6,616	7,116	7,022

FY 2012/13 Scorecard: Part A/MAI Centalized Intake and Eligibility Determination (CIED)

CIED Referrals	Part A	Other	Total
Medical	326	16	342
Pharmaceutical	165		165
Oral Health	780		780
MCM	777		777
Mental Health	125		125
Substance Abuse	14		14
Food Bank	774	4	778
Legal Assistance	447		447
Outreach	33		33
Medication Copay		23	23
Transportation		3	3
Housing		94	94
Other Services		54	54
Total	3441	194	3635

	Enrolled	Applied*	Approved
AICP	0	250	
Medicaid	2,413	10	4
Medicare	1,486		
Private Insurance			
Food Stamps	2,851	120	98
Cash Assistance		2	
Total Unduplicated	3,817	132	102

Medical Funding Source

	2009	%	2010	%	2011	%	2012	%
Private	389	6%	520	7%	569	8%	452	7%
Medicaid/ Medicare	2,511	38%	2,831	40%	2677	38%	2,569	39%
None	3,716	56%	3,765	53%	3776	54%	3,511	53%
Total	6,616	100%	7,116	100%	7022	100%	6,631	100%

FY 2012/13 Scorecard: Part A ELIGIBILITY: Food Bank </= 150% FPL, Emergency Provision (Food Vouchers/Box) </= 151%-300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Support Rank
FY	*Part A*	*MAI*	*Total*	*Part A*	*MAI*	*Total*	*% change*	Total Award	% of Total	
2012	$277,111	$0	$277,111	$695,995	$0	$695,995	-22%	$15,390,658	4.5%	1
2011	$363,360	$0	$363,360	$894,790	$0	$894,790	-17%	$15,006,261	6.0%	1
2010	$273,035	$0	$273,035	$1,077,795	$0	$1,077,795	17%	$15,395,252	7.0%	1
2009	$801,154	$0	$801,154	$921,003	$0	$921,003	-29%	$15,188,452	6.1%	1
2008	$583,615	$0	$583,615	$1,301,154	$0	$1,301,154		$15,171,291	8.6%	1

Part A Utilization & Demographics

Total Clients	# New	% New	Male	Female	Transgender	Black	White	Other	Hispanic	Haitian
2,188	577	26%	69%	31%	1%	52%	47%	1%	14%	5%

Part A Utilization by FPL

Federal Poverty Level (FPL)	RW PART A # of Clients	RW PART A % of Clients
0%-99%	1,487	68%
100%-138%	525	24%
139%-150%	68	3%
151%-200%	62	3%
201%-250%	30	1%
251%-285%	11	1%
286%-299%	1	0%
300%-349%	1	0%
350%-400%	1	0%
401%+	2	0%
	2,188	**100%**

Part A Cost Ranges

Cost Range	Avg Cost	Clients
$0-$100	$49	400
$101-$250	$171	751
$251-$400	$339	679
$401-$630	$429	358
$0-$630	**$243**	**2,188**

FY 12/13 Other Public Funding

Source	Funding	Clients
Part B*	$1,050	5
PAC Waiver*	$113,515	77
Total	**$114,565**	**82**

**Home Delivered Meals*

Part A Providers

1

FY 2012/2013 Clinical Quality Management Indicators Data Summary

EMA Outcome:

Indicator 1:

80% of clients report an improved ability to take medications when food is required

Numerator	*Denominator*	*Achieved*
1,507	1,524	99%

Indicator 2:

100% of clients will receive food handling information as indicated by client signature

Numerator	*Denominator*	*Achieved*
1,839	2,280	81%

FY 2012/13 Scorecard: Part A Legal Services — **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

FY	Part A & MAI Service Allocations			Final Part A Expenditures				EMA Award		Support Priority
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
FY 12	$112,426	$0	$112,426	$131,423	$0	$131,423	15%	$15,390,658	0.9%	5
FY 11	$112,426	$0	$112,426	$114,444	$0	$114,444	3%	$15,006,261	0.8%	3
FY 10	$96,426	$0	$96,426	$111,375	$0	$111,375	16%	$15,395,252	0.7%	5
FY 09	$146,596	$0	$146,596	$96,427	$0	$96,427	-6%	$15,188,452	0.6%	3
FY 08	$80,360	$0	$80,360	$102,685	$0	$102,685		$15,171,291	0.7%	3

Part A Utilization by FPL

Federal Poverty Level (FPL) Range	RW PART A # of Clients	RW PART A % of Clients
0%-99%	124	58%
100%-138%	42	20%
139%-150%	7	3%
151%-200%	24	11%
201%-250%	10	5%
251%-285%	3	1%
286%-299%	1	0%
300%-349%	1	0%
350%-400%	0	0%
401%+	2	1%
	214	**100%**

Part A Cost Ranges

Cost Range	Avg Cost	Clients
$0-$300	$170	108
$301-$600	$453	52
$601-$1,000	$755	26
$1,001-$4433	$2,071	28
$23-$4,433	**$558**	**214**

Part A Demographics

Total Clients	# New	% New
214	116	54%
Male	Female	Transgender
77%	23%	0%
Black	White	Other
42%	57%	1%
Hispanic		Haitian
21%		4%

Funded Providers

Part A = 1

FY 2012/2013 Clinical Quality Management Indicators Data Summary

EMA Outcome: Increased access to benefits for which the clients is eligible	*Numerator*	*Denominator*	*Achieved*
1.1 70% of clients whose cases are accepted for representation at SS admin Law Judge hearing will win approval of case benefits and/or medical benefits & improving their financial stability	15	15	100%

FY 2012/13 Scorecard: Part A Outreach ELIGIBILITY: HIV+, Broward Resident, At Risk Populations HIV+ and not in Medical Care

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Support Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$67,000	$0	$67,000	$46,846	$0	$46,846	-9%	$15,390,658	0.3%	4
2011	$67,000	$0	$67,000	$51,402	$0	$51,402	-38%	$15,006,261	0.3%	4
2010	$221,345	$0	$221,345	$82,945	$0	$82,945	-63%	$15,395,252	0.5%	4
2009	$414,359	$382,720	$797,079	$221,342	$0	$221,342	-68%	$15,188,452	1.5%	4
2008	$244,250	$382,720	$626,970	$468,479	$232,118	$700,597		$15,171,291	4.6%	4

Part A Outreach Services Utilization & Demographics

Total Clients	# New	% New	Male	Female	Transgender	Black	White	Other	Hispanic	Haitian
182	172	95%	85%	14%	2.0%	27%	33%	40%	10%	3%

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)Part A Utilization by FPL

Federal Poverty Level (FPL)	RW PART A # Clients	RW PART A % Clients	Annual Premium w/ Subsidy Applied: Cost as % of Income	FPL Range Min	FPL Range Max	Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket) Min	Total Annual Cost (Premium & Out of Pocket) Max	Medicaid Expansion
0%-99%	140	77%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	20	11%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	2	1%	3%-4%	$479	$689	$1,964	$2,443	$2,653	Not Eligible
151%-200%	7	4%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	
201%-250%	7	4%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	3	2%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	1	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	1	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	1	1%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	0	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	182	100%							

Part A Cost Ranges

Cost Range	Avg Cost	Clients
$0-$20	$13	92
$21-$30	$26	63
$31-$50	$39	16
$51-$124	$76	10
$0-$124	$23	182

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assitance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP funding for medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A Outreach ELIGIBILITY: HIV+, Broward Resident, At Risk Populations HIV+ and not in Medical Care

FY 2012/2013 Clinical Quality Management Indicators Data Summary			
EMA Outcome: Facilitate client access to medical care and/or MCM	Numerator	Denominator	Achieved
Indicator 1: 80% of new/lost to care clients have Medical or MCM visit w/in 2 weeks of eligibility	8	88	9%

National Quality Center (NQC) inCARE Retention Measures			
NQC Retention Measure #1: Gap Measure	Numerator	Denominator	Percent
Numerator: Patients with no medical visits in the last 180 days of the measurement year	6	25	24%
Denominator: Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency	Numerator	Denominator	Percent
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	4	15	27%
Denominator: Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care	Numerator	Denominator	Percent
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	8	10	80%
Denominator: Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression	Numerator	Denominator	Percent
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	19	63	30%
Denominator: Patients with at least one medical visit in the measurement year			

FY 2014/2015 Language To Best Meet The Need

All Part A Core and Support Services

- Ensure eligible individuals learn about and enroll in new coverage opportunities created by ACA
- Ensure Service Delivery Model (SDM) meets NHAS recommendations and requirements
- Ensure all providers have HIV specific Clinical QM Plans & cultural competency plans based on CLAS standards
- Ensure staff provide services in a culturally and linguistically appropriate manner that reflect clients' racial/ethnic, cultural and linguistic needs
- Ensure SDM responds to treatment needs of clients' race/ethnicity, gender, gender identification, sexual orientation and linguistic needs
- Ensure high client satisfaction with services
- Identify/implement strategies to address disparities in access and outcomes

Outpatient Ambulatory Health Services (</=400% FPL)

- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Continue to ensure access to nutritional counseling/therapy services
- Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Ensure services are available to PLWHAs in all Broward geographic areas through selection of providers located in areas where prevalence is highest
- Funds should be allocated to sub-grantees demonstrating effective linkages and collaboration with outreach to ensure adherence and retention

AIDS Pharmaceuticals (Local) (</=400% FPL)

Service Delivery Models (SDM)

- Ensure only locally available ADAP approved ARVs are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AICP, med co-pay, PAPs, Medicaid, Medicare and private health insurance/exchange

Oral Health Care (</=300% FPL)

- Maintain specialty oral health care service definition "provide care beyond extractions and restoration to include full or partial dentures and surgical procedures."

Medical Case Management (</=300% FPL)

- Ensure the service delivery model contains a peer component
- Enhance emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- Conduct MH/SA assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Review feasibility Oral Health Care Patient Navigators

MAI Medical Case Management (</=300% FPL)

- Ensure that services are incorporating a strength-based approach that is conducted by peers
- Ensure short-term services and that clients are integrated into Part A MCM
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Conduct MH/SA assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Provide health education and reinforce strategies for risk behavior reduction

Mental Health Services (</=300% FPL)

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use

Substance Abuse Services (</=300% FPL)

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues

Centralized Intake and Eligibility Determination (HIV+, Broward Resident)

- Support outreach, benefits counseling and enrollment activities of into private health insurance plans through the Health Exchange and into Medicaid and other 3rd party funded programs
- Ensure rapid linkage of newly diagnosed and individuals out of care
- Ensure coordination with key points of entry including Prevention, CTS, other RW Parts, hospitals, correctional facilities and substance abuse programs

Outreach Services (HIV+, at- risk populations not in medical care or who have fallen out of care)

- Outreach program is specifically designed to identify people with HIV and make them aware of available HIV medical and support services
- Ensure providers have active, focused MOUs, with key points of entry
- Ensure linkage of newly diagnosed and those out of care
- Ensure linkages to ambulatory medical and other service systems
- Target outreach activities to key points of entry, including hospitals/private providers and ambulatory care settings, targeting new clients and clients lost to care
- Support outreach, benefits counseling and enrollment activities of RWHAP clients into private health insurance plans through the Health Insurance Marketplace and/or Medicaid

Food Bank/Food Vouchers

- Food Bank/Vouchers =150% FPL and Food Stamps/WIC application
- 15 boxes max per year/may substitute 3 boxes for vouchers
- Emergency Assistance = 151-300% FPL & *income loss/reduction due to unexpected/ unbudgeted expense beyond client's control* (annual max 3 boxes/vouchers)

Legal Services (</=300% FPL)

National HIV Testing Day June 27, 2013
Community Testing Events

Old Dillard Museum
1009 NW 4th St., Fort Lauderdale, FL 33311
954-356-5037 **Broward Health**
Date: **June 22**
Time: 12:00 pm – 4:00 pm

Florida Nursing Academy
5460 N. State Rd 7, FT Lauderdale, FL 33319
954-733-5334 **MDE**
Date: **June 22**
Time: 10:00 am – 3:00 pm

Minority Development & Empowerment Inc.
5225 NW 33 Ave., Building #5, Fort Lauderdale, FL 33309
954-315-4530 Ext 231
Dates: **June 24**
Time: 8:30 am – 5:30 pm

E Pat Larkins Community Center
520 Dr. Martin Luther king Blvd., Pompano Beach, FL 33060
954-467-4700 x 5662 - **FDOH**
Date: **June 24**
Time: 10:00 am – 7:00 pm

BSO West Park/ Pembroke Park District Office
3201 W Hallandale Beach blvd., Pembroke Park, FL 33023
954-593-2275 **Memorial Regional**
Date: **June 25**
Time: 10:00 am – 3:30 pm

Florida Department of Health in Broward County
2421-A SW 6th Avenue, Fort Lauderdale, FL 33315
954-467-4700 x 5544
Date: **June 25**
Time: 8:30 am – 4:00 pm

Minority Development & Empowerment Inc.
5225 NW 33 Ave., Building #5, Fort Lauderdale, FL 33309
954-315-4530 Ext 231
Dates: **June 25**
Time: 8:30 am – 5:30 pm

Florida Department of Health in Broward County
900 NW 31st Ave., Ft. Lauderdale, FL 33311
954-467-4700 x 5665
Date: **June 25**
Time: 8:30 am – 4:00 pm

Pride Center at Equality Park
2040 N. Dixie Highway, Wilton Manors, FL 33305
954-463-9005 x 201
Date: **June 26**
Time: 9:00 am – 8:30 pm

Minority Development & Empowerment Inc.
5225 NW 33 Ave., Building #5, Fort Lauderdale, FL 33309
954-315-4530 Ext 231
Dates: **June 26**
Time: 8:30 am – 5:30 pm

Primary Care Clinic Memorial Healthcare System
1750 E Hallandale Beach Blvd., Hallandale, FL 33309
954-593-2275
Date: **June 26**
Time: 10:00 am – 4:00 pm

Florida Department of Health in Broward County
2421-A SW 6th Avenue, Fort Lauderdale, FL 33315
954-467-4700 x 5544
Date: **June 26**
Time: 8:30 am – 4:00 pm

Broward Community & Family Health Center
168 N Powerline Road, Pompano Beach, FL 33069
954-970-8805 Ext. 211
Date: **June 27**
Time: 9:00 am – 4:00 pm

Broward Community & Family Health Center
5801 W Hallandale Beach Blvd., West Park, FL 33023
954-966-3939
Date: **June 27**
Time: 9:00 am – 4:00 pm

Broward Community & Family Health Center
5010 Hollywood Blvd. 100-B Hollywood, FL 33021
954-967-0028 Ext. 302
Date: **June 27**
Time: 9:00 am – 4:00 pm

Minority Development & Empowerment Inc.
5225 NW 33 Ave., Building #5, Fort Lauderdale, FL 33309
954-315-4530 Ext 231
Dates: **June 27**
Time: 8:30 am – 5:30 pm

Out of the Closet (AHF)
1785 East Sunrise Blvd., Fort Lauderdale, FL 33304
954-303-6148
Dates: **June 27**
Time: 10:00 am – 7:00 pm

Care Resource
871 W. Oakland Park Blvd., Fort Lauderdale, FL 33311
305-576-1234 Ext 209
Date: **June 27**
Time: 10:00 am – 4:30 pm

Community Access Center
8910 Miramar Parkway, Suite 208, Miramar, FL 33025
954-534-9113
Date: **June 27**
Time: 9:00 am – 6:00 pm

Florida Department of Health in Broward County
2421-A SW 6th Avenue, Fort Lauderdale, FL 33315
954-467-4700 x 5544
Date: **June 27**
Time: 8:30 am – 4:00 pm

C.W. Thomas Park
800 NW 2nd St., Dania Beach, FL 33004
954-593-2275 **Memorial Regional**
Date: **June 27**
Time: 12:00 pm – 6:00 pm

Sistrunk Blvd (AHF)
601 NW 22nd Rd, Fort Lauderdale, Florida 33311
954-522-3132 x 3271
Date: June 27
Time: 12:00 pm – 8:00 pm

House of Hope
908 SW 1st Street, Fort Lauderdale, FL 33312
954-524-8989 Ext 100
Date: **June 27**
Time: 9:00 am – 5:00 pm

Pride Center at Equality Park
2040 N. Dixie Highway, Wilton Manors, FL 33305
954-463-9005 x 201
Date: **June 27**
Time: 9:00 am – 8:30 pm

Broward House
2800 N Andrews Ave.,Wilton Manors, FL 33311
954-568-7373 Ext 2240
Date: **June 27**
Time: 10:00 am – 2:00 pm

Latinos Salud
2330 Wilton Drive, Wilton Manors, FL 33305
954-765-6239
Date: **June 27**
Time: 9:00 am - 10:00 pm

T-HOUSE at FUSION
2304 NE 7th Ave., Wilton Manors, FL 33316
954-213-0610 FDOH
Date: **June 27**
Time: 11:00 am – 7:00 pm

Out of the Closet (AHF)
2097 Wilton Manor Drive, Wilton Manors, FL 33305
954-303-6148
Dates: **June 27**
Time: 10:00 am – 7:00 pm

Florida Department of Health in Broward County
205 NW 6th Ave., Pompano Beach, FL 33060
954-467-4700 x 5662
Date: **June 27**
Time: 8:30 am – 4:00 pm

Oakland Festival Flea Market (AHF)
Address: 3400 N Andrews Ave, Oakland Park, FL 33309
954-522-3132 x 3271
Date: June 27
Time: 12:00 pm – 8:00 pm

Florida Department of Health in Broward County
2421-A SW 6th Avenue, Fort Lauderdale, FL 33315
954-467-4700 x 5544
Date: **June 28**
Time: 8:30 am – 4:00 pm

Mount Olive Church
400 NW 9th Ave., Ft. Lauderdale, FL 33311
954-593-2275 **Memorial Regional**
Date: **June 28**
Time: 8:00 am – 4:00 pm

Pride Center at Equality Park
2040 N. Dixie Highway, Wilton Manors, FL 33305
954-463-9005 x 201
Date: **June 28**
Time: 9:00 am – 8:30 pm

Wal-Mart Supermarket
1800 S. University Drive, Miramar, FL 33025
954-593-2275 **Memorial Regional**
Date: **June 28**
Time: 10:30 am – 3:30 pm

Minority Development & Empowerment Inc.
5225 NW 33 Ave., Building #5, Fort Lauderdale, FL 33309
954-315-4530 Ext 231
Dates: **June 28**
Time: 8:30 am – 5:30 pm

Care Resource
871 W. Oakland Park Blvd., Fort Lauderdale , FL 33311
305-576-1234 Ext 209
Date: **June 29**
Time: 11:00 am – 4:00 pm

Hallandale Church of Christ /Health Fair
305 N. Dixie Hwy, Hallandale, FL 33009
954-610-1724 **MDE**
Date: **June 29**
Time: 10:00 am – 2:00 pm

Miramar Civic Center
6920 SW 35th St., Miramar, FL 33023
954-593-2275 **Memorial Regional**
Date: **June 29**
Time: 10:00 am – 2:30 pm

THE FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY, BROWARD>AIDS WALGREENS, AND GREATER THAN AIDS TEAM UP TO PROVIDE FREE HIV TESTING IN SUPPORT OF NATIONAL HIV TESTING DAY

HIV Testing Events at Selected Walgreens Locations in Broward County

Walgreens Store
2355 NE 26th St., Fort Lauderdale, FL 33305
954-467-4700 Ext 5665 **FDOH**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
2540 NE 15th Ave., Wilton Manors, FL 33305
305-576-1234 Ext 209 **Care Resource**
Date: **June 27**
Time: 2:00 pm – 6:00 pm

Walgreens Store
1 West Sunrise Blvd., Ft. Lauderdale, FL 33311
954-463-9005 x 201 **Pride Center**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
1515 E Sunrise Blvd., Ft. Lauderdale, FL 33304
954-463-9005 x 201 **Pride Center**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
1201 NE 26 St., Wilton Manors, FL 33305
754-366-3599 **MDE**
Date: **June 27**
Time: 2:00 pm – 6:00 pm

Walgreens Store
3895 W. Broward Blvd., Plantation, FL
954-765-6239 **Latinos Salud**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
1201 S Federal Hwy., Fort Lauderdale, FL
954-765-6239 **Latinos Salud**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
3099 N State Road 7, Lauderdale Lakes, FL 33319
954-493-6329 **Holy Cross**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
601 E Commercial Blvd., Oakland Park, FL 33309
754-366-3599 **MDE**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
3100 N Andrews Ave., Oakland Park, FL 33309
954-463-9005 x 201 **Pride Center**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
2104 W Oakland Park Blvd. Oakland Park, FL 33311
754-366-3599 **MDE**
Date: **June 27**
Time: 3:00 pm – 7:00 pm

Walgreens Store
2540 NE 15th Ave., Wilton manors, FL 33305
305-576-1234 Ext 209 **Care Resource**
Date: **June 28**
Time: 2:00 pm – 6:00 pm

Walgreens Store
1 West Sunrise Blvd., Ft. Lauderdale, FL 33311
954-463-9005 x 201 **Pride Center**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
2355 NE 26th St., Fort Lauderdale, FL 33305
954-467-4700 Ext 5665 **FDOH**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
3100 N Andrews Ave., Oakland Park, FL 33309
954-463-9005 x 201 **Pride Center**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
1201 NE 26TH ST, Wilton Manors, FL 33305
954-568-3789 **MDE**
Date: **June 28**
Time: 2:00 pm – 6:00 pm

Walgreens Store
3895 W. Broward Blvd., Plantation, FL
954-765-6239 **Latinos Salud**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
3099 N State Road 7, Lauderdale Lakes, FL 33319
954-493-6329 **Holy Cross**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
601 E Commercial Blvd., Oakland Park, FL 33309
754-366-3599 **MDE**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
1515 E Sunrise Blvd., Ft. Lauderdale, FL 33304
954-463-9005 x 201 **Pride Center**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
1201 S Federal Hwy., Fort Lauderdale, FL
954-765-6239 **Latinos Salud**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
2104 W Oakland Park Blvd. Oakland Park, FL 33311
754-366-3599 **MDE**
Date: **June 28**
Time: 3:00 pm – 7:00 pm

Walgreens Store
2540 NE 15th Ave., Wilton manors, FL 33305
305-576-1234 Ext 209 **Care Resource**
Date: **June 29**
Time:9:00 am – 2:00 pm

Walgreens Store
601 E Commercial Blvd., Oakland Park, FL 33309
754-366-3599 **MDE**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
2355 NE 26th St., Fort Lauderdale 33305
954-467-4700 Ext 5665 **FDOH**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
1515 E Sunrise Blvd., Ft. Lauderdale, FL 33304
954-463-9005 x 201 **Pride Center**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
1 West Sunrise Blvd., Ft. Lauderdale, FL 33311
954-463-9005 x 201 **Pride Center**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
3099 N State Road 7, Lauderdale Lakes, FL 33319
954-493-6329 **Holy Cross**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
3895 W. Broward Blvd., Plantation, FL
954-765-6239 **Latinos Salud**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
3100 N Andrews Ave., Oakland Park, FL 33309
954-463-9005 x 201 **Pride Center**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
2104 W Oakland Park Blvd., Oakland Park, FL 33311
754-366-3599 **MDE**
Date: **June 29**
Time: 9:00 am – 2:00 pm

Walgreens Store
1201 S Federal Hwy., Fort Lauderdale, FL
954-765-6239 **Latinos Salud**
Date: **June 29**
Time: 9:00 am – 2:00 pm

For Immediate Release
June 20, 2013

Contact: Candy Sims, Public Information Officer
(954) 467-4784 / (954) 895- 5745

NATIONAL HIV TESTING DAY–THURSDAY, JUNE 27, 2013

Florida Department of Health in Broward County announces FREE HIV Testing Sites

BROWARD COUNTY – The Florida Department of Health in Broward County and the Broward Is Greater Than AIDS Initiative recognize June 27, 2013 as National HIV Testing Day; which is designed to encourage individuals to assess their risk for HIV infection and know their HIV status. This annual day of recognition promotes **FREE** HIV counseling and testing throughout Broward County.

Theme: **"Take the Test, Take Control"**

The Florida Department of Health in Broward County and its community partners are collaborating to make testing available during the week of June 22nd - June 30th. A complete listing and hours of operation are provided on the attached document.

The Centers for Disease Control and Prevention (CDC) estimates that 1.2 million people in the United States are living with HIV infection. One in five (20%) of those people are unaware of their status. In Broward County, one in every ninety people age 13 and over is living with HIV/AIDS.

The CDC recommends that everyone between the ages of 13 and 64 be tested for HIV at least once as part of their routine health care. It is important to learn your HIV status and that of your partners because studies have shown that when people find out they are living with HIV infection, they take steps to protect their health and that of their partners. Furthermore, once you learn your status, if you find out that you have HIV infection, you can seek medical care that can reduce the impact of HIV on your health, substantially increase your lifespan, and improve your quality of life.

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Traditional testing—an oral swab or a blood draw test—can be done, which takes about two weeks to receive results, or a rapid HIV test can be used. The rapid HIV test, which requires no more than a finger-stick blood specimen, delivers reliable results in 20 minutes. Reactive rapid tests must be confirmed with a confirmatory test.

For more information on free testing sites call the Florida Department of Health in Broward County, HIV Prevention Program Office at (954) 467-4700 x 5660, or visit: www.browardchd.org, or www.wemakethechange.org.

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