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

Broward County HIV Health Services Planning Council Meeting

Thursday, March 28, 2024 - 9:30 AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTgzNDBjZmEtYzllOS00YzA4LThjMjktOGVjYTI2MTJmOGEz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Meeting ID: 223 679 016 307 | Passcode: 9Af8tf
Or call in (audio only)
+1 561-437-3349 - Phone Conference ID: 869 406 955#

Chair: Lorenzo Robertson • Vice Chair: Von Biggs

This meeting is audio and video recorded.

Quorum for this meeting is 11

DRAFT AGENDA

ORDER OF BUSINESS

1. **CALL TO ORDER/ESTABLISHMENT OF QUORUM**
2. **WELCOME FROM THE CHAIR**
   a) Meeting Ground Rules
   b) Statement of Sunshine
   c) Introductions & Abstentions
   d) Moment of Silence
3. **PUBLIC COMMENT**
4. **ACTION:** Approval of Agenda for March 28, 2024
5. **ACTION:** Approval of Minutes from January 25, 2024 **(Handout A)**
6. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
7. **STANDARD COMMITTEE ITEMS: None**
8. **CONSENT ITEMS**

   Motion to approve Yusimir Arencibia to join the Priority Setting and Resource Allocation Committee: *Justification: Ms. Arencibia is a current member of the HIV Health Services Planning Council and requested to join this committee.* Seat: Representatives of/or formerly incarcerated PWH.
   PROPOSED BY: PSRA Committee Chair

Motion to approve the FY2024-2025 PSRA Work Plan and PSRA Process Timeline. (Handout B1, B2) *Justification: The Priority Setting and Resource Allocation Committee finalized and approved the work plan and timeline during its March 21, 2024, meeting.* PROPOSED BY: PSRA Committee Chair

9. OLD BUSINESS: None

10. NEW BUSINESS

a) **Discussion:** Overview of the Broward HIVPC Accomplishments from March 1, 2023, through February 29, 2024, fiscal year **(Handout C)**
b) **Discussion:** Evaluation Report HIVPC Retreat, February 22, 2024 **(Handout D)**

11. DISCUSSION ITEMS

a) **Motion to approve the Centralized Intake Eligibility Determination (CIED) – Service Delivery Model (Handout E*) Presented by the Ryan White Part A Office***

Justification: The CIED- Service Delivery Model was reviewed by the Systems of Care Committee during its March 7, 2024, meeting. SOC provided recommendations to the Quality Management Committee. The CIED SDM was reviewed and approved by the Quality Management Committee during its March 18, 2024, meeting.
PROPOSED BY: Quality Management Committee

12. COMMITTEE REPORTS

1. **Community Empowerment Committee (CEC)**
Chair: Shawn Jackson • Vice Chair: Irvin Wilson

March 5, 2024

i. **Work Plan Item Update/Status Summary:** Members debriefed the January 31, 2024, community conversation "Stigma Smashers." They discussed a CEC Marketing Proposal designed to create low-effort systems for staying consistent with social media posting, publicizing CEC events, promoting the HIVPC, press coverage, and event turnout of community members and decision-makers. Lastly, members finalized outreach activities for FY2024-2025.
ii. **Data Requests:** None
iii. **Rationale for Recommendations:** None
iv. **Data Reports/ Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:**
   a. Finalize Plans for the April PSRA Townhall Event
   b. Presentation and Discussion on an Inmate Reentry Program
   c. Presentation on Ryan White Part A Program Services
vii. **Next Meeting date:** April 2, 2024, at 3:00 PM at BRHPC and via WebEx Videoconference

2. **System of Care Committee (SOC)**
Chair: Jose Castillo • Vice Chair: Kendra Hayes
March 7, 2024

i. **Work Plan Item Update/Status Summary:** Committee members reviewed the Service Delivery Model for CIED and made recommendations, which were forwarded to the Quality Management Committee.

ii. **Data Requests:** None
iii. **Rationale for Recommendations:** None
iv. **Data Reports/ Data Review Updates:** None
v. **Other Business Items:** None
vi. **Agenda Items for Next Meeting:** Continue reviewing Service Delivery Models.
    a. Integrated Primary Care and Behavioral Health (IPCBH)
    b. Universal SDM
    c. Minority AIDS Initiative SDMs
    d. Health Insurance Cost Sharing Program (HICP)

    Quality Improvement Projects Overview -FY2023-2024
vii. **Next Meeting date:** April 4, 2024, at 9:30 AM at BRHPC and via WebEx Videoconference

3. **Membership/Council Development Committee (MCDC)**
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
March 2024- No Meeting Held *(Meetings are Quarterly)*

i. **Work Plan Item Update/Status Summary:**

ii. **Data Requests:**
iii. **Rationale for Recommendations:**
iv. **Data Reports/ Data Review Updates:**
v. **Other Business Items:**
vi. **Agenda Items for Next Meeting:**
vii. **Next Meeting date:** April 11, 2024, at 9:30 AM at BRHPC and via WebEx Videoconference

4. **Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
March 18, 2024

i. **Work Plan Item Update/Status Summary:** Committee members reviewed the Service Delivery Model for CIED and recommendations from the SOC Committee. The SDM was revised with a final update to the HIVPC. CQM staff provided an update on revisions to the FY2024-2025 Quality Improvement Toolkit, which will be shared with the members of the Quality Improvement Network to guide QI projects.
ii. **Data Requests:** None.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** Continue reviewing Service Delivery Models
    a. Integrated Primary Care and Behavioral Health (IPCBH)
    b. Universal SDM
    c. Minority AIDS Initiative SDMs
    d. Health Insurance Cost Sharing Program (HICP)

    Overview of the FY2023-2024 Quality Improvement Projects
vii. **Next Meeting date:** April 15, 2024, at 11:30 AM at BRHPC and via WebEx Videoconference

5. **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer
March 21, 2024

i. **Work Plan Item Update/Status Summary:** Committee members reviewed the expenditure/utilization report, discussed Broward County Taxonomy rate increase with possible impact on Ryan White reimbursement rates, and quarterly updates on clients moving into ACA, which will start in June 2024. Members reviewed the proposed FY2024-

2025 PSRA process timeline and annual workplan. Furthermore, members discussed the Affordable Care Act enrollment of the Ryan White Part A eligible clients. They received a historical overview of the Minority AIDS Initiative program from former PSRA Chair and HIVPC Vice Chair, Ms. Carla Taylor-Bennet, to start the discussion on the effectiveness of the current MAI program and service categories. The Chair discussed the purpose of the April 24th Ryan White Services Listening Session.

ii. **Data Requests:**
   a. How many consumers are currently enrolled with ACA and how many are eligible for ACA.
   b. All Ryan White money spent on retention in care and viral load suppression broken down into groups (race, ethnicity, Wiki categories).
   c. Language of MAI funding and spending, to determine what it is intended and used for. What the language says from HRSA. What is allowable for service categories?

iii. **Rationale for Recommendations:** None

iv. **Data Reports/ Data Review Updates:** None

v. **Other Business Items:** None

vi. **Agenda Items for Next Meeting:** Standard Committee Items, discussion and vote Minority AIDS Initiative (MAI) Program

vii. **Next Meeting date:** April 18, 2024, at 9:30 AM at BRHPC and via WebEx Videoconference

6. **Executive Committee**
   Chair: Lorenzo Robertson • Vice Chair: Von Biggs
   March 21, 2024
   Work Plan Item Update/Status Summary:

   i. **Work Plan Item Update/Status Summary:** Members reviewed and approved the standard committee items (March 28th agenda, reviewed April 2024 calendar). They received presentations on the HIVPC retreat evaluation and the FY2024-2025 BRHPC PCS Budget, and each committee chair provided quarterly updates on committee activities.

   ii. **Data Requests:** None

   iii. **Rationale for Recommendations:** None

   iv. **Data Reports/ Data Review Updates:** None

   v. **Other Business Items:** None

   vi. **Agenda Items for Next Meeting:**
      a. Review and Approve April 25, 2024, HIVPC Agenda, Meeting Materials
      b. and Motions
      c. Review the May 2024 HIVPC Calendar
      d. Receive membership reflectiveness report from MCDC Chair

   vii. **Next Meeting date:** April 18, 2024, at 12:45 PM at BRHPC and via WebEx Videoconference

13. RECIPIENT REPORTS

1. Part A **(Handout F)**
2. Part B **(Handout G1, G2)**
3. Part C
4. Part D **(Handout H)**
5. Part F
6. HOPWA
7. Prevention – Quarterly Update (April, July, October, January)

14. DATA REQUEST(S)

15. PUBLIC COMMENT

16. AGENDA ITEMS FOR THE NEXT MEETING

1. Next Meeting Date: April 25, 2024, at 9:30 a.m. at BRHPC and via WebEx
2. Agenda Items for next meeting: To Be Determined

17. ANNOUNCEMENTS

PSRA/CEC Listening Tour on RW Part A Services (Handout I)

18. ADJOURNMENT

For a detailed discussion on any of the above items, please refer to the minutes available at: HIV Planning Council Website

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

Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high-quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

Handout A

FORT LAUDERDALE/BROWARD EMA
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(954) 561-9681 • FAX (954) 561-9685

Broward County HIV Health Services Planning Council Meeting

Tuesday, January 25, 2024 - 9:30AM
Meeting at Ujima Men's Collective and via WebEx

DRAFT MINUTES

HIVPC Members Present: L. Robertson (HIVPC Chair), V. Biggs (HIVPC Vice-Chair), B. Barnes, R. Bhrangger, , V. Foster, T. Moragne, J. Castillo, J. Rodriguez, B. Fortune-Evans, R. Jimenez, K. Hayes, E. Dudelzak, B. Mester, J. Casseus, F. D'Amore, W. Marcoviche, D. Shamer, S. Jackson – Tinsley, E. Dsouza, M. Schweizer, F. D'Amore, I Wilson

Members Absent: E. Davis, J. Wright, J. Wynn, A. Machado, J. Casseus, A. Cutright,

Ryan White Part A Recipient Staff Present: J. Roy, T. Thompson, G. James, W. Cius, B. Miller, R. Honick, R. Pena, C. Evans,

Planning Council Support Staff Present: G. Berkley-Martinez, M. Patel, D. Liao

Guests Present: S. Cook, T. Bratcher, L. Lewis, K. Bush., B. Baker, Terry B., J. Lucius, C. Richardson,

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

The HIVPC Chair called the meeting to order at 9:39 a.m. The HIVPC Chair welcomed all meeting attendees that were present. Attendees were notified that the HIVPC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by committee members, Recipient staff, PCS/CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment:

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. K. Hayes made a public comment by wanting to thank and recognize the impact that the HIVPC has made.

3. Meeting Approvals:

The approval for the agenda of the January 25, 2024, HIVPC meeting was proposed by V. Biggs, seconded by S. Tinsley, and passed unanimously with an amendment made by B. Barnes. The approval for the minutes of the December 5, 2023, meeting was proposed by V. Foster, seconded by I. Wilson, and passed unanimously.

Motion #1: V. Biggs, on behalf of HIVPC, made a motion to approve the January 25, 2024, HIV Health Services Planning Council Agenda with amendments made by B. Barnes. The motion was seconded by S. Tinsley and adopted unanimously.

Motion #2: V. Foster, on behalf of HIVPC, made a motion to approve the December 5, 2024, HIV Health Services Planning Council Minutes. The motion was seconded by I. Wilson and passed unanimously.

4. Federal Legislative Report:

No Report.

5. Consent Items:

Motions made from the committee chairs under consent items were approved unanimously by the HIVPC.

a. **Motion to approve the FY2024 Community Empowerment Committee Workplan -** Proposed by: CEC Committee Chair
b. **Motion to approve the FY2024 Membership/Council Development Committee Work Plan -** PROPOSED BY: MCDC Committee Chair
c. **Motion to approve the FY2024 Quality Management Committee Work Plan -** PROPOSED BY: QMC Committee Chair
d. **Motion to approve the FY2024 Executive Committee Work Plan -** PROPOSED BY: Executive Committee Chair
e. **Motion to approve the FY2022-2023 Assessment of the Administrative Mechanism -** PROPOSED BY: PSRA Committee Chair
f. **Motion to approve revisions to the HIV Health Services Planning Council By-Laws -** PROPOSED BY: Executive Committee Chair

6. Discussion Items:

<u>SDM Presentation by the Recipient Part A's Office</u>
R. Pena presented the following Service Delivery Models with changes from the Quality Management Committee: Oral Health Care, Trauma-Informed Care, Legal Assistance, and Substance Abuse – Outpatient.

Motion #4: QMC made the motion to approve the following Service Delivery Models with changes from the Quality Management Committee: Oral Health Care, Trauma-Informed Care, Legal Assistance, and Substance Abuse – Outpatient. The motion was seconded by V. Biggs and passed unanimously.

7. <u>Presentation of the Assessing the Administrative Mechanism Report</u>

G. Matinez presented the results from Assessing of the Administrative Mechanism Survey.

Motion #5: The PSRA Committee made a motion to approve of the FY 2022-2023 Administrative Mechanism Survey. The motion was seconded by V. Biggs and passed unanimously.

8. Old Business:

FY2023 HIVPC Retreat Update

PCS Staff updated Executive Committee members on the Annual HIVPC Retreat. They approved the schedule the HIVPC Retreat on February 22, 2024, with no HIVPC Meeting for the month of February. Members also agreed to mandate in person attendance. A final location for the Annual HIVPC Retreat, The Westin - Ft. Lauderdale, was finalized by PCS.

9. New Business:

Election Results FY2024-2026 HIVPC Chair/Vice Chair

The FY2024-2025 HIVPC Chair/Vice Chair election results were read by J. Castillo, a member of the Ad-Hoc Nominating Committee, and HIVPC's new Chair and Co-chair of the planning council will be L. Robertson (Chair) and V. Biggs (Co-Chair). Two parking lot items were added for Ad-Hoc Nominating Committee to discuss the following in the future: can V. Biggs run for Chair and L. Robertson run for Vice Chair at the next election, and how can the planning council cancel the voting process if only one person is running for a certain position.

9. Committee Reports:

a. Community Empowerment Committee Workshop – December 14, 2023
Chair: Shawn Jackson Vice Chair: Irvin Wilson
The report stands.

S. Jackson reminded that HIVPC Members of the next CEC Community Conversation entitled, Stigma Smashers, on January 31, 2024 from 6pm – 8pm at the L.A. Lee YMCA.

b. System of Care Committee – December 2023: No Meeting Scheduled
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands.

c. Membership/Council Development Committee – December 2023: No Meeting Scheduled
Chair: V. Foster, Vice Chair: T. Moragne
The report stands.

d. Quality Management Committee – December 2023: No Meeting Scheduled
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands.

e. **Priority Setting & Resource Allocation Committee – December 2023: Cancelled**
Chair: B. Barnes, Vice Chair: Vacant
The report stands.

f. **Executive Committee – December 2023: No Meeting Scheduled**
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands.

g. **Ad-Hoc By-Laws & MOU Committee, Ad-Hoc Nominations – December 2023: No Meeting Scheduled**
Chair: B. Barnes, Vice Chair: Vacant
The report stands. B. Barnes is requesting a joint meeting on February 15, 2024 for the following committees to discuss member agency representation on the HIVPC: Executive Committee, Ad-Hoc By-laws, Ad-Hoc – Nominations, and Ad-Hoc Term-limits.

10. Recipient's Report:

a. **Part A:** The Recipient Part A Office provided updates on Ryan White HIV/AIDS Program Services Report (RSR) and on policy/budget contracts. In February, Part A will also continue to review more SDMs.
b. **Part B:** Recipient provided a written report with Part B's expenditures for November 2023, the ADAP Quarterly Report with Outcomes, and the Ryan White Part B Quarterly Demographic Report.
c. **Part C:** No Report
d. **Part D**: The Part D Representative provided a general report which included the current number of enrolled HIV positive patients and the overall viral suppression rate.
e. **Part F:** No Report.
f. **HOPWA:** E. Dsouza presented a general report on HOPWA's Fiscal Year Summary from 2022-2023, and she briefly review another report on HOPWA's FY 22-23 Budget/Expenditure Summary.
g. **Prevention:** Quarterly Update (April, July, October, January)

11. Public Comment:

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

12. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on March 28, 2024, at 9:30 a.m. **Location:** Broward Regional Health Planning Council and Virtual through Microsoft Teams
b. Agenda Items for next meeting: **To Be Determined**

13. Announcements:

- **L. Robertson: Announced Ujima Men's Collective will host – Black Art Awakening on February 1, 2024, at the Pride Center.**

- **L. Roberston: Announced a Community Conversation on February 20, 2024, at the L. A. Lee YMCA**
- **L. Robertson: Announced on February 29, 2024, Closing Risk for Our Black Art Awakening**
- **S. Tinsley: Announced for the 2nd Quarter of the HIV Possible will host a network empowerment series to address stigma and isolation by bringing people out and together.**
- **F. D'Amore: Announced My Hollywood Pride on Sunday, January 28th from 1pm to 6pm near downtown Hollywood, FL**

14. Adjournment:

There being no further business, the meeting was adjourned at 11:32 p.m.

HIVPC Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	25	C											
	1	Barnes, B.	X	C											
	2	Bhrangger, R.	X	C											
	3	Biggs, V., V.Chair	X	C											
	4	Casseus, J.	A	C											
	5	Castillo, J.	X	C											
	6	Cutright, A.	A	C											
	7	D'Amore, F.	X	C											
	8	Davis, E.	A	C											
	9	Dsouza, E.	X	C											
	10	Dudelzak, E.	X	C											
	11	Fortune-Evans, B.	X	C											
	12	Foster, V.	X	C											
	13	Hayes, K.	X	C											
	14	Jackson-Tinsley, S.	X	C											
	15	Jimenez, R.	X	C											
	16	Machado, A.	A	C											
	17	Marcoviche, W.	X	C											
	18	Mester, B.	X	C											
	19	Moragne, T.	A	C											
	20	Robertson, L., Chair	X	C											
	21	Rodriguez, J.	X	C											
	22	Schweizer, M.	X	C											
	23	Shamer, D.	X	C											
	24	Wilson, I.	X	C											
	25	Wright, J.	A	C											
	26	Wynn, J.	A	C											
		Quorum = 14	19	0	0	0	0	0	0	0	0	0	0	0	

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

Handout B1

Priority Setting/Resource Allocations Committee Work Plan FY2024-2025

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

GOAL: Develop and implement an annual integrated PSRA process using data with input from stakeholders and consumer forums.

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.

Activities	Responsible Party	Outcomes	Action Steps	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process												
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Servic Category												
1.3 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. QM Care Continuum measures i. National HIV/AIDS Strategy Goals j. Anticipated changes due to the ACA k. Review 2023 Ryan White program services report (RSR) ***(Two-Day Session June 20 & 21)***												
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate a Townhall Meeting - Listening Session												
1.5 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from the SOC committee.												
1.6 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.7 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Conduct Professional Development of PSRA members	PSRA	Professional Development	Conduct a Training Retreat												

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Prepare for the 2024 ACA Open enrollment process.	PSRA/ Recipient	Increase ACA enrollment by RWPA clients.	Develop an Action Plan in preperation for the 2024 ACA Open enrollment.												
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	PSRA/ Recipient	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program.												

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism	Staff/ PSRA	Ensure compliance	Receive a presentation on the results of the assessment.												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Review the survey tool and make recommendations to the questionanaire.												

PSRA Timeline & Work Plan for Priority Setting and Resource Allocation Process for Fiscal Year 2024-2025

DATE	TASK	RESPONSIBLE PARTY
Thursday, **March 21, 2024** 9:30 A.M. to 12:30 P.M.	**Affordable Care Act (ACA) Enrollment Plan Vote** **Minority AIDS Initiative (MAI) Evaluation**	PSRA Chair Recipient/ RW Part A Office
Thursday, **April 18, 2024** 9:30 A.M. to 12:30 P.M.	**Minority AIDS Initiative (MAI) Vote**	PSRA Chair
Wednesday, **April 24, 2024** *3:00 pm to 5:00 pm* ***Location: AHF Community Meeting Room***	**Listening Session with PWH/Ryan White**	PSRA / CEC
Thursday, **May 16, 2024** 9:30 A.M. to 12:30 P.M.	**Eligibility Determination** (Reviewing Federal Poverty Level for each Service Category) **Overview of the PSRA Process** **Discuss recommendations from the System of Care Committee on *How Best to Meet the Need*** Justification for recommendations Discussion for additional revisions to the language	Recipient/ RW Part A Office PCS Team PCS Team
Thursday, **June 20, 2024** 11:00 A.M. to 5:00 P.M. ***Location: To be Determined*** .	**Review Service Categories (RW Parts A and B)** **Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations** including data related to: a. Client utilization b. Budget c. Provided services d. Notable Trends e. Recommendations for Part A **Broward MAI & EHE Activities Presentation**	PCS Team Funders/Stakeholders Recipient/ RW Part A Office

	Present Notable Trends of Needs Assessment/Community Input: a. Consumer Data b. Viral Load suppression **Review 2023 RSR** **Review the status of the FL and Broward Integrated Plan**	BRHPC Needs Assessment Consultant Recipient/ RW Part A Office Chair, IP Workgroup
Friday, **June 21, 2024** 11:00 A.M. to 5:00 P.M. ***Location: To be Determined***	**HIV Surveillance Epidemiological Data** The presentation will focus on: a. Trends in new infections b. Current and emerging priority populations c. Changes in demographics of the EMA's HIV/AIDS cases **Part A Client Health Outcomes Presentation:** Analysis of Part A FY2023 – March 1, 2023 – February 28, 2024, client continuum of care health outcomes including: a. Viral Load Suppression b. Retention in Care c. Variations by demographics **FY2023-2024 Service Utilization Scorecards** a. CQM Team reports on service category expenditures **Review the Community Empowerment Committee's (CEC) Rankings of Part A Services** **Complete Rankings (E-mail/Survey Link for Members)**	FLDOH-BC: HIV Surveillance Office CQM Team CQM Team CQM Team PSRA Members / PCS Team
Thursday, **July 18, 2024** 9:30 A.M. to 2:00 P.M.	**Priority Setting:** a. Present the results of PSRA's core and support services ranking. **"How to Best to Meet the Need"**	PCS Team PCS Team

	a. Present the results of PSRA's recommendations. **Fort Lauderdale/ Broward EMA Funding Service Categories with Justification.** a. Present the FY2023-2024 expenditures by services category. b. Provide recommendations for FY 2025-2026 allocations by services category. **FY2025-2026 Resource Allocations:** Allocate Part A Core, Support Services & MAI funding based on data and Recipient's recommendations	Recipient/ RW Part A Office PSRA Members
Thursday, **August 15, 2024** 9:00 A.M. to 1:00 P.M.	**PSRA Sweeps Cycle #1 (FY2024-2025)**	RW Part A Office/PCS Team/PSRA Members
September 2024	**No Meeting**	
Thursday, **October 17, 2024** ***Location: To be Determined***	**PSRA Retreat**	PSRA Members/ Recipient/ RW Part A Office
Thursday, **November 21, 2024**	**PSRA Sweeps Cycle #2 (FY2024-2025)** **2025-2026 Workplan and PSRA Timeline**	RW Part A Office/PCS Team/PSRA Members PSRA Chair
December 2024	**No Meeting**	
January 2025	**Assessing the Administrative Mechanism Presentation and Vote**	PSRA Members

Broward County HIV Health Services Planning Council

Fiscal Year 2023-2024 In Review

Handout C

Thank you to members!

For your ongoing dedication to our shared mission.

Arencibia, Yusimir
Barnes, Brad
Bhrangger, Ronald
Biggs, Von., ***V. Chair***
Casseus, Johanne
Castillo, Jose
Cutright, Aaron
D'Amore, Franchesca
Davis, Elizabeth
Dsouza, Eveline
Dudelzak, Eliza
Fortune-Evans, Bisiola
Foster, Vince
Hayes, Kendra
Tinsley, Shawn
Jimenez, Rafael
Machado, Alondra
Marcoviche, Williams
Mester, Brad
Moragne, Timothy, Dr.
Robertson, Lorenzo, ***Chair***
Rodriguez, Joshua
Ruffner, Andrew
Schweizer, Mark, Dr.
Shamer, David
Wilson, Irvin
Wright, Jacques
Wynn, Jason

Additional Thank You!

Standing Committees	Chairs	Vice Chairs
Community Empowerment	Shawn Tinsley	Irvin Wilson
Executive	Lorenzo Robertson	Von Biggs
Membership Council Development	Vince Foster	Dr. Timothy Moragne
Priority Setting & Resource Allocations	Brad Barnes	Vacant
Quality Management	Bisiola Fortune-Evans	Franchesca D'Amore
System of Care	Jose Castillo	Kendra Hayes

<u>Committee Members Only</u>
Frank, Herb – Community Empowerment
Shore, Robert, Dr. - Community Empowerment
Chrispin, Ebonni – System of Care
Pietrogallo, Tom – System of Care
Murphy, Alex – System of Care

During our Priority Setting and Resource Allocation process We prioritized the following services for funding:

Part A Core Services

- Outpatient/Ambulatory Health Services
- AIDS Pharmacy Assistance
- Oral Health Care
- Health Insurance Premium & Cost Sharing
- Medical Case Management
- Mental Health Services
- Medical Nutrition Therapy *(New Service Category)*
- Substance Abuse Outpatient Care

Part A Support Services

- Non-Medical Case Management Services for (Centralized Intake & Eligibility Determination (CIED)
- Non-Medical Case Management (Case Management)
- Emergency Financial Assistance
- Food Bank/ Food Voucher
- Legal Services

During our Priority Setting and Resource Allocation process

we **allocated $13.5 Million** for RWHAP HIV Core and Support Services and **$1.5 Million** in MAI Core and Support Services, totaling **$14.9 Million** for FY2024-2025!

We completed **two reallocation** cycles, August and December 2023, reallocating **$3.4 Million** in Core, Support, and MAI Services.

Making sure that all funds were made available to assist the **8,100 people** in our County receiving Ryan White Part A Services!

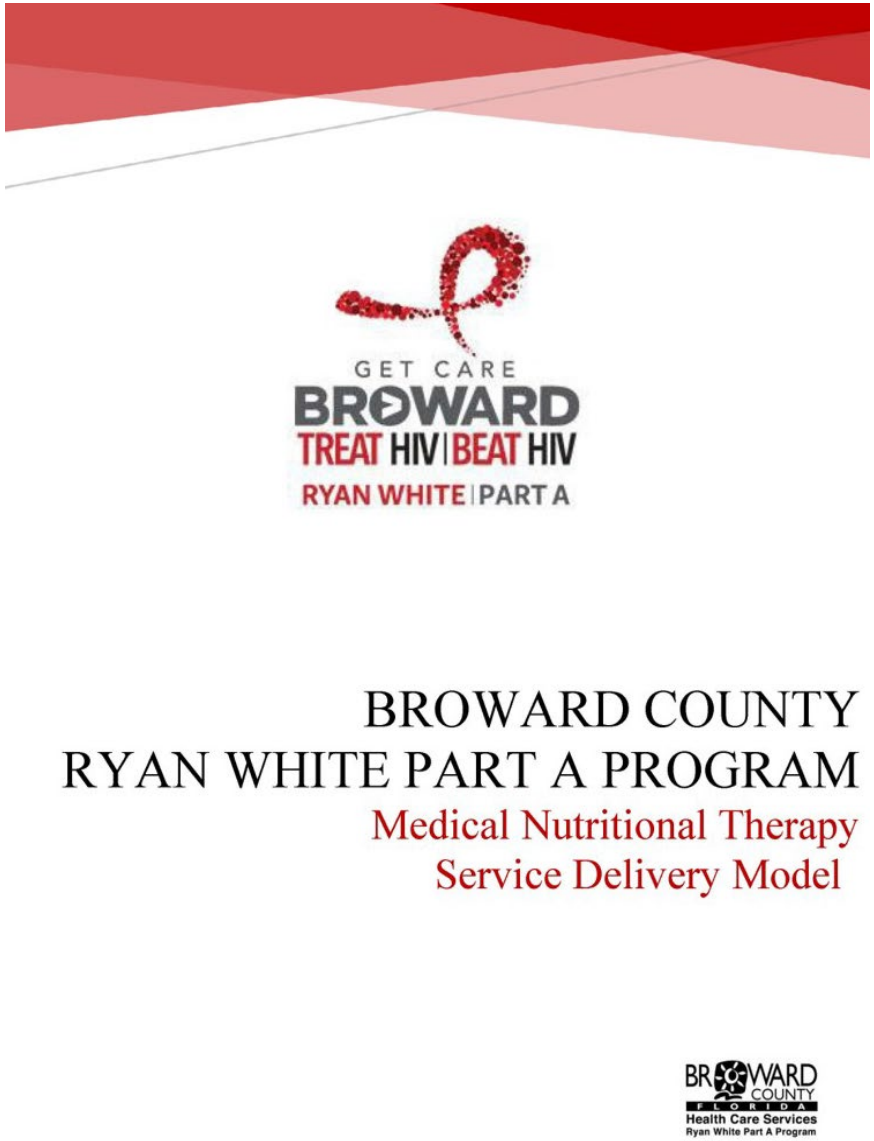
- Updating service delivery models for medical case management, non-medical case management, food services legal services, and substance abuse-outpatient services!
- Updating how best to meet the need language in preparation for the 2024 Ryan White Part A Request for Funding Proposals:
- Implement a system to ensure that client-level data are verified and accurate;
- Educate aging clients on benefits that are effective within 48 months of receiving SSDI (Social Security Disability Insurance) and Medicare.
- Prioritize Private Insurance/Affordable Care Act (ACA) Options.
- Sending a letter of support to the City of Fort Lauderdale Housing Opportunity for People living with IITV/AIDS (HOPWA) Requesting an Increase in Rent Standard to 120% Above the Fair Market Rate [Supporting accessible housing]
- Supporting the creation of a coordinated universal eligibility and recertification system for Parts A and B with one annual recertification hybrid process.
- Completing the evaluation/assessment of the Ryan White Part A Program Recipient to ensure efficiency in administering Ryan White Part A funds..

We Improved Existing Services by

We Expanded Services and Sought Ways to Improve the System of Care

We added Medical Nutrition Therapy as a New Service Category

We started through the Part A Office, CQM, PCS, and SOC the process of mapping out the system of care by looking at CIED and Food Services



We Expanded our Knowledge by

Hearing presentations:

- PSRA members received comprehensive presentations from Parts B, C, D, F, and HOPWA
- HIV epidemiologic, HIV and AIDS incidence and prevalence, in-migration of HIV+ individuals to Broward,
- Unmet needs overview, notable trends, emerging populations
- The HIV care continuum with data on retention in care, and viral load suppression.
- Part A utilization data by service category, Part A enrollment, and allocations and expenditures for each funded service category.
- NMAC ESCALTE Leadership Training to recognize and address HIV stigma within the system of care, recognizing internal stigma and privilege, and identifying the lenses that motivate decisions and treatment of others.
- Members attended the US Conference on AIDS

We Educated our Community

Members and PCS Staff presented at the

Fast-Track Cities North America Institute for Ending the HIV Epidemic – “Eliminating Disparities in HIV Health Outcomes for the Intra-Jurisdictional EHE/FTC Alignment Workshop – Broward County/Fort Lauderdale” – Dr. G Berkeley Martinez

U.S. Conference on HIV.AIDS - "HIV Possible" Centering Faith-Based Resources and Direct Service WOC” – S. Tinsley

Nova University Dental School - “Normalizing the Conversation Surrounding HIV” V. Biggs

FLDOH Black Advisory Group – “Overview on the HIVPC” – L. Robertson, S. Tinsley

2024 Public Health Workforce Development Series, BRHPC – “Normalizing the Conversation Surrounding HIV” – V. Biggs

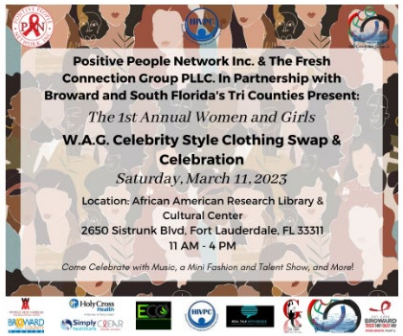
Carrfour Supportive Housing, Miami – “Health Disparities” E. Davis, L. Robertson

Biomedical HIV Prevention Summit, Las Vegas – “Sex and HIV Prevention” V. Biggs

World Aids Day – Fort Lauderdale – L Robertson, V. Biggs

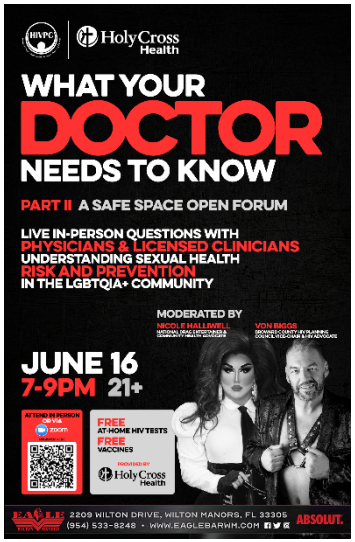
We Heard from our Community We Hosted

Virtual Language Matters "Session-how To Incorporate The Use Of Respectful Person-first Language" – January 2023



National Women and Girls HIV/AIDS Awareness Day partnership with HIV Possible– "Conversation with Cis and Transgender women, addressing the inequities that women living with HIV experience" – March 2023

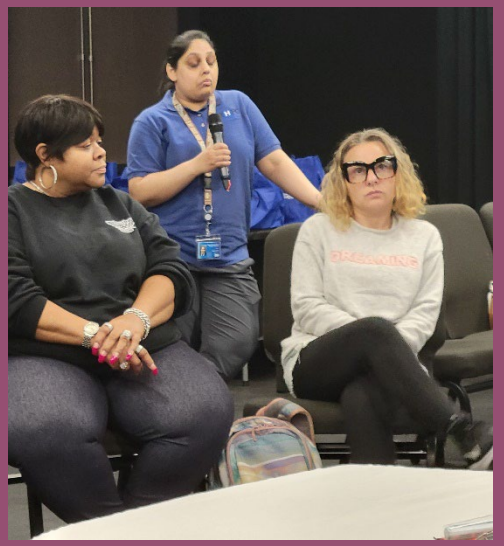
National Fair Housing Month: "Housing Conversation with HOPWA clients on the Role of Housing in Ending the HIV Epidemic" – April 2023



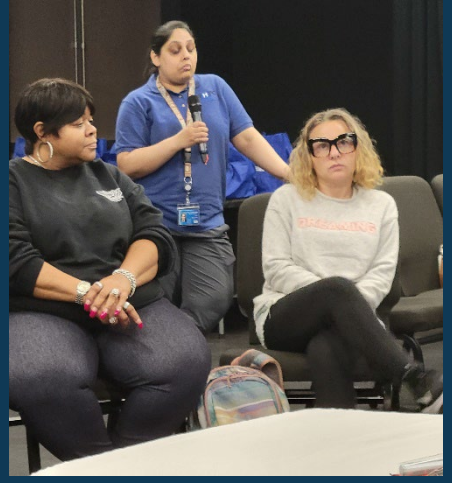
Leather Kink Community Part II – "What Your Doctor Needs to Know Part II – A Safe Space Open Forum" – July 2023

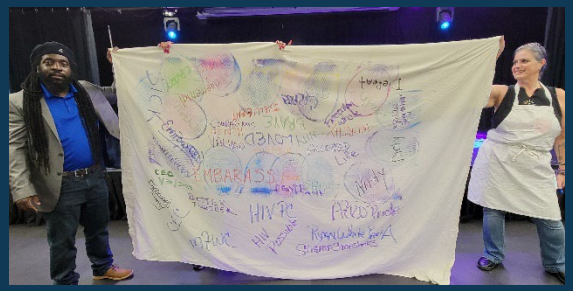
Stigma Smashers – Breaking health stigma in the Black Community – January 2024

Mobilize to Thrive: Prioritize Quality of Life – June 2023



Memories of Hosted and Attended Events





Memories of Hosted and Attended Events

We Improved Policy and Procedures

We finalized the Memorandum of Understanding with Ryan White Part A Office – Executed March 9, 2023

We Revised the By-Laws after four years – Final approval January 25, 2024

Members are expected to attend a minimum of two outreach activities

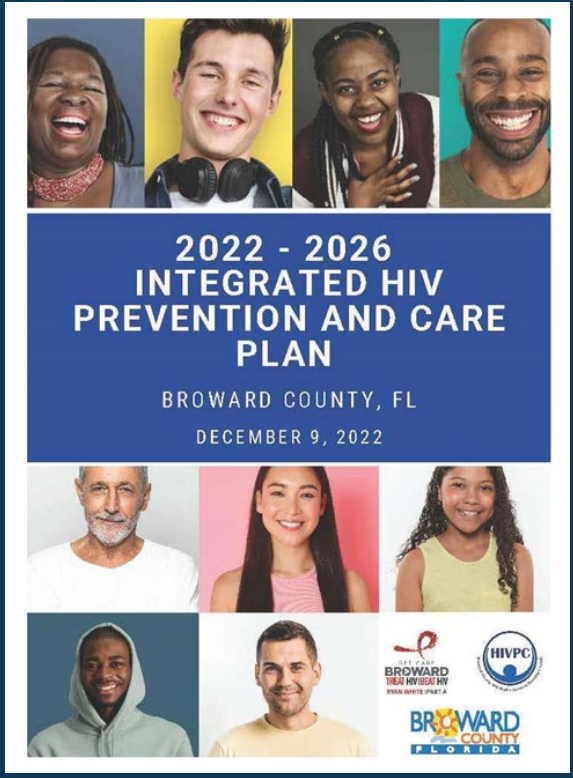
Members can participate on a maximum of two committees.

A maximum of three representatives from a provider agency can be voting members on the council.

We instituted term limits, which were incorporated into the By-Laws and approved on January 25, 2024.

Members can serve a maximum of three consecutive three-year cycles and can reapply after a one-year hiatus.

We Moved Forward With Integrated Planning Monitoring and Evaluation



The 2022-2026 Integrated HIV Prevention and Care Plan was submitted to HRSA in December 2022. Since then, we:

- Received a positive review of the plan from HRSA and the CDC.
- Continued the integrated planning workgroup that was created during the writing of the plan.
  - Meetings were held quarterly: March 2023, July 2023, October 2023, and January 2024
- Three Members and one alternative from the Council are members of the workgroup monitoring the progress on the completion of action items.

Our Chair, Lorenzo Robertson, and Vice Chair, Von Biggs, of the HIV Health Services Planning Council, received, on behalf of the Council, Broward County's World AIDS Day Proclamation by the Board of Commissioners on December 12th.

Our members led and participated in the opening ceremony of the AIDS Memorial Quilt Display on Saturday, December 2nd, at Hagen Park in Wilton Manors.

We Supported our Community & We are Supported by our Community

Thank You

In the spirit of a new year filled with promise, let us embark on this journey together, knowing that our efforts today will pave the way for a brighter and healthier future for all.

Here's to a year of progress, resilience, and positive change!

Left to right: Von Biggs, Vice Chair; Lorenzo Robertson, Council Chair

Handout D

Report for Broward County HIVPC Annual Retreat Evaluation, February 22, 2024

Written by PCS Staff

Overview

The purpose of this survey was to collect feedback from attendants of the 2024 Annual Retreat.

Respondents had overall positive opinions about the Retreat.

Participants

- There are a total of **32** Planning Council and Committee members.
- Of the members, **20** attended the Retreat
  - Attendance rate of **62.5%**.
- Of the Retreat attendees, **ten (10)** completed the evaluation.
  - **31.25%** of total members
  - **50%** of members who attended the Retreat

Participants (cont.)

- **Nine (9)** were Planning Council members and **one (1)** was a Committee member.
- All **ten (10)** attendees who began the survey completed it, resulting in a completion rate of **100%**.

Logistics

- Respondents asked about the convenience of the location, convenience of the time, appropriateness of the space, and organization and logistics of the conference.
- Most respondents expressed strong approval of the logistical components of the meetings.

4. LOGISTICS

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The location was convenient for me. Count Row %	0 0.0%	0 0.0%	1 10.0%	2 20.0%	7 70.0%	10
The meeting time was convenient for me. Count Row %	0 0.0%	0 0.0%	0 0.0%	2 20.0%	8 80.0%	10
The meeting space was comfortable, accessible, and appropriate for my needs. Count Row %	0 0.0%	0 0.0%	2 20.0%	1 10.0%	7 70.0%	10
The overall organization and logistics of the conference, including registration process and event scheduling were comfortable and appropriate for my needs. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 30.0%	7 70.0%	10
Totals Total Responses						10

Content

- Respondents were asked about the clarity, merit, usefulness, and relevance of the content presented during the Retreat.
- Most respondents expressed approval and strong approval of the content of the meeting.

5. CONTENT

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The purpose and objectives of our meeting were clearly stated. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The content of the meeting was informative and useful for me. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The focus of our meeting was aligned with our workplan goals and activities. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
This meeting advanced the work of our Planning Council in a meaningful way. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The workshop sessions were diverse and well-balanced. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
Totals Total Responses						10

Preparation

- Respondents were asked the quality and timeliness of the pre-meeting materials that sent prior to the Retreat.
- Most respondents expressed approval and strong approval of the pre-meeting materials.

6. PREPARATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The pre-meeting materials were sent sufficiently in advance of the meeting date. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
The pre-meeting materials provided appropriate information for our meeting purposes. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
The pre-meeting materials were understandable and useful. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
I was well prepared, and able to engage in informed discussions and decisions. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
Other participants were well prepared for this meeting, and able to engage in informed discussions and decisions. Count Row %	0 0.0%	0 0.0%	1 10.0%	4 40.0%	5 50.0%	10
Totals Total Responses						10

Process/ Teamwork

- Respondents were questioned regarding the quality of the process and the efficiency of the teamwork during the Retreat.
- Most respondents expressed approval or strong approval of the process and teamwork.

7. PROCESS/TEAMWORK

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The facilitator, Mr. George Gadson, was effective in delivering workshop presentations and engaging the audience. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 30.0%	7 70.0%	10
All meeting participants were encouraged to participate. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
All meeting participants were actively involved. Count Row %	0 0.0%	0 0.0%	1 10.0%	4 40.0%	5 50.0%	10
We engaged in informed, purposeful discussions. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
We encouraged healthy debate and were respectful of different viewpoints. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
We shared decision-making at this meeting. Count Row %	0 0.0%	0 0.0%	1 10.0%	4 40.0%	5 50.0%	10
We used our meeting time effectively. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
I am leaving this meeting with a clear understanding of what's expected of me for the new fiscal year. Count Row %	0 0.0%	1 10.0%	1 10.0%	3 30.0%	5 50.0%	10
Totals Total Responses						10

Meeting Efficiency

- Respondents were asked about the efficiency of the meeting and their satisfaction with it.
- Most respondents expressed approval and strong approval of the meeting efficient.

8. MEETING EFFICIENCY

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
I am satisfied with the way this meeting ran. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 40.0%	6 60.0%	10
I felt that this meeting was a good use of members' time. Count Row %	0 0.0%	0 0.0%	2 20.0%	2 20.0%	6 60.0%	10
I am confident in the effectiveness of our meetings, and would be comfortable having prospective members, funders, or other guests attend a meeting such as this one. Count Row %	0 0.0%	0 0.0%	1 10.0%	3 30.0%	6 60.0%	10
I am satisfied with my overall experience at the HIVPC Annual Retreat. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 30.0%	7 70.0%	10
Totals Total Responses						10

What aspects of the Retreat did you find most valuable, and why?

- Most of the respondents found communication, collaboration, and team building with other attendants to be the most valuable aspects of the Retreat.
- Other respondents expressed appreciation for the discussion of Robert's Rule. This enhanced the members' ability to effectively communicate with each other.

Are there areas where the Retreat could be improved, and if so, what suggestions do you have?

- One member stated that the Recipient Office should be included in the Retreat as that would have “given them valuable insight and collaboration with a team that all of us feel a great partnership with.”
- Another member suggested including training on Sunshine Law in subsequent meetings.

What are the most important things that the planning council can do (collectively or as individual members) to make our next Retreat more effective?

- One member suggested asking members of the planning council what they need training or facilitation on.
- Another member suggested lengthening the retreat to a day and half and using the half-day to assess the strengths and shortcomings of other local EMAs. This member also suggested inviting the Project Officer from HRSA to participate.
- Another member suggested closer adherence to the agenda and time allocations.
- A final member suggested partnering more inexperience members with more experienced members.

Handout E

BROWARD COUNTY RYAN WHITE PART A PROGRAM

Centralized Intake and Eligibility Determination Service Delivery Model

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definition

Centralized Intake and Eligibility Determination (CIED) is a standalone non-medical case management intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The CIED service provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

II. Key Service Components & Activities

In addition to the CIED Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of CIED services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

The CIED service must be provided at centralized offices or with staff stationed at Ryan White Part A core medical or support service sites. CIED appointments are preferred, however, walk-in clients may be accommodated if the schedule permits. Appointment time slots must be available during standard business hours. The CIED service provider must provide extended services hours. It is up to the CIED service provider's discretion to determine what those extended hours should be.

For new Ryan White Part A clients, intake appointments must be scheduled to be in-person. If a client is homebound or unable to attend an in-person appointment, they may request a home visit from a CIED Eligibility Specialist. It is expected of the CIED service provider to have a dedicated live telephone operator during standard business hours.

Client Intake and Orientation

During the intake process, CIED must ensure clients are aware of all Broward Ryan White services, including those they may be eligible for. Clients must be provided with information regarding Ryan White services and other community resources that the client is eligible for when referrals are needed.

It is expected of the CIED service provider to maintain an updated list of all Ryan White Part A providers and service locations to distribute to clients. The CIED service provider must ensure that clients are familiarized with the Broward Ryan White Part A system of care. It is expected of the CIED service provider to review Ryan White orientation materials with the client that are provided by the Broward County Recipient Office.

III. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1.1 Increase client access to the Ryan White system of care.	1.1. 85% of clients will be recertified within 45-14 days prior to their eligibility expiration date.	1.1.1. Progress notes in designated HIV HSSS. 1.1.2. Documentation of client recertification recorded in HIV HSSS.
2. Decrease client retention in care barriers.	2.1 95% of clients will not experience a lapse in Ryan White Part A eligibility.	2.1.1. Client appointment record in designated HIV HSSS.

IV. Assessment

The CIED service provider must develop, implement, and document their policies and procedures for authenticating eligibility for a Ryan White Part A client, screen for duplication of services, and ensure that Ryan White is the payer of last resort. If a client is eligible for third-party benefits, the CIED service provider must assist them in applying for those benefits and develop a benefits service plan. The service plan will ensure that there is follow-up on outstanding benefits applications, steps are taken to resolve benefits issues, and clients have the appropriate referrals in place.

- ***Third-Party Benefits:*** *An example of third-party benefits include, but is not limited to Medicaid, Medicare, Private Health Insurance plans, Supplemental Nutrition Assistance Program (SNAP), Employer-sponsored Health plans, etc.*

The CIED service provider must schedule Ryan White Part A core medical or support services appointments for new clients within three business days.

Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. The provider must complete all required fields of the client profile in the designed HIV Human Services Software System (HSSS) at the time of intake and include any third-party benefits received. Clients must have a signed and dated Plan of Care Information System (PCIS) Consent Form and Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form in the designated HIV HSSS. Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV HSSS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine a household's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within Broward County (annually)

4. Insurance eligibility with third party payers (to determine what the client may be eligible for, including but not limited to Medicaid, Medicare, private health insurance plans, employee-sponsored health insurance plans, etc.) (annually)
5. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida counties only)

Recertification

Clients must complete recertification for Ryan White Part A services every year after initial eligibility determination is completed, or sooner if determinants of eligibility change. The CIED service provider must contact clients to schedule their annual recertification appointment date at least 45-days prior to their eligibility expiration date. Recertification appointment date reminders must be made via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.

Clients will need to provide a self-attestation form every other year, or sooner if determinants of eligibility change. This self-attestation form is utilized across the state and attests to address, income, and eligibility of third-party payers. The CIED provider will offer technical assistance to clients who need guidance to complete the self-attestation form.

The CIED service provider must offer clients the option to recertify through the online Ryan White Part A Client Recertification Portal. The CIED service provider will set up user accounts for clients and provide technical assistance as needed. A user guide for using the Ryan White Part A Client Recertification Portal can be found here: Recertification Portal User Guides (English, Spanish, & Creole).

V. Standards for Service Delivery

Table 2. CIED Standards for Service Delivery

Standard	Measure
1. The CIED service provider completes client profile in the designated HIV Human Services Software System (HSSS) and collects required forms at initial intake appointment.	1.1. Client profile completed in the designated HIV HSSS. 1.2. PCIS Form signed and dated by client in the designated HIV HSSS. 1.3. Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form signed and dated by client in the designated HIV HSSS.
2. Client completes a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits.	2.1. Dated eligibility documentation in the designated HIV HSSS. 2.2. Documentation of third-party benefits eligibility in the designated HIV HSSS.
3. Each client is informed about all Ryan White services, third-party benefits, and other community resources, and is referred as applicable.	3.1. List of Ryan White Part A providers and service locations distributed to client. 3.2. Documentation of referral record in the designated HIV HSSS.
4. The CIED service provider assists clients eligible for third-party benefits in applying for those benefits and develops a benefits service plan.	4.1. Documentation of third-party benefits eligibility in the designated HIV HSSS. 4.2. Benefits service plan and progress notes in the designated HIV HSSS.
5. Client completes recertification ~~or self-attestation~~ for Ryan White Part A services annually after initial eligibility determination is completed, or sooner if determinants of eligibility change.	5.1. Dated eligibility documentation in the designated HIV HSSS.
6. Client completes self-attestation for Ryan White Part A services every other year, or sooner if determinants of eligibility change.	6.1. Documentation of self-attestation form is in the designated HIV HSSS.
7. If a CIED service provider receives a Notice of Eligibility from another Florida jurisdiction or Ryan White Part, the CIED service provider will verify residency and eligibility for specific services prior to Part A certification.	7.1. Documentation of Notice of Eligibility from a Florida jurisdiction or Ryan White Part notated in the HIV HSSS.
8. New Ryan White Part A clients are scheduled for primary medical care or support service appointments within three business days of initial eligibility date.	8.1. Client appointment record in the designated HIV HSSS.
9. The CIED service provider schedules annual recertification appointments at least 45-14 days prior to client's eligibility expiration date.	9.1. Client appointment record in the designated HIV HSSS.

Standard	Measure
10. The CIED service provider conducts recertification appointment date reminders via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.	10.1. Client progress notes in the designated HIV HSSS.
11. The CIED service provider offers client the option to recertify through the online Ryan White Part A Client Recertification Portal.	11.1. Client progress notes in the designated HIV HSSS.
12. The CIED service provider must not discharge or terminate a client file prior to an eligibility date expiring. Upon termination of active client file, a client's discharge is closed and contains a closure summary documenting the case disposition.	12.1. Closed cases include documentation stating the reason for closure and a closure summary. 12.2. Supervisor signs off on closure summary indicating approval. 12.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. 12.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- There was a nomenclature change from provider to CIED service provider to be more specific in the document.
- Based on discussions with CIED, information was included on CIED appointments and walk-ins, the intake process, and the expectations of the CIED service provider during the appointment.
- To improve the standards of care for the Broward Outcomes and Indicators, Indicator 1.1 was changed to "85% of clients will be recertified within 45-14 days prior to their eligibility expiration date" from "95% of Part A clients who have not had a primary medical care visit within the last six months at the time of recertification shall have a primary medical care or disease case management appointment scheduled within five business days." Indicator 2.1 increased from 80% to 95%. The Outcomes were changed to include Outcome 1.1 which states to "increase client access to the Ryan White system of care." Outcome 2.1 was also included, and it states to "decrease client retention in care barriers." These changes were based on the previous quarterly and annual Broward Outcomes and Indicators data and feedback from CIED staff.
- Feedback from CIED recommended that scheduled Ryan White Part A core medical or support services appointments for new clients must be completed within three business days.
- Due to transportation assistance not being utilized or included in the CIED budget, Quality Management Committee recommended removing it from the CIED Service Delivery Model.
- There was a nomenclature change in the software system from HIV Management Information System (MIS) to Human Services Software System (HSSS).
- Based on discussion with CIED, clients will need to provide a self-attestation form every other year, or sooner if determinants of eligibility change.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
Approved Denied Chair/ V. Chair Signature: X Date: _____	

HIV Planning Council:

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
Approved Denied	

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	3/18/24
Service Delivery Model	Centralized Intake and Eligibility Determination (CIED)
Status	Revision to CIED Model

Background/summary of service delivery model:

Centralized Intake and Eligibility Determination (CIED) is a standalone non-medical case management intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The CIED service provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

Client Intake and Orientation

During the intake process, CIED must ensure clients are aware of all Broward Ryan White services, including those they may be eligible for. Clients must be provided with information regarding Ryan White services and other community resources that the client is eligible for when referrals are needed. It is expected of the CIED service provider to maintain an updated list of all Ryan White Part A providers and service locations to distribute to clients. The CIED service provider must ensure that clients are familiarized with the Broward Ryan White Part A system of care. It is expected of the CIED service provider to review Ryan White orientation materials with the client that are provided by the Broward County Recipient Office

Assessment

The CIED service provider must schedule Ryan White Part A core medical or support services appointments for new clients within three business days.

Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. The provider must complete all required fields of the client profile in the designed HIV Human Services Software System (HSSS) at the time of intake and include any third-party benefits received. Clients must have a signed and dated Plan of Care Information System (PCIS) Consent Form and Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form in the designated HIV HSSS. Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV HSSS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine a household's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within Broward County (annually)
4. Insurance eligibility with third party payers (to determine what the client may be eligible for, including but not limited to Medicaid, Medicare, private health insurance plans, employee-sponsored health insurance plans, etc.) (annually)
5. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida counties only)

Handout F

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

Needs Assessment

- We have received the Broward Ryan White Part A Needs Assessment and are currently reviewing recommendations.
- Due to timing, we are currently determining what recommendations can be made at this moment and what may take longer.
- We are developing a priority for the recommendations, including having internal discussions and conversations with BRHPC.

Service Delivery Models (SDM)

- We are almost done with the SDMs – Health Insurance Continuation Program (HICP), Minority AIDS Initiative (MAI), Universal, & Ambulatory are left.

- We have a dead-stop date for SDMs by the end of May, & our goal is to have it done by the end of April.

- We cannot bring any other SDM changes to the planning council after May as everything goes through the RFP process internally in June for the county.

Ryan White Services Report (RSR)

- Ryan White Service Report (RSR) has been done and submitted for 2023.
- We cannot bring RSR data to the HIV Planning Council as it is only by sub-recipients. There is no Broward County total RSR data to review.

Contracting Updates

- The majority of Option Period Exercise contract adjustments have been fully executed.
- We are working with Provide Enterprise to set up the FY24-25 contracts in PE so that providers can enter budgets and begin billing.
- Final invoices for FY23-24 are due from Providers by April 15.

Questions?

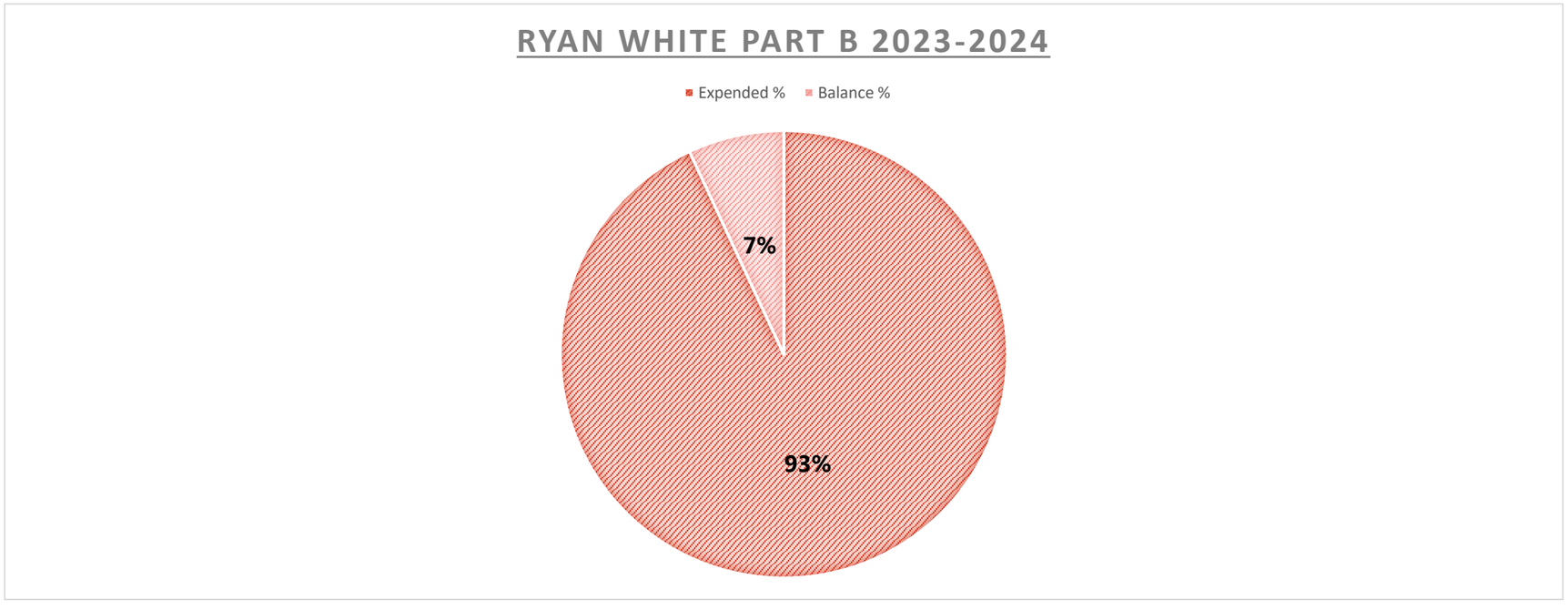
Handout G1

Ryan White Part B

PTC24: April 1, 2023 to March 31, 2024

Expenditures for February 2024

Service Category	Allocation	February 2024	Expended to Date	Expended %	Balance %	Balance
Administrative Services	$ 85,825	$ -	$ 85,825	100%	0%	**$ -**
Health Insurance Premium/Cost Sharing	$ 190,324	$ 18,273	$ 163,370	86%	14%	**$ 26,953.77**
Home & Community Based Health	$ 9,000	$ -	$ 6,440	72%	28%	**$ 2,560.40**
Medical Nutritional Therapy	$ 30,000	$ 2,392	$ 20,823	69%	31%	**$ 9,176.70**
Emergency Financial Assistance	$ 223,520	$ 33,522	$ 221,553	99%	1%	**$ 1,967.38**
Home Delivered Meals	$ 3,000	$ 1,386	$ 2,741	91%	9%	**$ 259.50**
Medical Transportation	$ 95,476	$ 4,900	$ 89,720	94%	6%	**$ 5,755.56**
Non-Medical Case Management	$ 346,770	$ 17,008	$ 343,131	99%	1%	**$ 3,639.04**
Referral for Health Care/Support Services	$ 56,126	$ 18,335	$ 44,540	79%	21%	**$ 11,585.75**
Residential Substance Abuse	$ 62,217	$ 9,900	$ 53,135	85%	15%	**$ 9,082.00**
Clinical Quality Management	$ 58,096	$ 8,461	$ 48,512	84%	16%	**$ 9,584.02**
Planning and Evaluation	$ 1,575	$ -	$ 1,575	100%	0%	**$ 0.35**
TOTALS	**$ 1,161,929**	**$ 114,177**	**$ 1,081,365**	**93%**	**7%**	**$ 80,564.47**



ADAP REPORT February 2024

Enrollment February 2024

Total Enrolled February 2024	5,700
ADAP Enrollments and Re-enrollments processed	857
New Clients	63
Assessments completed using RWPA NOE	71

Viral Suppression February 2024

Total Virally Suppressed at 6 months	4,808
Percentage of Virally Suppressed	93.61%
% Uninsured Virally Suppressed at 6 months	89.19%
% Insured Virally Suppressed at 6 months	96.67%

No Show Report February 2024

No Show Report	34%

Handout H

Ryan White Part D Report

Children's Diagnostic & Treatment Center (CDTC)

Comprehensive Family AIDS Program (CFAP)

- Total # of affected clients provided an HIV RWHAP support service- 1531
- Total Number of HIV Positive Individuals <u>enrolled in Program</u> - **598**
  - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old **-80**
  - Total number of HIV Positive Individuals enrolled in Program break down-**Women-548 Children-6 and Youth-44**
- HIV positive individuals **<u>enrolled in medical care at CDTC/Outside Provider</u>** – **598**

  (315 CDTC, 283 Outside provider) Over all Viral Suppression 87%
- HIV positive individuals who **<u>attended medical care</u>** as of **<u>1/1/2024- Current Date</u>** – **201**

- <u>New Referrals as of **1/1/2024- Current Date**</u>
  - Infants (HIV exposed) - 1
  - Children (3 – 11) - **0**
  - Adolescent (12 -24) – 0
  - Adult (25 +) - 5
  - **Total** – 6
- Total Pregnancies (previously known and new) – 21 (20 previously known/ 1new)

2/29/2024

HIVPC
Broward County HIV Health Services Planning Council

Priority Setting & Resource Allocation Committee (PSRA) & Community Empowerment Committee (CEC)

Present:

Handout I

Moderator: Elizabeth "Coach Kitty" Davis

THE 2024 HIVPC RYAN WHITE PART A LISTENING TOUR

SAVE THE DATE

We want to HEAR from YOU!

Your ISSUES
Your RECOMMENDATIONS!

Topic:

The Challenges of Living Healthy with HIV in Broward County

Wednesday
24 April

AIDS HEALTHCARE FOUNDATION WELLNESS CENTER (AHF)

700 SE 3rd Ave
1st Floor
Fort Lauderdale, FL 33316

3 PM- 5 PM

REFRESHMENTS WILL BE SERVED

Broward HIV Planning Council

BrowardHIVPC

REGISTER HERE:
HTTPS://US02WEB.ZOOM.US/J/84221674634

● LIVE

THIS IS A RECORDED PUBLIC EVENT

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.