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, August 22, 2019 9:30 a.m.
GC-430
Chair: Réquel Lopes **Vice Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Welcome and Introductions
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   c. Council Member and Guest Introductions
   d. Moment of Silence
   e. Excused Absences and Appointment of Alternates
   f. Approval of 8/22/19 Meeting Agenda
   g. Approval of 7/25/19 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** – Handout A (Kareem Murphy)
6. **CONSENT ITEMS**

No.	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve Aaron Cutright for the Membership/Council Development Committee.	Mr. Cutright is the Regional Sales Director for the Southern Region of AHF and Vice President of Operations at Impulse Group United. Mr. Cutright is an HIVPC member and would be an asset to MCDC.	MCDC Chair
2	To approve Timothy Moragne for the Membership/Council Development Committee.	Dr. Moragne has served on the HIVPC since its development. In that time, he has served on multiple committees and his membership would be of benefit to MCDC.	MCDC Chair
3	To approve Bradley Mester for the Priority Setting & Resource Allocation Committee.	Mr. Mester serves as the Senior Contracts Manager at AHF and has knowledge and experience beneficial to the PSRA Committee.	PSRA Chair
4	To approve Joshua Caraballo for the Priority Setting & Resource Allocation Committee.	Dr. Caraballo is a Research and Evaluation Coordinator at Latinos Salud and a member of the Support Services Network. His membership would benefit QMC.	QMC Chair
5	To approve the Quality Management Committee FY2019-2020 Workplan (Handout B).	The Quality Management Committee has reviewed and updated its Workplan for FY19-20.	QMC Committee
6	To approve the Emergency Financial Assistance Service Delivery Model (Handout C).	This service delivery model approval request complies to a recommendation from the HRSA HIV/AID Bureau. It provides a separate service delivery model for EFA, which was combined with the AIDS Pharmaceutical Assistance (Local) service delivery model in a previous update.	QMC Committee

7. **DISCUSSION ITEMS**

No.	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve FY2020-2021 updates to How Best to Meet the Need language (Handout D).	The PSRA Committee has made updates to How Best to Meet the Need language based on its review of data throughout the PSRA process.	PSRA Committee

8. NEW BUSINESS

None.

9. COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

No August Meeting - No Chair or Vice Chair *Chair: Vacant V. Chair: Vacant*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No August Meeting – No Quorum *Chair: V. Foster, V. Chair: Vacant*

C. INTEGRATED WORKGROUP

August 7, 2019 *Chair: T. Pietrogallo, V. Chair: T. Williams*

A. Discussion Item:
Integrated Plan: Status and Changes – The group discussed its 14- month hiatus. The Workgroup had not met due to a restructuring of the Integrated Plan. Goals and objectives previously outlined were proving to be too unrealistic to be met within the five years. Part A and Part B Recipients discussed this need to change with the Chairs in prior coordination meetings. The Recipient assured the Workgroup that while the Integrated Workgroup had not been meeting, the work of the Integrated Plan continued. Year 2 – Current Activities – Members received updates on the changes made to the Integrated Plan as well as updates on goals and objectives. Goal Group 1's completed many of the assigned tasks. Goal Group 2 noted that keeping champions onboard has been a challenge, and the group requested additional data to achieve its objectives. Goal Group 3 had the most leadership changes. Its primary focus has been training, and the recent Peer Counselor Training & Certification Program cohort graduation was part of that. Additionally, the Leadership Academy recently completed its first class as well. Goal Group 4 continues to search for objective champions and is utilizing an exercise from the HIV Funders Collaborative to determine new invitees to the Goal Group. Commitment and Participation in Goal Groups – The participants discussed joining Goal Groups to be more involved in the work being done to achieve objectives in the Integrated Plan. Members who were able to commit to another meeting were encouraged to pick a goal and reach out to the goal leader. The Integrated Workgroup also chose to move to quarterly meetings. A date for the next meeting will be scheduled based on member availability, followed by regular quarterly meetings.
B. Data Requests:
None.
C. Next Meeting Date:
TBD

D. QUALITY MANAGEMENT COMMITTEE (QMC)

August 19, 2019 *Chair: Vacant V. Chair: B. Fortune-Evans*

A. Work Plan Item Update / Status Summary:
QI IQ Assessment: QMC members completed and returned an assessment of their current Quality Improvement knowledge. CQM Staff will review this assessment, and members will retake the assessment at the end of the fiscal year to determine changes in knowledge regarding quality. Emergency Financial Assistance (EFA) Service Delivery Model (SDM) Approval: The Committee reviewed and approved the EFA SDM. The most recent AIDS Pharmaceutical (Local) SDM included this language, but HRSA required the service to maintain its SDM. EFA is the service which provides medication for the Test & Treat Program. QMC Annual Workplan Approval: QMC reviewed and approved its FY2019-2020 Workplan. The Workplan has been updated to reflect HRSA standards and ensure the Committee is looking at the entire Part A system. Data Talk Presentation: The Committee received a presentation regarding data, how it is used, and how to drill down data. Intro to Mentimeter: The Committee received an overview of Mentimeter, which allows participants to answer questions without speaking during the meeting. Mentimeter Activity: QMC participated in a Mentimeter activity by responding to questions utilizing the software. Disparity Data Presentation by Service Category: Members received a presentation on disparities in the Ryan White Part A system from FY2017-2018 focused on Retention in Care and Viral Load Suppression. Mentimeter Activity: QMC again participated in a Mentimeter activity by responding to questions utilizing the software. Oral Health No-Show Tracking Sheet Overview: Finally, the Committee received an overview of a new tracking tool being utilized by Oral Health providers to track no-shows and ultimately improve the percentage of appointments kept by clients.
B. Rationale for Recommendations:
Members approved the EFA SDM to remain in line with HRSA's recommendation. Members also approved the QMC Workplan to guide the Committee in its work for the fiscal year.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
None.
F. Agenda Items for Next Meeting:
Agenda Items: QMC Committee Work Plan Framework, QI Project Updates *Date:* September 16, 2019 at 12:30 p.m. *Location:* Governmental Center *Room:* A-337

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

August 15, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

A. Work Plan Item Update / Status Summary:
Monthly Expenditure/Utilization Report: At this point in the fiscal year, service categories are expected to have expended 41% of their funds. However, the report shows that service categories are under expended at 23%. The Fiscal Manager explained that there were some billing discrepancies, and members can expect to see over 50% of funding expended by the next meeting. MAI Eligibility: The Recipient discussed the MAI specialty program's age limitation of 18-38 for Black men and women. The Recipient indicated that data now reveal that individuals are aging out but are still in need of the services. Members discussed that the established eligibility parameters were based on available information at the time, but eligible clients should benefit from the service who do not fit the age limit. The Committee voted to amend its program's parameters by eliminating the age category from the eligibility criteria. How Best to Meet the Need: PSRA reviewed the language for FY2020-2021 HBTMTN based on members' discussions during the PSRA process. Members approved language for All Services to expand usage of peers and provide DCM services to highly detectable viral loads. Members also included language to prioritize clients with highly detectable viral loads in CIED.
B. Rationale for Recommendations:
Members voted to approve changes to the MAI specialty program's eligibility to increase client access to the service. PSRA made updates to How Best to Meet the Need language for FY2020-2021 to direct the Recipient in providing services through the fiscal year.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: Assessment of the Administrative Mechanism *Next Meeting Date*: October 17, 2019 at 9:00 a.m. *Location:* Governmental Center Room: A-337

F. EXECUTIVE COMMITTEE

No August Meeting – Not Scheduled *Chair: R. Lopes, V. Chair: C. Grant*

G. SYSTEM OF CARE COMMITTEE (SOC)

No August Meeting – Not Scheduled *Chair: Vacant V. Chair: Vacant*

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****
Meeting Packets are available at: http://www.brhpc.org/programs/hiv-planning-council/

10. RECIPIENT REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention – Quarterly Update (April, July, October, January)

11. UNFINISHED BUSINESS

12. PUBLIC COMMENT (Up to 10 minutes)

13. ANNOUNCEMENTS

14. REQUEST FOR DATA

15. AGENDA ITEMS FOR NEXT MEETING: September 26, 2019 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*

16. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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

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

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Thursday, July 25, 2019 Meeting Minutes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Arencibia, Y.	**X**			Garcia, E.
2	Barnes, B.	**X**			Jones, L.
3	Bhrangger, R.	**X**			Anderson, T.
4	Burgess, D.		**E**		Green, W.
5	Cutright, A.	**X**			Robinson, J.
6	Dennis, B.	**X**			Fender, T.
7	Fortune-Evans, B.		**A**		
8	Foster, V.	**X**			**HIVPC Staff**
9	Grant, C.		**A**		Oratien, V.
10	Hayes, M.	**X**			Martinez, G.
11	Holness, Comm. D.V.C		**A**		Joseph, A.
12	Katz, H. B.	**X**			Guice, M.
13	Leonard, C.	**X**			
14	Lopes, R. *Chair*	**X**			**Guests**
15	Marcoviche, W.	**X**			
16	Moragne, T.	**X**			Role, V.
17	Moreno, V.		**A**		Sinclair, D.
18	Riley-Gardiner, Y.	**X**			Smith, C.
19	Robertson, L.	**X**			Carter, J.
20	Rodriguez, J.	**X**			Cook, S.
21	Ruffner, A.	**X**			London, K.
22	Schweizer, M.		**E**		Lewis, V.
23	Siclari, R.	**X**			Casanova, R.
					Smikle, P.
	Quorum=13	**17**			Mester, B.
					Burger, R.

1. CALL TO ORDER

The Chair called the meeting to order at 9:34 a.m.

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

The HIVPC Chair welcomed everyone. Introductions were made by HIVPC members, PC and Recipient Staff, and Guests. Attendees were notified of 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. A moment of silence was observed. The following motions were made:

Motion #1: To approve today's meeting agenda
Proposed by: Hayes, M. **Seconded by:** Robertson, L.
Action: Passed Unanimously

Motion # 2: To approve the 6/27/19 minutes.
Proposed by: Hayes, M. **Seconded by:** Robertson, L.
Action: Passed Unanimously

3.PHONE INTRODUCTIONS
An HIVPC member introduced herself over the phone.

4. PUBLIC COMMENT None.

5. WRITTEN LEGISLATIVE REPORT

A written legislative report was provided to the Council by Kareem Murphy (Handout A on file).

6. CONSENT ITEMS None.

7. DISCUSSION ITEMS
The HIVPC reviewed the FY2020-2021 rankings completed by the PSRA Committee for Core Services. The Committee's meeting took place on the date of the water main break and, as a result, PSRA was not able to ratify its decisions during the meeting.

Motion #3: To approve the FY2020-2021 rankings voted on by the Priority Setting & Resource Allocation Committee for Core Services.
Proposed by: Hayes, M. **Seconded by:** Moragne, T.
Discussion: Typically, in Committee meetings, PSRA ranks, sees the final ranking and votes on it. Ranking is important because if there is a shortfall or gain in revenue, HIVPC needs to start from the bottom up to remove services. The reason why these motions are coming from the floor is because the PSRA meeting was taking place during the water main break and the Committee lost quorum before ratifying their rankings.
Action: Passed with 1 Opposed

Following Core Services, HIVPC reviewed and approved the FY2020-2021 Support Service Category rankings.

Motion #4: To approve the FY2020-2021 rankings voted on by the Priority Setting & Resource Allocation Committee for Support Services.
Proposed by: Hayes, M. **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

After completing the rankings, the HIVPC reviewed and approved the Core and Support Services allocations that were completed by the PSRA.

Motion #5: To allocate $5,436,528 to Outpatient Ambulatory Healthcare Services.
Proposed by: PSRA **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

Motion #6: To allocate $481,267 to Pharmacy.
Proposed by: PSRA **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #7: To allocate $2,736,489 to Oral Health.
Proposed by: PSRA **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #8: To allocate $739,641 to Health Insurance Continuation Program.
Proposed by: PSRA **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #9: To allocate $410,023 to Medical Case Management – Disease Case Management.
Proposed by: PSRA **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

Motion #10: To allocate $1,198,830 to Medical Case Management – Case Management.
Proposed by: PSRA **Seconded by:** Arencibia, Y.
Action: Passed Unanimously

Motion #11: To allocate $182,052 to Mental Health.
Proposed by: PSRA **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #12: To allocate $285,030 to Substance Abuse – Outpatient.
Proposed by: PSRA **Seconded by:** Barnes, B.
Action: Passed with 2 Abstentions

Motion #13: To allocate $582,689 to Non-Medical Case Management – CIED.
Proposed by: PSRA **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #14: To allocate $0 to Non-Medical Case Management – BISS.
Proposed by: PSRA **Seconded by:** Hayes, M.
Discussion: PSRA recommended defunding this service category for FY2020 as part of its efforts to reduce costs in the coming fiscal year. BISS assists clients navigating selected ACA plans. The service is not being eliminated from Part A forever; it can receive funding in the future.
Action: Passed Unanimously

Motion #15: To allocate $121,979 to Emergency Financial Assistance.
Proposed by: PSRA **Seconded by:** Hayes, M.

Action: Passed Unanimously

Motion #16: To allocate $839,479 to Food Bank/Food Voucher.
Proposed by: PSRA **Seconded by:** Arencibia, Y.
Action: Passed with 2 Abstentions

Motion #17: To allocate $129,151 to Legal.
Proposed by: PSRA **Seconded by:** Hayes, M.
Action: Passed with 1 Abstention

The PSRA Committee was unable to complete allocations for the MAI Core and Support Services categories due to the building's closure because of the water main break. The following motions came from the floor, and corrections were made to the recommended allocations for OAHS and Non-Medical Case Management – CIED.

Motion #18: To allocate $293,826 to MAI Outpatient Ambulatory Healthcare Services.
Proposed by: Lopes, R. **Seconded by:** Arencibia, Y.
Discussion: If MAI funding changes, the rankings approved for Part A funds will be used to determine which MAI services are funded.
Action: Passed with 1 Abstention

Motion #19: To allocate $45,792 to MAI Medical Case Management – Case Management.
Proposed by: Arencibia, Y. **Seconded by:** Lopes, R.
Action: Passed with 1 Abstention

Motion #20: To allocate $39,276 to MAI Mental Health.
Proposed by: Arencibia, Y. **Seconded by:** Lopes, R.
Action: Passed with 1 Abstention

Motion #21: To allocate $400,000 to MAI Substance Abuse – Outpatient.
Proposed by: Lopes, R. **Seconded by:** Arencibia, Y.
Action: Passed with 1 Abstention

Motion #22: To allocate $290,957 to MAI Non-Medical Case Management – CIED.
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed Unanimously

8. NEW BUSINESS

a. Fighting Stigma through Fashion – Review: The Chair of the ad-Hoc Youth Advisory Committee discussed the fashion show which took place on July 19th and reviewed the outcomes of the event goals set by CEC (Handout C on file). The Chair stated that the event was affirming for the models and should be the example for future community events. The Chair thanked committee members

and guests for providing their time and resources to make the event a success. The PCS Staff then presented a video showing highlights from the event.

9. COMMITTEE REPORTS (15 minutes)

A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

No July Meeting – No Chair or Vice Chair *Chair: Vacant V. Chair: Vacant*

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

No July Meeting – Quarterly Meeting *Chair: V. Foster, V. Chair: Vacant*

C. INTEGRATED WORKGROUP

No July Meeting – Not Scheduled *Chair: T. Pietrogallo, V. Chair: T. Williams*

D. QUALITY MANAGEMENT COMMITTEE (QMC)

July 15, 2019 – No Quorum *V. Chair: B. Fortune-Evans*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 18, 2019 *Chair: L. Robertson, V. Chair: M. Hayes*

The PSRA Chair thanked the Committee members for their hard work throughout this process and noted that the Committee would hold a meeting in August.

A. Work Plan Item Update / Status Summary:
Monthly Expenditure/Utilization Report: All service categories should be at 33% utilization. Some services are behind because they have not yet submitted invoices. HOPWA Funder's Presentation: The HOPWA Recipient presented information regarding the program. The Recipient reviewed programs and eligibility as well as client demographics. Fewer clients are accessing the maximum amount of short-term rent, mortgage, and utility assistance (STRMU) of 21 weeks, where the number of clients accessing 8-13 weeks of STRMU has increased. This is due to supportive services such as case management, legal aid, and other resources. Part A Service Category and Health Outcomes Presentation: Consultant Julia Hidalgo reviewed information regarding the HIV epidemic in Broward County over time and how service provision has changed. Mrs. Hidalgo noted that at one time, Broward provided more support services but has streamlined to focus on non-medical Case Management, Food Bank, and Legal Services. These services are absolutely needed by clients. Final Service Category Review: The Committee reviewed its service category recommendations from the previous meetings. The Committee voted to defund BISS and discussed other options to lessen the cost of providing services to Broward's Part A clients. Priority Setting: PSRA ranked core and support service categories after receiving information throughout the PSRA process. The Committee also received a presentation on ranking including the rankings from the previous fiscal year and CEC's recommendations. The Committee completed this work but was not able to finalize and ratify its decision at the meeting. FY2020 Service Category Allocations: The Committee conducted allocations for FY2020 Part A Core and Support Services. PSRA utilized funding information from the previous FY along with the factors considered as part of the PSRA process to make its funding decisions. The Non-Medical Case Management – BISS category was defunded for the upcoming fiscal year. The Committee lost quorum after completing the Part A allocations, and MAI was not completed as a result.

B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Agenda Items for Next Meeting: How Best to Meet the Need (HBTMTN) language *Next Meeting Date*: August 15, 2019 at 9:00 a.m. *Location:* Governmental Center Room: A-337

F. AD-HOC ADVISORY COMMITTEE

July 9, 2019 *Chair: A. Ruffner*

The report stands.

A. Work Plan Item Update / Status Summary:
Member Event Prep Assignments Update: The Committee reviewed its progress in securing and finalizing assistance with the Fashion Show. As a thank you gift to models, it was discussed that models would each receive a headshot photo. The committee completed the reviewing of the assignment sheet and discussed assignments for the day of the event. Event Planning Outline: Upon review of the most recent version of the event outline, members did not provide any immediate suggestions for changes. The committee chair also said that he would like for the fashion show to include a HIVPC member speaking with the audience about the HIVPC and how attendees can get involved. The idea of models walking to recorded statements about fighting stigma should be played during the last scene was revisited. Members liked the idea of having the models record their own statements about stigma while holding a paper banner with stigmatizing language to be shredded while on the runway. Event Program: The program draft was reviewed by committee members and suggestions were made to expand the program from a half-page front and back to a full page folded in half. The additional room would make it easier to fit information regarding the HIV as well as the event onto a single document. Shopping and Fitting Plan: Most of the shopping for the models has been completed. Committee members and support staff have also been able to donate their own clothing to fill in any gaps that the models may need. It was decided that all committee members will be wearing all black with red accents on the day of the event. Event Donations & Tabling: The committee reviewed the list of donations and participating organizations/businesses for the event. The list was adjusted based on Committee recommendations.
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
None.

F. EXECUTIVE COMMITTEE

No July Meeting - Not Scheduled *Chair: R. Lopes, V. Chair: C. Grant*

G. SYSTEM OF CARE COMMITTEE (SOC)

No July Meeting – Not Scheduled *Chair: Vacant V. Chair: Vacant*

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

10. RECIPIENT REPORTS (20 minutes)

Part A- The Part A Recipient congratulated the HIVPC for the success of the *"Fighting Stigma through Fashion"* event. The Recipient next discussed the FY2020-2021 grant application. HRSA released the notice of funding opportunity (NOFO) with a funding ceiling issued for each jurisdiction. This year's cap is $200,000 more than Broward County received in the last fiscal year. The HIVPC has allocated the full amount in the likelihood that HRSA appropriates 100% of the funds. New infections have decreased, meaning the number of people living with HIV in Broward will not grow in the same way as it has in other EMAs. As a result of this decrease, Broward may lose some formula funding. The Recipient sees this as a potential trend going forward.

The Recipient also discussed the upcoming dual eligibility pilot project and recognized the Part B Recipient for his assistance in advocating for this to take place. The project will be rolling out in mid-August with plans to undertake 50 recertifications per week each completed by Part A and Part B, totaling 100 per week. They anticipate 300-400 recertifications per month over the three months. The aim is to reduce the wait times, expedite the recertification process, and avoid interruption of client services. The coordinators will study how the process works, look into barriers, and address unanticipated concerns. This pilot will only include randomly selected clients who are recertifying for services and agree to participate. Part A and Part B would both like to complete the eligibility process for initial certification. Broward will be the first EMA in the state to do this and, once completed, will be a model for other programs in the state. This process seeks to lessen the burden on clients and meets an Integrated Plan goal.

Part B- The Part B Recipient discussed Broward's decrease in new infections for the second year in a row. In 2 years, new infections have decreased by 11%, and a 7% decrease took place this last year. Miami-Dade County had an increase in new infections, while Palm Beach County had a 1% decrease. The Recipient stated that this accomplishment is the result of the hard work represented by everyone in the room from Prevention to Care & Treatment. As the work continues and more services are provided, the new infections may increase. But once people know their status, they can begin working toward viral load suppression. Data provided by Part B is also available on Florida CHARTS (www.flhealthcharts.com). Partnership slides are being compiled at this time to be shared with the community.

The Recipient discussed Part B expenditures through June 2019. Overall, Part B has expended 14% of its funding in June and served 935 clients. Part B has served 2,991 clients to date. ADAP funding is carved out of Part B and managed by the state office. The report shows that ADAP served 1,997 clients in June of 2019 with 50-70 new clients and 286 walked in for eligibility. Clients also applied for bus passes and requested assistance with insurance selection. In terms of the HIV continuum, 91% of insured clients are virally suppressed.

Part C- The Part C Recipient was not in attendance.
Part D- The Part D Recipient was not in attendance.
Part F- The Part F Recipient was not in attendance.
HOPWA- The HOPWA representative provided a written report showing available units in Broward County. The representative reviewed available units (handout on file). As an addendum to last month's minutes, the representative discussed the application for state funds. HOPWA applied for state funds to supplement the rental-based tenant voucher program to move to 10 months of service. In addition to this, HOPWA's application included short-term rent and utility assistance. Currently, clients can apply for three (3) services at maximum. The program is trying to extend to a federal maximum of 21 weeks. The representative also discussed SFAN's efforts toward community outreach. If anyone is interested in participating or providing suggestions and feedback, they can reach out to Christopher Leonard.
Prevention- The Part B Recipient gave an overview of the written Prevention report (handout on file). Broward has the largest Test & Treat Program of the state. Also, 1,970 individuals are on PrEP since June of 2018. Broward also has an extensive PrEP Program in the state. Prevention is committed to reducing the rates of new infections and getting people into care to achieve their best health outcomes. The Prevention staff conducts outreach in communities that are disproportionately affected by HIV. Prevention is reviewing data from its funded providers to address gaps.

11. UNFINISHED BUSINESS None.
12. PUBLIC COMMENT (Up to 10 minutes) None.

13. ANNOUNCEMENTS

- World AIDS Museum – hosting a back to school event Tuesday, August 20th 7:00 p.m. – 9:00 p.m. focused on sexual health education.
- Pride Center – beginning a new Life Cycle on Tuesday, August 27th. This program is for MSM living with HIV. If anyone has clients who they think would benefit from this program, they are encouraged to refer them to the Pride Center.
- Poverello – Bowl-a-Thon at Manor Lanes on Saturday, August 24th.
- Poverello Live Well Center – there are a lot of openings for barbershop and chiropractor appointments. More information is available at https://poverello.org/locations/live-well-center/.
- Ujima Men's Collective – hosting a Bingo fundraiser on Thursday, August 1st and Thursday, August 15th. More information will be distributed to the HIVPC list serve.

14. REQUEST FOR DATA None.

15. AGENDA ITEMS FOR NEXT MEETING: August 22, 2019 9:30 a.m. **LOCATION:** GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*

16. ADJOURNMENT The meeting was adjourned at 11:11 am.

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

HIVPC ATTENDANCE CY 2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	28	28	25	23	27	25						
0	0	1	**1**	Arencibia, Y.	X	X	X	A	X	X	X						
0	1	1	**2**	Barnes, B.	A	X	E	X	X	X	X						
1	1	0	**3**	Bhrangger, R.	X	X	X	X	X	X	X						
1	1	2	**4**	Burgess, D.	X	X	X	X	A	A	E						W - 7/2
0	0	0	**5**	Cutright, A.	N - 5/23				X	X	X						
1	1	0	**6**	Dennis, B.	N-4/25			X	X	X	X						
0	0	3		Fleurinord, P.	A	E	E	A	A	Z - 6/26							
0	0	2	**7**	Fortune-Evans, B.	A	E	X	X	X	X	A						
0	0	2	**8**	Foster, V.	X	X	X	A	A	E	X						W- 7/2
0	0	1	**9**	Grant, C.	X	X	E	X	X	X	A						
0	0	0	**10**	Hayes, M.	X	X	E	X	X	X	X						
0	0	6	-	Holness, D.V.C. (Comm)	A	A	X	A	A	A	A						
1	1	0	**11**	Katz, H.B.	X	E	X	X	E	X	X						
0	0	0	**12**	Leonard, Christopher	N- 4/25			X	X	X	X						
0	0	1	**13**	Lopes, R. *Chair*	X	X	E	X	X	A	X						
1	1	0	**14**	Marcoviche, W.	X	X	X	X	X	X	X						
0	0	1	**15**	Moragne, T.	A	X	X	X	X	X	X						
0	0	2	**16**	Moreno, V.	A	X	E	X	X	X	A						
1	1	0	**17**	Riley- Gardiner, Y.	N- 4/25			X	E	X	X						
0	1	0	**18**	Robertson, L.	X	X	X	X	X	X	X						
0	0	0	**19**	Rodriguez, J.	X	X	X	X	X	X	X						
0	0	1	**20**	Ruffner, A.	X	X	X	X	A	X	X						
0	0	2	**21**	Schweizer, M.	A	X	X	A	X	X	E						
0	0	3	**22**	Siclari, R.	X	A	X	X	A	A	X						W - 7/2
				Quorum = 12	13	15	14	18	16	18	17	0	0	0	0	0	

Legend:

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

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 22, 2019

FY 2020 Appropriations Funding

Further progress on the Fiscal Year (FY) 2020 appropriations process has stalled, pending the outcome of larger budget negotiations among the congressional chambers and the White House. Leaders are working on a global deal that could raise current budget caps on domestic spending for the year two fiscal years. Additional spending on military and non-military items could grow by as much as $200 billion. The downside is that such an agreement could include provisions to lower spending in third and subsequent year. It could also mean that $200 billion would be a net increase, suggesting that some programs could grow substantially but be offset by cuts to other programs. Entitlement, safety net, and human services programs tend to fair poorly in these scenarios. It is too early to predict an outcome. These are merely possibilities.

Status in the House

The House approved legislation that would provide a total of $1.335 billion in funding for treatment, care, and prevention, which would amount to a $203 million overall increase. HOPWA and other HUD-based supportive services would receive $410 million on top of that. Ryan White Parts A and B and ADAP would receive funding increases. Overall, there would be $2.43 billion, (representing an $116.4 million increase). Part A would get $677.5 million (increase of $21.6 million), Part B would get $419.6 million (increase of $4.9 million), ADAP would get $912 million (increase of $11.7 million).

Status in the Senate

The Senate Appropriations Committee has not yet moved on its funding bills that cover Health and Human Services or Housing. Senate Majority Leader Mitch McConnell said that he wants to wait the outcome of a global budget deal before moving on that chamber's funding bills.

Outlook

The House, Senate, and President still lack an agreement on total government-wide spending caps. Reaching an agreement before the end of the fiscal year will be difficult. Several weeks have passed since the last leadership meeting on 2020 appropriations.

The fiscal year starts October 1. Without an agreement, a shutdown is possible.

Broward EMA CQM Annual Work Plan FY 2019 (March 1, 2019-Febuary 29, 2020)

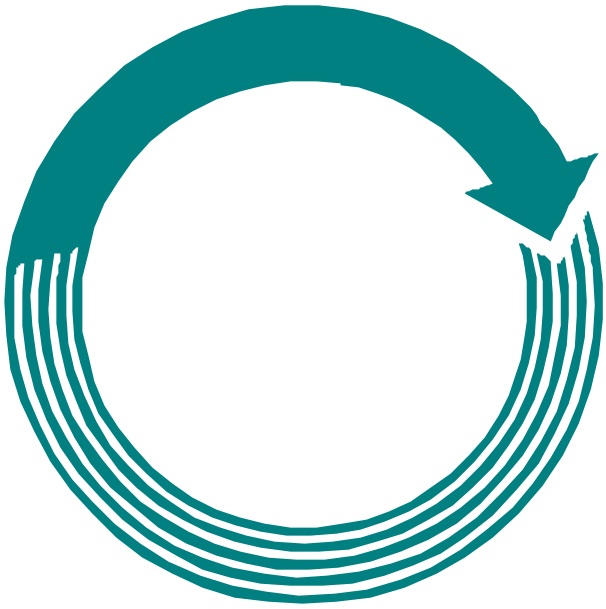
HANDOUT B

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible
Goal 1: Review client-level demographic, clinical, and utilization data to identify developing and ongoing disparities in care to ensure that services are delivered using nationally recognized standards and best practices.													
1.1 Review and analyze performance measures including HHS/HAB measures and locally adopted outcomes and indicators.	■	■	■	■	■	■	■	■	■	■	■	■	QMC, Networks
1.2 Review and analyze client demographic and utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			■			■			■			■	CQM Staff, QMC, Networks
Goal 2: Research, modify, and adopt standards that support the framework to operationalize the evaluation and improvement of evidence-based treatment and care to people living with HIV.													
2.1 Review Service Delivery Model's (SDM's) to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.					■	■	■	■	■	■	■	■	All CQM Staff, QMC, Networks
2.2 Actively participate and engage in learning programs focused on data-to-care initiatives, health disparities, HIV treatment and care, evidence-based practices, and strategies that improve consumer access to and retention in care.	■	■	■	■	■	■	■	■	■	■	■	■	QMC, Networks
Goal 3: Facilitate capacity development through educational opportunities and technical assistance activities utilizing evidence-based practices.													
3.1 Organize and conduct quality trainings for agencies, network & QMC members using resources from the AIDS Education and Training Center (AETC), Center for Quality Improvement and Innovation (CQII), and consultants to expand knowledge on data-to-care strategies and QI processes.							■	■	■	■			QMC, Networks
3.2 Provide and facilitate system-wide requests for agency-specific QI technical assistance to subrecipients.	■	■	■	■	■	■	■	■	■	■	■	■	All CQM Staff
Goal 4: Facilitate, strengthen, and expand pathways of communication between CQM staff, Quality Management Committee (QMC), and Network members by implementing project management tools, routine technical assistance calls, and in-person/teleconference meetings.													
4.1 Document and disseminate information with all stakeholders related to quality improvement projects, data analysis, data-to-care practices, meetings, and trainings.	■	■	■	■	■	■	■	■	■	■	■	■	All CQM Staff
4.2 Provide quarterly CQM program updates to the HIVPC.		■			■			■			■		HIVPC CQM Staff
4.3 Make recommendations to committees and networks to address disparities in care and areas of improvement.	■	■	■	■	■	■	■	■	■	■	■	■	QMC, Networks
4.4 Publish annual CQM Report to Planning Council as communication of CQM Data.			■	■	■	■							HIVPC CQM Staff
4.5 Hold annual "All Networks Retreat" among Networks and celebrate accomplishments.			■	■	■	■							All CQM Staff, QMC, Networks
Goal 5: Evaluate the essential components of the CQM Program, including but not limited to, QI capacity building, QM performance, and progress in completing annual workplan goals.													
5.1 Facilitate and support the development, implementation, and evaluation of a minimum of one quality improvement project per agency and for the EMA during the fiscal year.					■	■					■	■	All CQM Staff
5.2 Identify accomplishments and challenges by reviewing progress through completing the CQM monthly reports	■	■	■	■	■	■	■	■	■	■	■	■	CQM Staff
5.3 Conduct annual evaluation of performance measures using current HAB measures, HHS measures, client utilization data and EMA and agency-specific outcomes and indicators and share findings with the RW Part A Networks and the QMC to inform current and future QIPs.	■			■			■			■			All CQM Staff
5.4 Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.	■	■	■	■	■	■						■	Recipient CQM Staff
5.5 Provide recommendations on annual performance measures and select CQM goals.	■	■	■										All CQM Staff

"X" indicates completed objectives indicates in progress/on target

HANDOUT C

Ryan White Part A Quality Management



Emergency Financial Assistance

Service Delivery Model

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

Emergency Financial Assistance

Broward County EMA Definition:
In Broward County, the Emergency Financial Assistance (EFA) program is operated by the Ryan White HIV/AIDS Program (RWHAP) Part A as a supplemental means of providing medication assistance to clients when the AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, or restricted financial eligibility criteria.

Emergency Financial Assistance provides wrap around pharmaceutical assistance to individual clients with limited frequency and for limited periods of time. Assistance is provided only for medication.

The Emergency Financial Assistance program is not funded by the AIDS Drug Assistance Program (ADAP) earmark funding; does not take the place of the ADAP program; may not be used to make direct payments of cash/vouchers to a client; and shall not impose charges on clients with incomes below 400% of the Federal Poverty Level (FPL).

Health Resources Services Administration (HRSA) Definition:
The service is defined as follows by the HIV/AIDS Bureau's Policy Clarification Notice (PCN) #16-02.

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

Service Description

The Emergency Financial Assistance program is critical to maintenance and management of HIV infection. The Broward HIV Health Services Planning Council approves the Ryan White Part A Formulary, which lists medications necessary for clients to successfully manage symptoms and illnesses associated with their HIV and comorbid conditions. The coordination of this service with other medical and support services improve and maintain a client's quality of life over an extended period, which is consistent with the Public Health Services Guidelines and other treatment protocols.

Emergency Financial Assistance provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance. Ryan White funds are used for Emergency Financial Assistance only as a last resort.

PROTOCOL

The Emergency Financial Assistance Protocol identifies the specific ways to implement the program standards and processes inherent to this service category. The delivery of these services shall be conducted by trained culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents[1]).

Standards for pharmaceutical services for persons living with HIV/AIDS (PLWHA) are defined by the following sources:

1. The Florida Board of Pharmacy[2]
2. The American Pharmacists Association Policy Manual[3]

Eligibility Requirements for AIDS Pharmaceutical Assistance (local)

The targeted populations for these programs are persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications. Pharmacist, or authorized designee, shall verify client's eligibility, which is established by reviewing the certification in the Provide Enterprise (PE) System. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated PE System. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

Intake

The staff performing the intake shall explain the information below to the client and shall secure the client's initials, signature, and date as appropriate:

- Client Rights and Responsibilities
- Client Confidentiality
- Client Grievance Process

The provider shall have the Client Grievance Process posted in a visible location with copies of the client Grievance Report Form available upon request. Client Rights and Responsibilities shall also be displayed in a visible area.

[1] https://aidsinfo.nih.gov/guidelines
[2] https://floridaspharmacy.gov/
[3] https://www.pharmacist.com/policy-manual

Formulary

The Ryan White Drug Formulary is a working document for practitioners to reference, which lists the medications that are available for the treatment of Ryan White eligible patients. Tier I is a list of Ryan White Part A approved medications and Tier II is a list of the ADAP medications. The Broward County EMA Ryan White Part A Program provides financial assistance for short-term emergency medication assistance listed on Tier II of the Formulary[4].

It is expected that all other sources of funding in the community for Emergency Financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time. Continuous provision of allowable medications to a client should not be funded through emergency financial assistance.

Process for Additions of Medications to the Part A Formulary

The process for additions of medications to the Part A Formulary will be in accordance with the local pharmacy process.

Drug Utilization Review (DUR)

At a minimum, provider agencies are to ensure that an internal DUR process is in place that mirrors the following description: "Drug utilization review (DUR) is defined[5] as an authorized, structured, ongoing review of prescribing, dispensing and use of medication. It involves a comprehensive review of patients' prescription and medication data before, during and after dispensing to ensure appropriate medication decision-making and positive patient outcomes. As a quality assurance measure, DUR programs provide corrective action, prescriber feedback and further evaluations. DUR programs play a key role in helping managed health care systems understand, interpret, evaluate and improve the prescribing, administration and use of medications." DUR is classified in three categories: (1) Prospective - evaluation of a patient's drug therapy before medication is dispensed (2) Concurrent - ongoing monitoring of drug therapy during treatment and (3) Retrospective - review of drug therapy after the patient has received the medication.

Prospective Drug Use Review

Provider agencies must have at a minimum the following procedures in place:

(1) A pharmacist shall review the patient record and each new and refill prescription presented for dispensing in order to promote therapeutic appropriateness by identifying:
   - **(a)** Over-utilization or under-utilization;
   - **(b)** Therapeutic duplication;
   - **(c)** Drug-disease contraindications;
   - **(d)** Drug-drug interactions;
   - **(e)** Incorrect drug dosage or duration of drug treatment;
   - **(f)** Drug-allergy interactions;
   - **(g)** Clinical abuse/misuse.

[4] http://www.brhpc.org/hivpc/resources-important-links/formulary-by-drug-classification/

[5] https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/drug-utilization-review

(2) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the potential problems, which shall, if necessary, include consultation with the prescriber.

Patient & Medication Adherence Counseling

Providers shall offer clients medication counseling. Consenting clients shall receive counseling to assist them with their needs. Providers shall document counseling and/or other assistance (Prescription Counseling Log).

(1) Upon receipt of a new or refill prescription, the pharmacist shall ensure that a verbal and printed offer to counsel is made to the patient or the patient's agent when present. If the delivery of the drugs to the patient or the patient's agent is not made at the pharmacy, the offer shall be in writing and shall provide for toll-free telephone access to the pharmacist. If the patient does not refuse such counseling, the pharmacist, or the pharmacy intern, acting under the direct and immediate personal supervision of a licensed pharmacist, shall review the patient's record and personally discuss matters which will enhance or optimize drug therapy with each patient or agent of such patient. Such discussion shall be in person, whenever practicable, or by toll-free telephonic communication and shall include appropriate elements of patient counseling. Such elements may include, in the professional judgment of the pharmacist, the following:
   - **(a)** The name and description of the drug;
   - **(b)** The dosage form, dose, route of administration, and duration of drug therapy;
   - **(c)** Intended use of the drug and expected action (if indicated by the prescribing health care practitioner);
   - **(d)** Special directions and precautions for preparation, administration, and use by the patient;
   - **(e)** Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
   - **(f)** Techniques for self-monitoring drug therapy;
   - **(g)** Proper storage;
   - **(h)** Prescription refill information;
   - **(i)** Action to be taken in the event of a missed dose; and
   - **(j)** Pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) Patient counseling as described herein shall not be required for inpatients of a hospital or institution where other licensed health care practitioners are authorized to administer the drug(s).

(3) A pharmacist shall not be required to counsel a patient or a patient's agent when the patient or patient's agent refuses such consultation.

Office of Pharmacy Affairs (OPA) Report[6]

Ryan White AIDS Pharmaceutical Assistance funded Providers are required to enroll and report annually discounted drugs purchased through the HRSA's 340B Drug Pricing Program. Providers include Federally Qualified Health Centers, Ryan White HIV/AIDS Program recipients, and certain types of hospitals and specialized clinics. Providers must certify in writing with each monthly invoice that medications distributed through their Agreement were purchased and invoiced to Broward County at the Florida Medicaid rate, 340B Pricing (Public Health Service Pricing), or lower drug pricing. Providers are also required to complete an annual certification upon notification of the due date from OPA by Community Partnership Division (CPD). The agency on file will receive notification by the Recipient Office of the annual report due date to OPA.

Professional Requirements

The objectives for establishing standards of care for program staff is to ensure that clients have access to the highest quality of services through trained, experienced staff members. Staff hired by provider agencies will possess skills and the ability to interact with clients in a culturally and linguistically competent manner; convey necessary information to clients; manage detailed, time-sensitive, and confidential information; and complete documentation as required by their position.

The *Program Director* or designee will possess experience in HIV/AIDS issues and the delivery of pharmaceutical services.

The *Provider* has a current Florida pharmacy license. Dispensing pharmacists have a current Florida pharmacist's license.

Pharmacy technician, student pharmacist, or pharmacist intern is supervised by licensed pharmacist.

Florida Board of Pharmacy Continuing Education (CE) and Training Requirements

Provider agencies are required to complying to the following minimum requirements:

According to the Florida Administrative Code (FAC), 30 hours of approved CE within the 24-month period prior to the expiration date of the license. 64B16-26.103, F.A.C. Licenses expire September 30 every two years with a one-month temporary extension.

- 1-hour board-approved course on HIV/AIDS (first renewal ONLY). Sections 381.004 and 384.25, Florida Statutes (F.S.).
- 2-hour board-approved course that relates to prevention of medication errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. 64B16-26.103 (1) (c), F.A.C.
- 2-hour board-approved course on the validation of prescriptions for controlled substances. 64B16-27.831, F.A.C.

[6] http://www.broward.org/HumanServices/CommunityPartnerships/Documents/ProviderHandbookFY19.GSRFP.final.10.29.18.pdf

- 10 live hours required. 64B16-26.103 (1) (m), F.A.C.

All licensed pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances **during the biennium ending on September 30th.** A 2-hour course shall be taken every biennium thereafter. The course shall count towards the mandatory 30 hours of CE required for licensure renewal. All newly licensed pharmacists must complete the required course before the end of the first biennial renewal period. 64B16-27.831, F.A.C.

For more information visit The Florida Board of Pharmacy[7] or the Florida Pharmacy Continuing Education[8] websites.

OUTCOMES, OUTCOME INDICATORS, STRATEGIES, DATA SOURCES

Outcomes	Indicators	Strategies	Data Sources
1. Improve access to medication.	1.1. Attempts will be made to contact 95% of clients who do not pick up medications within 7 to 14 days of filling the prescription. (Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).	1.1.1. Prescriptions are prepared and made available to clients 1.1.2. Document date and time prescription filled 1.1.3. Document contact with client 1.1.4. Offer client medication counseling	1.1.1.1. Tracking Log 1.1.1.2. Return to Stock Log

[7] https://floridaspharmacy.gov/
[8] https://floridaspharmacy.gov/renewals/continuing-education-ce/

2. Clients provided an opportunity to improve medication adherence.	2.1. 95% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence) (Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).	2.1.1. Document the referral 2.1.2. Laboratory Results 2.1.3. Documentation showing medication adherence counseling was offered to client	2.1.1.1. Referral Log 2.1.1.2. Provide Enterprise

STANDARDS FOR SERVICE DELIVERY

Standard	Measure
1. Client receives drug utilization review (DUR) which includes an evaluation for and documentation of: side effect management, drug interactions, potential drug allergies, contraindications, adherence strategies, food interactions, medication safety, etc.	1.1 Pharmacist Signature on back of Prescription - OR- within the Electronic Records
2. Agencies dispensing medications shall adhere to all local, state and federal regulations and maintain current facility licenses required to operate as a pharmacy in the State of Florida.	2.1 Documentation of current licensure
3. Clients are offered counseling on medication adherence.	3.1 Provider shall maintain a Prescription Counseling Log
4. Every prescription includes proper indications and dosing instructions.	4.1 Each dispensed prescription has the proper labeling according to agency guidelines.

5. Patient receives education and counseling including a review of drug interactions specific to antiretroviral therapy and the HIV disease state.	5.1 Provider shall maintain an outline for reviewing drug interactions and HIV education.
6. Confidentiality statement signed and dated by pharmacy employees.	6.1 Signed and dated confidentiality statements of staff on file (HIPAA compliance)
7. Storage of Medications	7.1 Pharmacy shall maintain appropriate, locked storage of medications and supplies (including refrigeration) according to the State Board of Pharmacy regulations. 7.2 Documentation of policies.
8. Only authorized personnel may dispense/provide prescription medication.	8.1 Licensed pharmacists authorized by the applicable Florida State Board 8.2 Pharmacy to dispense medications. 8.3 Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.

Resources

Academy of Managed Care Pharmacy. (n.d.). Retrieved from https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/drug-utilization-review

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FY 2020/2021 HOW BEST TO MEET THE NEED LANGUAGE

ALL SERVICES
Recommended Language
• ***Expand use of peers systemwide; beyond only Case Management*** • ***PE Viral Load data should be used to identify highly detectable clients in each Part A-funded clinic.*** • ***Report clients who have fallen out of care and are highly detectable to the Health Department's DIS Outreach workers for appropriate follow-up.*** • ***Ensure all high detectable viral loads are offered DCM services*** • Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, and across systems to help clients get all their needs addressed. • Provide Care Coordination across multiple service categories. • Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. • Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. • Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: o Black non-Hispanic heterosexual Females o Black men who have sex with men (MSM) **(age limitation of 18-38 removed)** o White MSM • Integrate care collaboration with members of the client's service providers. • Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. • Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. • Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (<400%FPL)
Recommended Language

- Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
- Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
- Integrate care provider collaboration with members of the client's treatment team outside of the organization.
- Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
- Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
- Provide after-hours services availability to include Crisis Intervention.
- Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services.
- Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
- Incorporate prevention messages into the medical care of PLWHA.
- Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (<400%FPL)

Recommended Language

- Report clients who have fallen out of care to the Health Department's DIS Outreach workers to determine if clients are really not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (<400%FPL)

Recommended Language

- Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
- Increase Oral Health Care collaboration with mental Health providers.
- Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (250%-400%FPL)

Recommended Language
• Develop materials for clients to use as quick references. • Provide assistance with Prior authorizations and appeals process. • Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.
Mental Health Service (MH)
Services Criteria: (<300%FPL)
Recommended Language
• Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. • Provide after-hours availability to include Crisis Intervention.
Disease (Medical) Case Management
Services Criteria: (<400%FPL)
Recommended Language
• Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. • Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (<300%FPL)
Recommended Language
• No recommended language
Case Management (Non-Medical)
Services Criteria: (<400%FPL)
Recommended Language
• Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. • Provide education to reduce fear and denial and promote entry into primary medical care. • Educate clients on the importance of remaining in primary medical care. • At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. • Incorporate prevention messages into the medical care of PLWHA. • Educate consumers on their role in the case management process. • Provide initial/ongoing training and development for HIV peer workers.

• Provide Benefits Support Services to deliver information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes. • Overview of health care plan summary benefits (coverage and limitations). • Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
SUPPORT SERVICES
Centralized Intake and Eligibility Determination (CIED)
Services Criteria: HIV+ Broward County Resident
Recommended Language
• ***Referrals should be made to the Broward County Health Department for all CIED clients that have not had an appointment in the last 6 months, with priority given to highly detectable clients.*** • Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. • Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. • Following up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care. • Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures. • Always offer dedicated live operator phone lines during normal business hours. • Ensure that intake data collected for transgender clients is comprehensive in order to make full use of transgender related categories in PE. • Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Services Criteria: HIV+ Broward County Resident
Recommended Language
• Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (<250% FPL)
Recommended Language
• Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met.

• Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Services Criteria: HIV+ Broward County Resident
Recommended Language
• No Recommended language

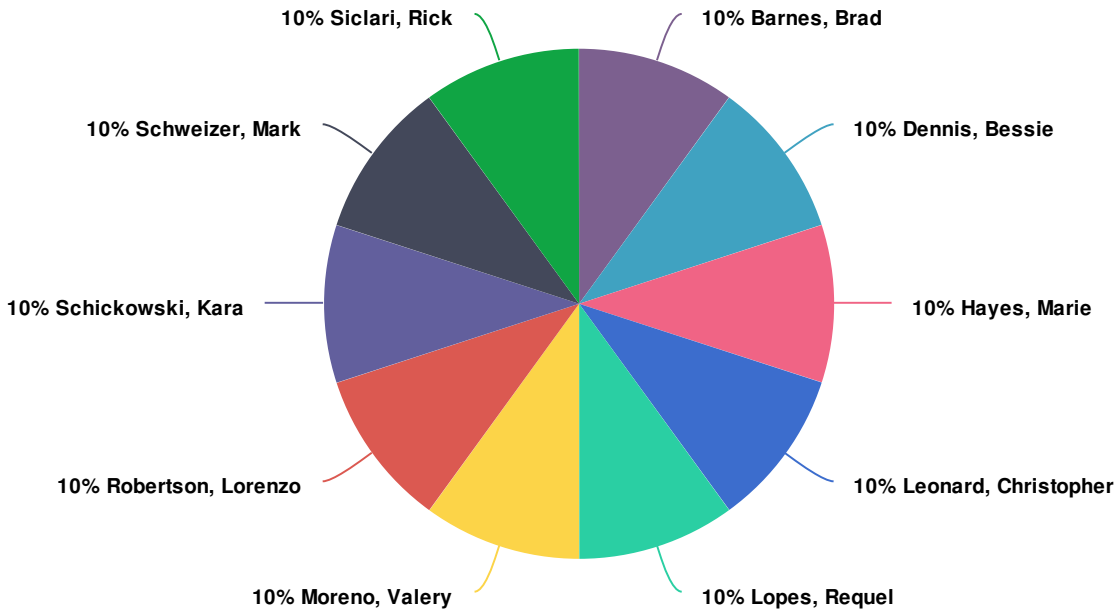
Report for FY 2020-2021 PSRA Ranking Survey 7.18.19

Response Counts

Completion Rate:	**100%**	
	Complete	10

Totals: 10

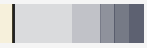
1. What is your name?



Value	Percent	Responses
Barnes, Brad	10.0%	1
Dennis, Bessie	10.0%	1
Hayes, Marie	10.0%	1
Leonard, Christopher	10.0%	1
Lopes, Requel	10.0%	1
Moreno, Valery	10.0%	1
Robertson, Lorenzo	10.0%	1
Schickowski, Kara	10.0%	1
Schweizer, Mark	10.0%	1
Siclari, Rick	10.0%	1

Totals: 10

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

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Outpatient/Ambulatory Health Services (OAHS)	1		112	10
Medical Case Management (Disease)	2		102	10
AIDS Pharmaceutical Assistance (Local)	3		98	10
Mental Health Services	4		93	10
Health Insurance Premium and Cost Sharing (HICP)	5		89	10
AIDS Drugs Assistance Program Treatments (ADAP)	6		89	10
Oral Health Care (Dental)	7		89	10
Substance Abuse- Outpatient	8		76	10
Medical Nutrition Therapy	9		43	10
Early Intervention Services (EIS)	10		43	10
Home and Community-Based Health Services	11		36	10
Home Health Care	12		25	10
Hospice	13		15	10

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

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Housing	1		151	10
Non-Medical Case Management	2		147	10
Food Bank/Home-Delivered Meals	3		143	10
Emergency Financial Assistance	4		139	10
Legal Services	5		133	10
Medical Transportation Services	6		121	10
Substance Abuse- Residential	7		116	10
Pyschosocial Support	8		104	10
Outreach	9		74	10
Referral for Health Care and Support Services	10		67	10
Health Education/Risk Reduction	11		66	10
Rehabilitation Services	12		64	10
Respite Care	13		53	10
Child Care	14		52	10
Linguistics Services (Interpretation and Translation)	15		39	10
Permanency Planning	16		36	10
Other Professional Services	17		25	10

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:1 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Robertson, Lorenzo

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

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

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

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

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:2 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Lopes, Requel

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

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

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

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

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:3 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Moreno, Valery

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

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

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

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

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:4 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Barnes, Brad

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

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

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

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

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:5 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Hayes, Marie

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

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

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

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

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:6 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Schickowski, Kara

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

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

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

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

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HANDOUT E

Response ID:7 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Siclari, Rick

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

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

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

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

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HANDOUT E

Response ID:8 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Dennis, Bessie

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

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

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

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

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HANDOUT E

Response ID:9 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Leonard, Christopher

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

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

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

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

FY 2020-2021 PSRA Ranking Survey 7.18.19

HANDOUT E

Response ID:10 Data

1. PSRA Rankings 7.18.19

1. What is your name?

Schweizer, Mark

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

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

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

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