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, July 25, 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 14

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 July 25, 2024
5. **ACTION:** Approval of Minutes from June 27, 2024 **(Handout A)**
6. **FEDERAL LEGISLATIVE REPORT**– Attorney Marty Cassini, Broward County Intergovernmental Affairs Office
7. **STANDARD COMMITTEE ITEMS**
8. **CONSENT ITEMS**
    a. Action Item: Reflectiveness: HIVPC Demographics- Review demographics

and identify populations that are over or underrepresented. **(Handout C1 and C2)**

PROPOSED BY: Membership/Council Membership Committee

b. Action Item: Review and approve the HIVPC membership application for Lemont Lewis

Justification: Mr. Lewis is a PWH who is committed to advocating for and serving the HIV/AIDS community by improving the quality of life of those affected and diagnosed. Mr. Lewis' application was reviewed by MCDC and sent to HIVPC for approval.
Seat: Affected Communities/Non-Elected Community Leaders

PROPOSED BY: Membership/Council Development Committee

9. **DISCUSSION ITEMS:**

a. Motion to Approve: Universal SDM by the Ryan White Part A Office **(Handout B)**

PROPOSED BY: Quality Management Committee

b. Motion to Approve FY 2025-2026 Ranking Core and Support Services **(Handout D)**

Justification: Rankings were conducted as part of the PSRA allocation process and officially voted on during the July 20, 204 meeting.

PROPOSED BY: Priority Setting and Resource Management Committee

c. Motion to Approve FY 2025-2026 How Best to Meet the Need Language **(Handout E)**

Justification: How Best to Meet the Language was reviewed by the System of Care Committee and as part of the PSRA allocation process. It was officially voted on during the July 20, 204 meeting.

PROPOSED BY: Priority Setting and Resource Management Committee

d. Motion to approve FY 2024-2025 Reallocation/Sweeps

Part A Core Services: To Sweep From

1. Motion to reallocate $345,760 from the Ambulatory (Integrated Primary Care and Behavioral Health Services.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
2. Motion to reallocate $287, 916 from AIDS Pharmaceutical Assistance
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to reallocate $212,271 for Oral Health Care (Routine)
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
4. Motion to reallocate $107,000 for Oral Health Care (Specialty)

Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee

5. Motion to reallocate $48,000 for Medical Case Management (Disease Case Management) FY2024-2025. L. Robertson seconded that motion. The motion was adopted unanimously.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
6. Motion to reallocate $20,000 for Mental Health Trauma-Informed FY2024-2025. M. Schweizer seconded that motion. The motion was adopted unanimously.
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
7. Motion to reallocate $136,279 for Health Insurance Premium & Cost Sharing Assistance
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
8. Motion to reallocate $200,000 for Substance Abuse-Outpatient
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
9. Motion to reallocate $115,000 for Non-Medical Case Management (Case Management)
Justification: Underutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
10. Motion to approve **$1, 629,955 Total** Part A Core Services
PROPOSED BY: Priority Setting and Resource Management Committee

Part A Core Services: To Sweep From

1. Motion to sweep in $467,132 for Ambulatory (Integrated Primary Care and Behavioral Health Services for FY2024-2025.
Justification: Overutilization of funds in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
2. Motion to sweep in $157,729 for Oral Health Care (Routine)
Justification: Overutilization in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to sweep in $184,819 for Medical Case Management (Disease Case Management)
Justification: Overutilization of funds in this service category.

PROPOSED BY: Priority Setting and Resource Management Committee

4. Motion to sweep in $333,775 for Non-Medical Case Management (Case Management)
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
5. Motion to sweep in $234,375 for Food Services (Food Bank
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
6. Motion to sweep in $153,124 for Food Services (Food Voucher) FY2024-2025
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
7. Motion to sweep in $97,000 for Emergency Financial Assistance
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
8. Motion to approve total sweep **in** of **$1, 629,955 Total Part A Fund FY2024-2025. PROPOSED BY: Priority Setting and Resource Management Committee**

e. FY 2025-2026 Allocation

Core Services:

Motion to follow the existing allocation and budget for FY 2024-2025 for FY2025-2026 and increase the budget by 5% funding for core services to be divided equally between among all core service categories.

Support Services: Motion to keep existing allocations as recommended by the Part A Office.

PROPOSED BY: Priority Setting and Resource Management Committee

MAI Core and Support Service Funding

1. Motion to fund MAI Ambulatory for $200,000 for FY2025-2026.
   PROPOSED BY: Priority Setting and Resource Management Committee
   JUTIFICATION: MAI Ambulatory for FY2025-2026 initially had no funding allocated. $100,000 was taken from MAI Substance Abuse -Outpatient, reducing its original funding recommendation from $400,000 to $300,000. $100,00 was also taken from MAI Non-Medical Case Management (CIED), reducing its original funding recommendation from $524,066 to $424,066.
2. Motion to fund MAI Medical Case Management $93,212 for FY2025-2026.
   PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to fund MAI Mental Health $62,469
   PROPOSED BY: Priority Setting and Resource Management Committee
4. Motion to fund MAI Substance Abuse-Outpatient for $300,000 FY2025-2026. PROPOSED BY: Priority Setting and Resource Management Committee *JUTIFICATION: MAI Substance Abuse-Outpatient for FY2025-*

2026 was reduced by $100,000 to move that funding to MAI Ambulatory as it was not funded. Part A also has a Substance Abuse Outpatient category.

5. Motion to fund MAI Non-Medical Case Management (CIED) for $424,066 for FY2025-2026. PROPOSED BY: Priority Setting and Resource Management Committee *Justification: MAI Non-Medical Case Management was initially suggested to be allocated $524,066 for FY2025-2026. The committee moved $100,000 of that recommendation to MAI Ambulatory as it was not funded.*

10. OLD BUSINESS: None

11. NEW BUSINESS: None

12. COMMITTEE REPORTS

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

July 2, 2024

i. **Work Plan Item Update/Status Summary:** The committee discussed the possibility of updating HIVPC promotional material. The committee also discussed hosting two events in autumn and held a workshop on July 19, 2024 to plan both events.
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:**
vii. **Next Meeting date:** September 3, 2024, at 3:00 PM at BRHPC and via Microsoft Teams Videoconference

b) **System of Care Committee (SOC)**
Chair: Jose Castillo • Vice Chair: Kendra Hayes
No Meeting Scheduled.

i. **Work Plan Item Update/Status Summary:** The committee did not meet in observance of the Fourth of July holiday.
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:** To be determined.
vii. **Next Meeting date:** September 5, 2024, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

c) **Membership/Council Development Committee (MCDC)**
Chair: Vincent Foster • Vice Chair: Dr. Timothy Moragne
July 11, 2024

i. **Work Plan Item Update/Status Summary:** The committee reviewed the appointments of Karen Creary and Julio De La Nuez by the Board of Commission. The committee voted to accept the results of the Member

of Quarter as calculated by PCS staff and named S. Tinsley as Member of the First Quarter 2024-2025. Members agreed to partner with CEC to host two events in the autumn. PCS staff informed the committee that they would be hosting a post-appointment training for new HIVPC members. PCS staff updated the committee on the status of L. Lewis' application to the Planning Council and the committee voted to approve his application.

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:** Review the results of the Member of the Quarter Vote.
vii. **Next Meeting date:** October 10, 2024, at 9:30 AM at BRHPC and via Microsoft Teams Videoconference

d) **Quality Management Committee (QMC)**
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore
July 15, 2024

i. **Work Plan Item Update/Status Summary:** The committee reviewed and approved the updated Universal SDM by the Part A Office. The committee reviewed its work plan activities for the first quarter of FY 2024-2025. CQM staff presented the committee with the Broward EMA Ryan White Part A Health Outcomes and the FY 2024-2025 Clinical Quality Management Work Plan.
ii. **Data Requests:** V. Biggs: Request for data regarding disparities along the Care Continuum for LGBTQ+ and heterosexual subpopulations.
iii. **Rationale for Recommendations:** None.
iv. **Data Reports/ Data Review Updates:** None.
v. **Other Business Items:** None.
vi. **Agenda Items for Next Meeting:** To be determined.
vii. **Next Meeting date:** July 15, 2024, at 12:30 PM at BRHPC and via Microsoft Teams Videoconference

e) **Executive Committee**
Chair: Lorenzo Robertson • Vice Chair: Von Biggs
July 19, 2024
Work Plan Item Update/Status Summary:

i. **Work Plan Item Update/Status Summary:**
ii. The Executive Committee reviewed and approved the agenda for the July 27 HIVPC meeting and the August 2024 calendar.
iii. **Data Requests:** None
iv. **Rationale for Recommendations:** None
v. **Data Reports/ Data Review Updates:**
vi. **Other Business Items:** None
vii. **Agenda Items for Next Meeting:**
    a. Review and approve September 26, 2024, HIVPC Agenda, Meeting Materials, and Motions

b. Review the August 2024 HIVPC Calendar
c. **Next Meeting date:** September 19, 2024, at 12:45 PM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

f) **Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
July 18, 2024

i. **Work Plan Item Update/Status Summary:** The committee conducted FY2024-2025 Reallocation/Sweeps based on data presented the Ryan White agencies during the June workshops. The committee also reviewed and approved the PSRA FY2025-2026 Rankings Results, How Best to Meet the Need FY2025-2026, Broward EMA Funding Service Categories, and Allocation for FY2025-2026 Broward EMA Core, Support, and MAI services. The committee discussed the Integrated Planning Health Insurance (ACA) Committee and Minority AIDS Initiative Working Group.
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:** Reallocations/Sweeps, FY2025-2026 PSRA Workplan, PSRA Policy & Procedures, FY2025-2026 Service Category Eligibility, MAI update, ACA update, and Assessment of the Administrative Mechanism Review Questionnaires.
vii. **Next Meeting date:** November 21, 2024, at 9:30 AM at **Broward Regional Health Planning Council** and via Microsoft Teams Videoconference

13. RECIPIENT REPORTS

a) Part A **(Handout E)**
b) Part B **(Handout F1 and F2)**
c) Part C **(Handout G)**
d) Part D **(Handout H)**
e) Part F **(Handout I)**
f) HOPWA
g) Prevention – Quarterly Update (April, **July**, October, January)

14. DATA REQUEST(S)

15. PUBLIC COMMENT

16. AGENDA ITEMS FOR THE NEXT MEETING

a) Next Meeting Date: September 19, 2024, at 9:30 a.m. at BRHPC and via Microsoft Teams
b) Agenda Items for next meeting: To Be Determined

17. ANNOUNCEMENTS

Member of the Quarter (March 1, 2024 – May 31, 2024)

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.

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Torey Alston • Nan H. Rich • Tim Ryan • Jared Moskowitz • Michael Udine • Robert McKinzie • Hazelle P. Rogers

Broward County Website

July 2024

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
	1	2 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	3	4 	5	6
7	8	9	10 Oral Health Network Meeting 9:00 PM-10:15PM	11 Membership/Council Development Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	12	13
14	15 Quality Management Committee Meeting 12:30 AM– 2:30 PM Location: BRHPC/MS Teams	16 Behavioral Health Network Meeting 9:00 PM-10:15 PM	17	18 Priority Setting & Resource Allocation Committee Meeting 9:30AM -4:00PM Gilda's Club South Florida	19 Executive Committee Meeting 1:00PM – 3:00PM Ujima Men's Collective	20
21	22	23	24	25 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	26	27
28	29	30	31			

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

July 2024

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TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét:
Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

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August 2024

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				1	2	3
4	5	6	7	8	9	10
11	12	13	14 **Quality Network Meeting (CQM) 9:00 AM-10:15AM**	15	16	17
18	19	20 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT AUGUST 20–23, 2024	21 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT AUGUST 20–23, 2024	22 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT AUGUST 20–23, 2024	23 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT AUGUST 20–23, 2024	24
25	26	27	28	29	30	GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

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HANDOUT A

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

Tuesday, June 27, 2024 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft

DRAFT MINUTES

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

Members Absent: E. Dsouza, A. Machado

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

County Office: R. Honick

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

Guests Present: J. Rivero, K. Bush, G. Moxey, D. Watkins, T. Vertus, N. Burrel

1. **Call to Order, Welcome from the Chair & Public Record Requirements:**
   The HIVPC Chair called the meeting to order at 9:31 a.m. and welcomed all attendees. The Chair noted that the meeting operates under Florida's "Government-in-the-Sunshine Law," which includes meeting reporting requirements and the recording of minutes. Additionally, attendees were informed that while acknowledgment of HIV status is not required, any disclosure would be subject to public record. PCS conducted a roll call of Council members, Ryan White Part A recipient staff, PCS/CQM staff, and guests, followed by a moment of silence.
2. **Public Comment:**
   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   No public comments were made.

3. **Meeting Approvals:**

The approval for the agenda of the June 27, 2024, HIVPC meeting was proposed by V. Biggs, seconded by F. D'Amore, and passed unanimously. The approval for the minutes of the May 23, 2024, meeting was proposed by V. Biggs, seconded by B. Mester, and passed unanimously.

Motion #1: V. Biggs**, on behalf of HIVPC, made a motion to approve the** June 27, 2024**, HIV Health Services Planning Council Agenda. The motion was seconded by F. D'Amore and adopted unanimously.**

Motion #2: V. Biggs, on behalf of HIVPC, made a motion to approve the May 23, 2024, HIV Health Services Planning Council Minutes. The motion was seconded by B. Mester and passed unanimously.

Federal Legislative Report: None

4. **Standard Committee Items:** None

6. **Consent Items:** None

7. **Old Business:** None

8. **New Business:**

a) Attorney Ron Honick, Assistant Broward County Attorney Provided an overview of forms 4A (Disclosure of Business Transaction, Relationship, or Interest) and 8B (Conflict of Interest).
b) R. Pena of the Ryan White Part A Office presented the Universal Service Delivery Model (SDM). This SDM applies to all service categories within the Broward County Ryan White Program. Following extensive discussion, members requested further updates to the document and a review by the Quality Management Committee before its submission to the General Body for final approval in July.
c) V. Foster, MCDC Chair, and M. Lacroix, PCS staff, presented an overview of the new Member of the Quarter Voting Process. This initiative aims to recognize and reward outstanding members of the HIVPC. The selection of the quarterly recipient will involve a ranked-choice voting system, where each HIVPC member ranks their top three preferred nominees based on specific criteria. The voting for the current quarter will assess members' performance over the past quarter. The first winner will be announced during the HIVPC General Body meeting in July.

9. **Discussion Items:** None

9. **Committee Reports:**

   a. **Community Empowerment Committee – June 4, 2024**
   Chair: Shawn Tinsley, Vice Chair: Irvin Wilson
   The report stands.

b. **System of Care Committee – June 6, 2024**
Chair: J. Castillo, Vice Chair: K. Hayes
The report stands.

c. **Membership/Council Development Committee (meets Quarterly) – The next meeting is scheduled for Thursday, July 11, 2024.**
Chair: V. Foster, Vice Chair: T. Moragne
The report stands.

d. **Quality Management Committee – June 17, 2024 – Meeting canceled due to lack of quorum.**
Chair: B. Fortune-Evans, Vice Chair: F. D'Amore
The report stands.

e. **Priority Setting & Resource Allocation Committee Workshops– June 20 & 21, 2024**
Chair: B. Barnes, Vice Chair: Vacant
The report stands.

f. **Executive Committee – June 20, 2024**
Chair: Lorenzo Robertson Vice Chair: V. Biggs
The report stands.

10. Recipient's Report:

a. **Part A:** J. Roy, Administrator of the Part A Office, reported that the Recipient's Office is diligently working on the Ryan White Part A Request for Funding) (RFP), which is projected to launch in August 2024. The County Administration is reviewing the HIVPC-approved SDMs. The final RW Notice of Award was received and sent to providers regarding sweep allocations. The Recipient Office EHE Senior Program Project Coordinator has resigned. We are actively looking to fill this role. At the National Conference, the Recipient Office will participate in the Clinical Quality Management (CQM) team's abstract presentation and present on the Minority AIDS Initiative (MAI).
b. **Part B:** The Part B Representative, J. Rodriquez, provided a written report with Part B's expenditures for March 2024 and the ADAP April 2024 Report with Outcomes.
c. **Part C:** The Part C Representative, V. Foster, provided a verbal report regarding the number of patients seen and the types of services clients received.
d. **Part D**: The Part D Representative B. Fortune-Evans provided a written report that included the current number of enrolled HIV-positive patients and the overall viral suppression rate.
e. **Part F:** The Part F Representative provided a verbal report regarding program activities.
f. **HOPWA:** No Report.
g. **Prevention:** Quarterly Update (April, July, October, January). The next report is scheduled for July.

11. Data Request(s): None

12. Public Comment: None.

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

13. Agenda Items for Next Meeting:

a. The next HIVPC meeting will be held on July 25, 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.

14. Announcements:

- Part A Office- Round table for Food Services – a platform with other partners to create a guide on food services in Broward County – to link clients to other food services; June 26, 2024, Port Everglades, 1850 Eller Drive
- The July 18th PSRA meeting will be held at Gilda's Club, 4850 W. Prospect Rd., Fort Lauderdale.

15. Adjournment:

There being no further business, the meeting was adjourned at 12:40 p.m.

HIVPC Attendance for CY 2024

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	25	22	28	25	23	27							
1	Barnes, B.	X	X	X	X	X	X							
2	Bhrangger, R.	X	X	X	X	X	X							
3	Biggs, V., V.Chair	X	X	A	X	X	X							
4	Casseus, J.	A	A	A	A	R								
5	Castillo, J.	X	E	X	X	X	X							
6	Cutright, A.	A	X	X	X	X	X							
7	D'Amore, F.	X	X	X	X	X	X							
8	Davis, E.	A	X	A	X	X	X							
9	Dsouza, E.	X	A	X	X	X	A							
10	Dudelzak, E.	X	X	A	X	X	X							
11	Fortune-Evans, B.	X	X	X	X	X	X							
12	Foster, V.	X	X	X	X	X	X							
13	Hayes, K.	X	X	X	X	A	X							
14	Jackson-Tinsley, S.	X	X	X	X	X	X							
15	Jimenez, R.	X	X	X	X	A	X							
16	Machado, A.	A	A	X	X	X	A							
17	Marcoviche, W.	X	E	X	X	X	X							
18	Mester, B.	X	X	X	X	X	X							
19	Moragne, T.	A	X	X	X	X	X							
20	Robertson, L., Chair	X	X	X	X	X	X							
21	Rodriguez, J.	X	X	X	A	X	X							
22	Schweizer, M.	X	X	X	X	X	X							
23	Shamer, D.	X	E	A	X	X	X							
24	Wilson, I.	X	X	X	X	A	X							
25	Wright, J.	A	A	A	A	R								
26	Wynn, J.	A	A	A	A	R								
27	Creary, K.	N					X							
28	De La Nuez, J.	N					X							
	Quorum = 14	19	18	20	22	20	23	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 B

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Universal Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Introduction

The Universal Service Delivery Model (SDM) serves as a set of minimum requirements to be followed by providers of core medical and support services funded by the Broward County Ryan White HIV/AIDS Part A Program (RWHAP). The Universal SDM is implemented to support the delivery of high-quality services to individuals receiving Broward County RWHAP services. The Universal SDM is approved by the Broward County HIV Health Planning Council, which is subject to change and may be revised at any time. In addition to the Universal SDM, Providers must adhere to applicable service category specific SDMs, Health Resources and Services Administration RWHAP legislation and policies, the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments.

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II. Intake Procedure

Providers must follow a documented intake procedure to verify RWHAP client eligibility and collect documentation required to complete the client file. Providers must verify that all client information in the designated HIV Human Services Support Services (HSSS) is correct and current. The following items must be included in the intake procedure, at a minimum:

1. Verification of client eligibility in designated HIV HSSS prior to providing a service
2. Screening for other available funding streams for the provided service
3. Client receipt of provider's client rights and responsibilities and grievance policy annually
4. Client assessment of medical and support service needs, education on available HIV services, and how to access needed services
5. Completed release of confidential information and records forms for external provider referrals and/or disclosures with signature, as applicable

Providers must schedule a Centralized Intake and Eligibility Determination appointment using the designated HIV MIS for clients with expired eligibility or within 45 days of eligibility expiration.

Table 1. Intake Procedure Standards

Standard	Measure
1. Client eligibility is verified prior to providing a service.	1.1. Client eligibility is active in designated HIV HSSS prior to date of provided service.
2. Clients are screened for other available funding streams.	2.1. Documentation of screening for other available funding streams in client file.
3. Clients receive provider's client rights and responsibilities and grievance policy annually.	3.1. Documentation of client receipt, via signature, of provider's client rights and responsibilities and grievance policy in client file.
4. Provider completes assessment of medical and support service needs with clients.	4.1. Completed assessment in client file.
5. Clients receive education on available HIV services and how to access services.	5.1. Documentation of education provided in client file. 5.2. Referrals for identified service needs and referral communication documented in client file.

Standard	Measure
6. Client/guardian signature on release of confidential information and record forms for external provider referrals and/or disclosures, as applicable.	6.1. Release of confidential information and record forms for referrals and/or disclosures signed by client/guardian in client file.

III. Linkage and Retention

All providers are responsible for assessing client retention in primary medical care and adherence to antiretroviral treatment (ART) and linking clients to needed services. Assessment of retention in primary medical care and adherence to ART should include, at minimum:

- Primary medical care appointments
- Viral load and CD4 laboratory test results
- Adherence to prescribed ART

Clients must visit their primary medical care physician at least once every six months. Clients who do not have a kept primary medical care appointment documented in the last six months must be immediately referred to primary medical care. Providers must document attempts in the client file.

Providers must ensure clients are prescribed and adherent to ART. Clients not prescribed ART must be immediately referred to a prescribing provider. Clients with ART adherence challenges must be immediately reviewed by a prescribing provider to assist them. Then, a prescribing provider may consult with RWHAP Medical Case Manager and pharmacist to assess and introduce patient-centered interventions. This may include, but not be limited to individualized care plans, collaborative decision-making, and patient emotional support, etc. An ART care plan may be developed to guide and support patients reaching their goals. Providers must document attempts in the client file. Providers can refer to the most recent updated U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

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Client viral load and CD4 laboratory tests must be completed and documented every six months. The provider must ensure each client file has current viral load and CD4 laboratory test results documented in the designated HIV HSSS. If a client file does not have current viral load and CD4 laboratory test results documented in the designated HIV HSSS, the provider must request updated results from the client and/or refer the client to a prescribing medical provider. Providers must document requests for laboratory test results and/or associated referrals in the client file.

Clients enrolled in Private Care may benefit from bringing their Viral Load results to the CIED Office and Case Manager to be manually entered into the HIV HSSS.

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Referrals

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients who do not achieve an Undetectable Viral Load (UD) (VL) within 4 months of being prescribed Anti-retroviral (ARV) treatment and do not show an adequate trend toward a UD VL.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients returning to care with a VL of 200 copies/ML or more.

Providers who submit mandatory referrals for Medical Case Management are responsible for initial follow up.

No-Shows

Providers must have a documented procedure for handling appointment no-shows and cancellations that ensures attempts are made to engage clients in care. Providers must also monitor and access data to assess trends in missed appointments to prevent gaps in HIV care. The provider must assess each client for the cause(s) of no-shows, initiate referrals, and/or provide resources needed to prevent future no-shows. The procedure must include how the provider identifies and tracks appointment no-shows and the process for responding to a no-show. If no contact is made and the client has had no recent contact with other RWHAP providers as identified in the designated HIV HSSS, the provider must report the client to the Florida Department of Health – Broward County PROACT Program. All follow up and communication must be documented in the client file.

Client Suspension Procedure

Clients who violate program guidelines, such as purchasing prohibited items, may receive a temporarily suspension from using program services. Before suspending a client, the Provider must obtain written consent from the Part A Office. Clients may not be recommended for suspension unless they have received at least one verbal warning, which must be documented in the Progress Notes.

Case Closures

Providers must have a documented procedure for handling case closures. Case closures must be documented in the client file and must include, at minimum:

- Date and summary of case closure
- Reason for case closure
- Client transfer or referral to another agency or Ryan White Program, if applicable
- Supervisor signature on care closure summary

Client Expulsion Procedure

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provide must first attempt de-escalation and give the client the option of an alternative provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 1 business day of the incident and before the expulsion is finalized. The staff of the agency or provider must document the incident in the client's progress notes. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

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Commented [RP5]: FY 2023-2024 Needs Assessment recommendation.
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Commented [RP6]: FY 2023-2024 Needs Assessment recommendation. CDC standard for detectable viral load is 200 copies / ML. The recommendation referenced 24, the number has been adjusted to reflect official guidelines.
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Examples of extreme circumstances include.

- Assault with objects or deadly weapons
- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

Table 2. Linkage and Retention Standards

Standard	Measure
1. Clients are assessed for retention in primary medical care.	1.1. Last kept primary medical care appointment in client file. 1.2. Documented attempts to link client to primary medical care in client file.
2. Clients are assessed for ART adherence challenges.	2.1. Documentation of ART adherence assessment in client file. 2.2. Referrals and referral communication documented in client file.
3. Clients have current viral load and CD4 laboratory results documented in the designated HIV HSSS every six months.	3.1. Viral load and CD4 laboratory results documented in client file. 3.2. Documented attempts to obtain viral load and CD4 laboratory results.
4. Clients who are not virally suppressed are referred to Case Management and/or other needed support services	4.1. Viral load and CD4 laboratory results documented in client file. 4.2. Documented attempts to link client to a prescribing medical provider/Medical Case Management service in client file.
5. Referrals are made in the designated HIV HSSS~~MIS~~ within one business day of client encounter.	5.1. Referrals in designated HIV HSSS~~MIS~~. 5.2. Referral communication documented in client file.
6. Provider follows documented procedure for handling appointment no-shows and cancellations.	6.1. No-show follow up and communication documentation in client file.
7. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition.~~Case closures meet minimum documentation requirements.~~	7.1.Closed cases include documentation stating the reason for closure and a closure summary. 7.2.Supervisor signs off on closure summary indicating approval. 7.3.Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. ~~7.1.~~7.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS.~~Case closure~~

Commented [RP8]: After various incident reports filed by multiple providers, a recommendation to include a clause to redirect exceptionally complex cases to alternative care has been included in this SDM.

Commented [RP9R8]: Added " 1 Business day"

Commented [RP10R8]: Added "The staff of the agency or provider must document the incident in the client's progress notes."

Commented [RP11R8]: Added "The staff of the agency or provide must first attempt de-escalation and give the client the option of an alternative provider. "

Commented [RP12]: The Chicago EMA Universal Service Delivery Standard highlights a safety policy in their section 7 of standards.

Commented [RP13]: For Comparison, the Boston EMA has a standard for Refusal of services where the measure in place is "Documentation of each client that has been refused a service with the rational for refusal". Additionally, there is a Protocol for incident reporting.

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Standard	Measure
	~~documentation in client file.~~

IV. Personnel Standards

Providers must adhere to the required minimum credentials outlined in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers. Providers must have a standardized orientation and training process to ensure staff have the knowledge and skills to provide services. Newly hired employees must have introductory HIV training within three months of hire.

Providers must notify the recipient office in writing of any staffing changes or title changes related to the contracted services within 5 business days of staffing or title change.

Network Meetings

Provider agencies must have attendance at all network meetings presented by the Clinical Quality Management team with a minimum of 1 representative that is appropriate to the business and goals of the network meeting in question. The CQM Team will notify each Provider/Agency on network meetings that are appropriate for attendance.

The CQM Team will, at the beginning of each fiscal year, identify agency staff who will attend CQM network meetings. CQM network meeting series will be established in Microsoft Office with identified staff as contacts for each agency.

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Commented [RP16]: This was included to maintain a more up to date provider contact list.

Commented [PR17R16]: Updated Language to include "Title change" per SOC recommendation.

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HIVPC Membership Reflectiveness

HIV Planning Council & Committee Demographics Report

Member Reflectiveness

The Membership/Council Development Committee ensures that the HIVPC represents the HIV epidemic in Broward County. MCDC accomplishes this task by reviewing the Council and Committees' demographics and identifying over and underrepresented populations.

HIV in Broward County and HIVPC Reflectiveness

The following table shows 1) HIV in Broward by Race/Ethnicity and by Gender; and 2) the current demographics of the HIVPC in comparison to the HIV epidemic data.

Race	**Population***	**Percentage***	**HIVPC Membership****	**HIVPC Percentage**
White, not Hispanic	6,565	30.53%	8	32.00%
Black, not Hispanic	9,764	45.40%	8	32.00%
Hispanic	4,655	21.65%	7	28.00%
Multi-Race (Other)	521	2.42%	2	8.00%
Total	**20,492**	**100%**	**25**	**100%**
Gender	**Population**	**Percentage**		
Male	16,277	75.69%	16	64%
Female***	5,228	24.31%	9	36%
Total	**20,492**	**100%**	**25**	**100%**

**Data Provided by the Florida Department of Health's HIV Surveillance Office as of June 30, 2022.*
***HIVPC membership as of June 2024*
****Female included two Transgender*

How This Information is Compared to the Epidemic

The Council is compared to the epidemic to determine where representation can be improved.

Key Points for Reflectiveness through June 30, 2024

- *The HIVPC comprises 25 members, including eight unaffiliated consumer members. This has increased the percentage of unaffiliated consumers from 23% to 32%, just one percent below the HRSA-mandated 33%.*
- *Compared to the HIV epidemic demographic, where 45.40% are Black and not Hispanic, the HIVPC is underrepresented at 32%.*

MCDC Membership Strategy
HIVPC Member Budget

Key Terms

Epidemic – refers to the information in the table above. This is how HIV is distributed throughout Broward County.

Consumers – Council and Committee members who access Ryan White Part A services.

Unaffiliated Consumers – Council and Committee members who access Ryan White Part A services and have no relationship to an agency that provides these services. This means the consumer does not work for a provider agency or otherwise benefits financially from the agency's success.

Mandated Seats – HIVPC positions (seats) required by the Health Resources & Services Administration (HRSA).

Member Distribution	As of 3/31/2024	As of 6/31/2024	Goal
Job-Based Seats*	13	12	14
Consumer / Unaffiliated Seat	6	8	12
NECL Seat**	7	5	9
Total Membership	26	25	35
Unaffiliated Consumers (%)	23.08%	**32%**	**33%**
Alternates	0	0	3

**Job-based seats are those seats filled based on employment*

***NECL is the Non-Elected Community Leader seat and here only represents those members who are not unaffiliated consumers and do not occupy the Job-Based Seats*

Member Roster as of June 31, 2024

MANDATED SEATS FILLED

People Living with HIV and Community

- ✓ Members of Affected Communities
- ✓ Unaffiliated Consumers
- ✓ Non-Elected Community Leader (NECL)
- ✓ Representatives of/or formerly incarcerated PWH

Federal HIV Programs

- ✓ Part B
- ✓ Part C
- ✓ Part D
- ✓ Part F
- ✓ HOPWA

Public Health & Health Planning

- ✓ Hospital or Health Care Planning Agency
- ✓ Local Public Health Agency

Health & Social Services Providers

- ✓ Health Care Providers/FQHCs
- ✓ CBO/ASO – Community-based organization or AIDS Service Organization
- ✓ Mental Health

Broward County Ordinance 12.108.b

- ✓ Board of County Commissioners member

OPEN SEATS:

Job-Based

- State agencies (Medicaid agency)
- Substance Abuse Provider

Unaffiliated Consumers

- Affected Communities (4 additional Unaffiliated RWPA Consumers)
- Alternates (3)

MEMBERS APPOINTED BY BOARD OF COMMISSION
(See Letters of Appointment):

Karen Creary (6/18/2024)
Julio De La Nuez (6/18/2024)

HANDOUT D

CORE SERVICE	
Service Category	Overall Rank
Outpatient/Ambulatory Health Service	1
Health Insurance Premium Cost Sharing (HICP)	2
Medical Case Management	3
AIDS Pharmaceutical Assistance (Local)	4
Oral Health Care (Dental) [Routine & Specialty Care]	5
Mental Health Services	6
Substance Abuse - Outpatient	7
Medical Nutrition Therapy	8
AIDS Drug Assistance Program Treatment (ADAP)	9
Early Intervention Services (EIS)	10
Home and Community-Based Health Services	11
Home Health Care	12
Hospice	13

SUPPORT SERVICE	
Service Category	Overall Rank
Food Bank/Food Voucher	1
Emergency Financial Assistance	2
Non-Medical Case Management (Case Management and CIED)	3
Legal Services	4
Housing	5
Medical Transportation Services	6
Health Education/Risk Reduction	7
Outreach	8
Psychosocial Support	9
Child Care	10
Referral for Health Care and Support Services	11
Rehabilitation Services	12
Liguistics Services (Interpretation and Translation)	13
Other Professional Services	14
Substance Abuse - Residential	15
Permanency Planning	16
Respite Care	17

HANDOUT E

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE NEED LANGUAGE"
Recommendations to PSRA for FY 2025-2026

ALL SERVICES
Recommended Language
1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).
2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations).
3. Ensure collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care. (2021-2022 Broward County HIV Community Needs Assessment).
4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)
5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems to help clients address all their needs.
6. Provide Care Coordination across multiple service categories.
7. 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.
8. 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.
9. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age
10. Integrate care collaboration with members of the client's service providers.
11. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.
12. Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate.
13. When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS.
14. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
15. Co-locate services where applicable, to facilitate a medical home for Part A clients.
16. Inform appropriate parties that coverage of services is contingent on available funds.
17. Ensure that subrecipients have a plan to address payment of services when funds are low.
18. Providers will follow HHS guidelines for newly diagnosed clients that are not virally suppressed until virally suppressed.
19. **Ensure that effort is made and documented in the HIV Management Information System (Provide Enterprise - PE) that eligible**

clients are oriented about Private Insurance/ Affordable Care Act (ACA) options and that clients either opt in or out. (SOC Recommendation)

CORE MEDICAL SERVICES

Outpatient Ambulatory Health Services (OAHS)

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
    a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ Affordable Care Act (ACA) Options.
3. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
4. Test and Treat and integrating behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provision of services.
5. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
6. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
7. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
8. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
9. Care Coordinators will monitor the 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.
10. Provide after-hours services availability to include Crisis Intervention.
11. Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services.
12. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).
13. Incorporate prevention messages into the medical care of PWH/A.
14. 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) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026. 2. Drugs used for Test and Treat. 3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.
Oral Health Care (OHC)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Make provision for the increased demand for services due to increased service locations. 3. 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. 4. Increase Oral Health Care collaboration with mental health providers. 5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.
Health Insurance Continuation Program (HICP)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Increase in clients with access to health insurance. 3. Develop materials for clients to use as quick references. 4. Assist with prior authorizations and appeals process. 5. Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments.
Mental Health Service (MH)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language

1. **No recommended language for FY2025-2026**
2. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.
3. Integrated service may be impacting utilization in this service category.
4. 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.
5. Provide after-hours availability to include Crisis Intervention.

Medical Case Management

Services Criteria: (≤ 400% FPL)
FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services.
3. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those about late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)
4. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
5. Report changes in viral load status as clients progress through the program.

Medical Nutrition Therapy

Services Criteria: (≤ 400% FPL)
FY2025-2026 FPL To Be Determined

Recommended Language

1. Ensure that a licensed registered dietitian or other licensed nutrition professional provides a medically tailored menu and food choice development.
2. Ensure that diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes for clients.
3. Coordinate referrals with other service providers; conduct follow-ups with clients and provide feedback to prescribing clinicians on patients' progress.

Substance Abuse/Outpatient
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).

SUPPORT SERVICES

Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Educate clients about: a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day), b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and c. Private Insurance/ACA Options. 3. Implementation of test and treat increases demand for more services. 4. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc. 5. Provide education to reduce fear and denial and promote entry into primary medical care. 6. Educate clients on the importance of remaining in primary medical care. 7. At least 30% of Non-Medical Case Management funded personnel to be dedicated to Peers. 8. Incorporate prevention messages into the medical care of PWH/A. 9. Educate consumers on their role in the case management process. 10. Provide initial/ongoing training and development for HIV peer workers. 11. Overview of health care plan summary benefits (coverage and limitations). 12. Educate the client on the different types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).

Case Management Non-Medical
Centralized Intake and Eligibility Determination (CIED)

Services Criteria: HIV+ Broward County Resident (All Clients)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
    a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare and or Medicaid benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ACA Options.
3. Participate in future Part A/B dual eligibility determination.
4. Ensure the locations and service hours target historically underserved populations that HIV disproportionately impacts.
5. Maintain collaborative agreements with treatment adherence programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.
6. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and include the following:
    a. Client rights and responsibilities,
    b. Names of providers complete with addresses and phone numbers, and
    c. Grievance procedures.
7. Always offer a dedicated live operator phone line during normal business hours.
8. Ensure that intake data collected for transgender clients are sufficient to make full use of transgender-related categories in PE.
9. Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

Emergency Financial Assistance

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Drugs used for Test and Treat.
3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.

Food Services

Services Criteria: (FPL as of 10/1/2023)

The FPL for Food Bank Services to 0 – 200 FPL with 2 units per month

The FPL for Food Bank Services to 201 – 300 FPL with 1 unit per month

FY2025-2026 FPL To Be Determined

Recommended Language
1. **No recommended language for FY2025-2026** 2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. 3. Increase communication with the client's primary care physicians and nutrition counselors to ensure the client's nutrition needs are being met. 4. Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to the management of their health.
Legal Services
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
No recommended language for FY2025-2026

HANDOUT E

BROWARD COUNTY FLORIDA

Ryan White Part A

Administrative Update

Request for Proposals (RFP)

- The RFP Process is moving along and timeline remains the same.

- RFP is projected to launch in August 2024.
- There has been some minor changes to the SDMs, however nothing egregious

Service Delivery Models

- Universal is now completed and all SDMs are officially done.
- Recipient quality staff will be working on a different SDM review process timeline and when completed will be presented to planning council.

Contracts

- We received our carry over amount award.
- The amounts are $479,244.00 for Part A and $236,018.00 for MAI.

Ending the HIV Epidemic (EHE)

- The Recipient Office EHE Senior Program Project Coordinator is currently being selected the position was posted and has concluded.

Questions?

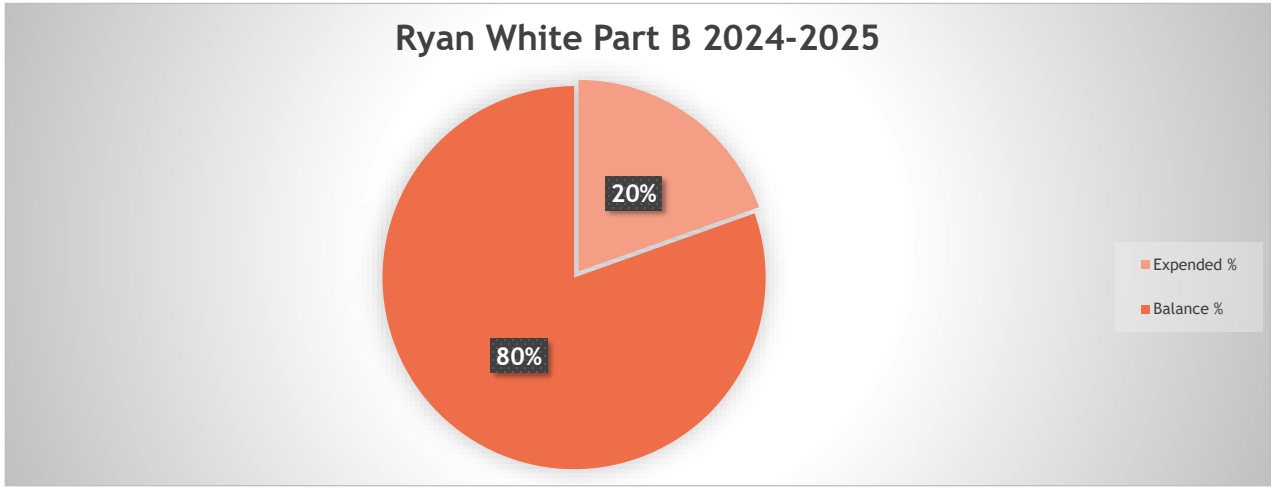
Ryan White Part B

HANDOUT F1

PTC25: April 1, 2024 to March 31, 2025

Expenditures for May 2024

Service Category	*Allocated*	*Expended May 2024*	*Expended YTD*	*Expended %*	*Balance %*	*Balance*
Administrative Services	$ 85,825	$ 6,758	$ 13,964	16%	84%	$ 71,861.50
Health Insurance Premium/Cost Sharing	$ 187,750	$ 3,975	$ 10,194	5%	95%	$ 177,555.53
Home & Community Based Health	$ 30,000	$ 507	$ 1,189	4%	96%	$ 28,811.05
Medical Nutritional Therapy	$ 10,000	$ 2,908	$ 5,852	59%	41%	$ 4,148.23
Emergency Financial Assistance	$ 150,654	$ 36,782	$ 83,768	56%	44%	$ 66,885.82
Home Delivered Meals	$ 10,000	$ 546	$ 546	5%	95%	$ 9,454.00
Medical Transportation	$ 135,476	$ 1,037	$ 11,724	9%	91%	$ 123,752.44
Non-Medical Case Management	$ 227,628	$ 24,699	$ 36,138	16%	84%	$ 191,490.32
Referral For Health Care/Support Services	$ 95,000	$ 12,952	$ 12,952	14%	86%	$ 82,048.00
Residential Substance Abuse	$ 166,500	$ 44,108	$ 49,328	30%	70%	$ 117,172.40
Clinical Quality Management	$ 58,096	$ 1,625	$ 1,625	3%	97%	$ 56,470.79
Planning and Evaluation	$ 5,000	$ -	$ -	0%	100%	$ 5,000.00
TOTALS	$ 1,161,929	$ 135,896	$ 227,279	20%	80%	$ 934,650.08



ADAP REPORT June 2024	
Enrollment June 2024	
Total Enrolled June 2024	5807
ADAP Enrollments and Re-enrollments processed	275
New Clients (new to PE)	61
Assessments completed using RWPA NOE	27
Viral Suppression June 2024	
Total Virally Suppressed at 6 months	4948
Percentage of Virally Suppressed	92.99%
% Uninsured Virally Suppressed at 6 months	88.26%
% Insured Virally Suppressed at 6 months	96.83%
No Show Report June 2024	
No Show Report	39%
No Show Last Month	38%

BROWARD HEALTHPOINT

1700 N.W. 49th Street
Fort Lauderdale, FL 33309
t 954.473.7069 f 954.473.7440

Broward Healthpoint June Part C Report

Patients Served

239

18 patients were enrolled into our Test and Treat program. 12 of the 18 Test and Treat patients were previously in care and 6 were newly diagnosed/new to care.

Ryan White Part C Care Continuum

Ever in Care	In Care	Retention in Care	On ARV	Virally Suppressed
100%	100%	81%	95%	88

HANDOUT H

Ryan White Part D Report

Children's Diagnostic & Treatment Center (CDTC)

Comprehensive Family AIDS Program (CFAP)

- Total # of clients provided an HIV RWHAP support service- 1486
- Total Number of HIV Positive Individuals <u>enrolled in Program</u> - **591**
  - Total Number of HIV Exposed – Indeterminate Individuals between the ages of 0 - 24 months old **-53**
  - Total number of HIV Positive Individuals enrolled in Program break down-**Women-538 Children-8 Youth-45**
- HIV positive individuals **<u>enrolled in medical care at CDTC/Outside Provider</u>** – **591**

  (333 CDTC, 258 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>** - **442**

- <u>New Referrals as of **1/1/2024- Current Date**</u>
  - Infants (HIV exposed) - 15
  - Children (3 – 11) - **0**
  - Adolescent (12 -24) – 4
  - Adult (25 +) - 18
  - **Total** – 37
- Total Pregnancies (previously known and new) – 35 (33 previously known/2 new)

7/10/2024

HANDOUT I

Ryan White Part F Community Based Dental Partnership Program

Nova Southeastern University College of Dental Medicine/Care Resource Family Health Center

Principal Investigator: Mark Schweizer, DDS MPH Assistant Dean Community Programs and Public Health

Grant Period July 1, 2023-June 30, 2028

Annual Funding $234,000

Clients serves 331

Educational Training Dental Students, Community Dentists, Case Mangers, and Peer Navigators

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.