**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

**Thursday, February 26, 2026 – 9:00AM**
**Meeting at Broward Regional Health Planning Council and Microsoft Teams**

**Click to Join the HIVPC General Body Meeting**
Meeting ID: 273 316 500 415
Passcode: 8AH6AW2B

**Dial in by phone**
+1 469-998-5921,,978420177# United States, Dallas
Find a local number
Phone conference ID: 978 420 177#

**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

### CALL TO ORDER/ESTABLISHMENT OF QUORUM

### WELCOME FROM THE CHAIR

a. Meeting Ground Rules
b. Statement of Sunshine
c. Introductions & Abstentions
d. Moment of Silence

### PUBLIC COMMENT

**ACTION:** Approval of Agenda for February 26, 2026

**ACTION:** Approval of Minutes for January 15, 2026 **(Handout A)**

### STANDARD COMMITTEE ITEMS

a. AIDS Drug Assistance Program (ADAP) Updates

### CONSENT ITEMS

a. Motion to approve PSRA Committee Only Application for Leonard Jones **(Handout B)**

*Justification: L. Jones has over 25 years of Ryan White administrative experience in the Recipient's office and has served on multiple national and state committees. He brings extensive expertise to the HIV Planning Council PSRA Committee and is committed to supporting its mission of improving*

*health outcomes within the HIV community.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

## DISCUSSION ITEMS

a. Motion to approve the reinstatement of the Local Pharmacy Advisory Council Committee (LPAC) **(Handout C)**
*Justification: In response to changes in the Federal Poverty Level (FPL) impacting the AIDS Drug Assistance Program (ADAP), the committee must reconvene to develop recommendations that enhance the quality, cost-effectiveness, coordination, and allocation of pharmacy services within the Part A system of care. This includes establishing standardized pharmacy processes such as policies, procedures, drug access, and formulary updates.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

b. Motion to approve LPAC Formulary Changes

J. Castillo, on behalf of the LPAC Ad-Hoc Committee, made a motion to remove all antiretroviral medications from the Local Pharmacy Assistance Program formulary. The motion was seconded by K. Creary and adopted unanimously.
*Justification: To allow clients to apply for Patient Assistance Programs*
PROPOSED BY: Priority Setting and Resource Allocation Committee

c. **Discussion:** Priority Setting and Resource Allocation Recommendations; AIDS Drug Assistance Program (ADAP); *PSRA Chair*

1. Motion to set Federal Poverty Level (FPL) eligibility for all service categories at less than or equal to 300% (≤ 300%) of FPL, except for Outpatient Medical Care, AIDS Pharmaceutical Assistance (LPAP), and Centralized Intake and Eligibility Determination (CIED), which will be set at less than or equal to 400% (≤ 400%) of FPL. Upon review by the Recipient Office, all service categories will be assigned restrictions and caps.
*Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

2. Motion to set AIDS Pharmaceutical Assistance eligibility at 400% of the FPL.
*Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

3. Motion to set Integrated Primary Care and Behavioral Health eligibility at 400% of the FPL.
*Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

4. Motion to set Medical Case Management eligibility at 300% of the FPL.
*Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

5. Motion to set Mental Health Services eligibility at 300% of the FPL.
*Justification: To account for estimated service utilization changes that will result*

*from the proposed ADAP eligibility changes.*
PROPOSED BY: Priority Setting and Resource Allocation Committee

6. Motion to set Substance Abuse Treatment eligibility at 300% of the FPL.
   *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
   PROPOSED BY: Priority Setting and Resource Allocation Committee

7. Motion to set Insurance Support Services (Health Insurance Continuation Program), including ADAP-approved plans, eligibility at 300% of the FPL.
   *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
   PROPOSED BY: Priority Setting and Resource Allocation Committee

8. Motion to set Medical Nutrition Therapy eligibility at 300% of the FPL.
   *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
   PROPOSED BY: Priority Setting and Resource Allocation Committee

9. Motion to set Oral Health Services eligibility at 300% of the FPL.
   *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
   PROPOSED BY: Priority Setting and Resource Allocation Committee

10. Motion to set Centralized Intake and Eligibility Determination eligibility at 400% of the FPL.
    *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
    PROPOSED BY: Priority Setting and Resource Allocation Committee

11. Motion to set Non-Medical Case Management eligibility at 300% of the FPL.
    *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
    PROPOSED BY: Priority Setting and Resource Allocation Committee

12. Motion to set Emergency Financial Assistance eligibility at 300% of the FPL.
    *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
    PROPOSED BY: Priority Setting and Resource Allocation Committee

13. Motion to set Legal Services eligibility at 300% of the FPL.
    *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
    PROPOSED BY: Priority Setting and Resource Allocation Committee

14. Motion to implement the proposed FPL eligibility changes effective April 15, 2026.
    *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*
    PROPOSED BY: Priority Setting and Resource Allocation Committee

## OLD BUSINESS

a. None.

## NEW BUSINESS

a. Discussion: National Ryan White Conference on HIV Care and Treatment, August 4–7, 2026

## RECIPIENT Report

a. Part A **(Handout D)**

## DATA REQUEST(S)

## PUBLIC COMMENT

## AGENDA ITEMS FOR THE NEXT MEETING

a) Next Meeting Date:
   a. March 26, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.

b) Agenda Items for next meeting:
   a. Assessment of the Administrative Mechanism 2024-2025: Presentation by PCS Staff

## ANNOUNCEMENTS

## 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 Board of County Commissioners

Mark D. Bogen **(Mayor)** • Robert McKinzie **(Vice-Mayor)** • Nan H. Rich • Michael Udine • Lamar P. Fisher • Steve Geller • Beam Furr • Alexandra P. Davis • Hazelle P. Rogers

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

# February 2026

## Broward HIV Health Services Planning Council Calendar

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 **HIV Health Service Planning Council** for updates.

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 Medical Case Management Network 2:30PM - 3:45PM | 7 |
| 8 | 9 | 10 Local Pharmacy Advisory Council Committee Meeting 1:30PM - 4:30PM | 11 | 12 PSRA Committee Meeting 9:30AM - 12:30PM | 13 | 14   |
| 15 | 16   BRHPC Office Closed | 17 | 18 | 19 PSRA Committee Meeting 9:30AM - 12:30PM Executive Committee Meeting 12:45PM - 2:45PM | 20 | 21 |
| 22 | 23 | 24 | 25 Quality Network Meeting (CQM) 9:00AM - 10:15AM In-Person | 26  HIVPC Annual Retreat 9:00AM to 4:00PM | 27   | 28   |

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. **Information is subject to change.**

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**.

# February 2026

## Broward HIV Health Services Planning Council Calendar

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 **HIV Health Service Planning Council** for updates.

| 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: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020<br><br>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. | Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020<br><br>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. | Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020<br><br>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):** Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.

**Executive Committee (EXEC):** Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interes, and review attendance.

**Priority Setting and Resource Allocation Committee (PSRA):** Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.

**Quality Management Committee (QMC):** Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.

**Membership/Council Development Committee (MCDC):** Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.

**Community Empowerment Committee (CEC):** Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.

**System of Care Committee (SOC):** Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.

**Handout A**

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# Broward County HIV Health Services Emergency Planning Council Meeting

**Thursday, December 15, 2025 – 3:30PM**
**Meeting at Broward Regional Health Planning Council and via Microsoft Teams**

# DRAFT MINUTES

**HIVPC Members Present:** B. Barnes, R. Bhrangger, V. Biggs, J. Castillo, F. D'Amore, K. Creary, B. Fortune-Evans, R. Jimenez, A. Machado, W. Marcoviche, B. Mester, T. Moragne, L. Robertson, J. Rodriguez, M. Schweizer, S. Tinsley, S. Hafley, H. Bahi

**Members Absent:** J. De La Nuez, K. Hayes, Y. Barrientos, R. Hadley, C. Williams, N. Tyler, J. Rogers

**Recipient Part A Staff Present:** G. James, T. Thompson, R. Pena, W. Cius, J. Roy, Atty. R. Honick

**FL Department of Health/Recipient Part B Staff Present:** S. Cook, N. Kellman, J. Rodriguez

**Planning Council Support & Clinical Quality Management Staff Present:** G. Berkeley Martinez, M. Lacroix, S. Isidore, D. Liao, D. Cestaro Seifer, J. Beal

**Guests Present:** J. Starkey, S. Montalvo, P. Jenkins, K. Fitzpatrick, C. Archibald, K. Schickowski, J. Sesay, G. Diana, A. Carolina, N. Dulisse, T. Williams, T. Johnson, A. Carron, J. Saboe, N. Graham, K. Tyree, H. Singh, M. Roscoe, E. Chery-Davis, E. Wood, B. Terry, J. Espinola, T. Desroches, A. LaVault, C. Richardson, J. Rivero, R. Walker, S. Vickers, K. Giglioli, B. Balfour, N. Bolivar, T. Adeagbo, R. Shore, J. Jacques, M. Stoakley, A. Mayfaire, R. Espinoza, M Stoakley, J. Hidalgo, A. Perez, J. Ritter, N. Burrell, F. Perez, A. Palacios, P. Augustus, D. Kitchen, L. Athouriste

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

The HIVPC Chair called the meeting to order at **3:45 PM**. 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:

There was no public comment.

## 3. Meeting Approvals

**Motion #1: M. Schwiezer, on behalf of HIVPC, made a motion to approve the January 15, 2026, HIV Health Services Planning Council Agenda. The motion was seconded by J. Castillo and was passed unanimously.**

**Motion #2: S. Tinsley, on behalf of HIVPC, made a motion to approve the December 4, 2025, HIV Health Services Planning Council Minutes. The motion was seconded by M. Schweizer and was passed unanimously.**

4. **Federal Legislative Report**
   None.

5. **Standard Committee Items:** None

6. **Consent Items**
   a. Motion to approve the HIVPC Recruitment and Retention Plan

      *Justification: The Recruitment and Retention Plan is intended to ensure that the Broward County HIV Health Services Planning Council maintains strong representation of people living with HIV/AIDS, vulnerable populations across the Eligible Metropolitan Area, experts in HIV disease, and all HRSA-required membership categories.*
      PROPOSED BY: Membership/Council Development Committee

   b. Motion to approve the FY26-27 Membership/Council Development Committee Work Plan
      *Justification: The work plan was approved by the Membership/Council Development Committee during its January 8, 2026, meeting.*
      PROPOSED BY: Membership/Council Development Committee

   c. Motion to approve recommendations for the integrated Primary Care and Behavioral Health and Medical Case Management Service Delivery Models (SDMs).
      PROPOSED BY: Quality Management Committee

   **Motion #3: The Executive Committee proposed the Consent Items, and a motion was made to approve them. The motion was seconded by B. Barnes and passed unanimously.**

7. **Discussion Items**
   a. Motion from the Executive Committee; Presentation of Election Results to the General Body
      **a. MOTION:** The Executive Committee moved for election results to be announced by percentage versus individual votes to be read into the record. The committee moved to bring the matter to the Planning Council for discussion and final approval.

   **Motion #4: The Executive Committee moved for election results to be announced by percentage versus individual votes to be read into the record. B. Barnes seconded the motion and passed unanimously.**

   B. Barnes noted that in prior years, following similar motions, each individual vote was read into the record; however, for this motion, only the vote total will be recorded. He reminded the body that anyone wishing to review how individual members voted may submit a public records request through the county.

8. **Old Business:** None.

**9. New Business:**

a. **Discussion:** AIDS Drugs Assistance Program (ADAP) Changes

B. Barnes, PSRA Chairs, stated that the meeting was called as an emergency session to provide factual, up-to-date information regarding the ADAP situation and to move beyond circulating rumors, noting that details are rapidly changing. He referenced a hearing held the previous day before the Florida State Senate, during which three community members—David Poole, Dr. Paul Aaron, and Michael Rajner—testified and outlined the program's statewide impact. Their public comments were presented to the HIVPC General Body via video to provide a clearer understanding of the ADAP crisis.

a. What we know about the changes to the ADAP; *PSRA Chair*

B. Barnes provided a high-level overview of the current status, emphasizing that no solutions would be finalized during the meeting and that the purpose was transparency and discussion. He highlighted major concerns, including a proposed reduction in eligibility from 400% to 130% of the Federal Poverty Level, potentially affecting thousands in Broward County; a transition from brand-name to generic medications for ADAP clients; and ineligibility of clients enrolled in ACA plans. He noted a possible area of hope regarding Medicare clients and stressed the importance of collaboration rather than assigning blame, underscoring that providers and community partners are working together to ensure clients do not fall out of care.

b. Current Action Steps; *Recipient Office*

J. Roy, Part A Administrator, reported that since the notification was issued on January 8, the Part A Office responded immediately by briefing internal leadership on the proposed changes. Discussions were then held with the local Department of Health to assess the scope of impact, with preliminary estimates indicating that approximately 4,000 additional individuals could potentially enter the local system of care. An executive summary outlining the facts and potential fiscal impact was drafted and shared with leadership to ensure awareness of the challenges ahead. In addition, the Part A Office coordinated with EMAs across Florida to promote a consistent, aligned statewide approach to addressing the anticipated increase in clients.

J. Roy further noted that a meeting was held on January 14th, with all local funders, including Parts A, B, C, D, and F, Federally Qualified Health Centers (FQHC), and hospital system leadership, resulting in meaningful discussions and reassurance that these issues are being addressed at the highest levels. Discussions with HRSA's HIV/AIDS Bureau indicated that this matter should be handled locally, with strong collaboration at the local level. Strategies under consideration include supporting client self-sufficiency by transitioning long-term, stable clients out of the system of care, where appropriate, to create capacity for new clients, and submitting a request to HRSA through the EHE initiative for potential additional funding. While no guarantees exist and Ryan White funding has remained flat-funded for many years, Broward's strong utilization of EHE funds positions the EMA favorably for possible additional support.

J. Roy concluded that the Part A Office has been actively engaged since January 8

and is awaiting leadership feedback on the executive summary to determine next steps for elevating these issues within Broward County leadership.

c. Impact of Changes on Client Services; *Parts A-F and FQHCs*

J. Rodriguez, Florida Department of Health Representative, clarified that the office serves in a satellite capacity and does not make policy or allocation decisions related to the ADAP program, noting that staff learned of the changes at the same time as community partners. He reported that he spoke with the Bureau Chief of the HIV Section the previous day to clarify outstanding questions and stated that formal written guidance has not yet been received; once available and approved by the Office of Communications, it will be shared. He explained that before March 1, ADAP served individuals at 100%–400% of the Federal Poverty Level by providing free medications through participating pharmacies or by offering premium assistance for marketplace, employer-sponsored, or COBRA plans. Under the new statewide policy effective March 1, premium assistance for marketplace, employer-sponsored, and COBRA plans will be discontinued. However, co-payment and deductible assistance will continue for Medicare clients and for those with employer-sponsored plans through the CVS PBM (Pharmacy Benefits Manager).

J. Rodriguez reported that impact data run on January 12, 2026, indicate that approximately 2,133 clients could remain on ADAP by disenrolling from marketplace plans and transitioning to direct dispense, while an estimated 2,300 clients will require an alternative payer source for medical care and medications. He emphasized that this has become a system-wide issue requiring coordination among Parts A, B, C, D, F, FQHCs, and AIDS Service Organizations (ASO) to minimize disruptions and ensure continued access to life-saving medications. He noted that notification letters have been sent to clients and that the health department has received more than 665 calls from individuals seeking appointments to review options, including switching to more affordable plans before the January 15 deadline or exploring patient assistance programs. He also reported a formulary change indicating that Biktarvy and Descovy will no longer be covered, while all other medications remain on the formulary.

Following the update, a brief discussion began. K. Creary expressed concern about how consumers will be adequately informed about the upcoming changes, particularly individuals who may not receive mailed notices due to address changes, have limited literacy, or face mental health challenges. She emphasized that many consumers may not fully understand the implications of the changes and could disengage from care if not properly supported. She suggested increased consumer education efforts, including hosting a town hall meeting to allow consumers to express their concerns and encouraging them to write letters describing how the changes will affect their lives, noting that the impact could be catastrophic without proactive outreach and education.

A. Mayfaire asked whether a renewal of enhanced tax credits by Congress would trigger a new open enrollment period; H. Bahi clarified that Special Enrollment Periods are only triggered by qualifying life events and that an extension of tax credits would not qualify under current Marketplace rules. B. Fortune-Evans

inquired about the timeline for release of the updated formulary excluding Biktarvy and Descovy, and J. Rodriguez responded that no date is currently available. S. Tinsley noted that January 15 is the final day of open enrollment and shared concerns that ACA plan payments may stop due to nonpayment, potentially leaving clients without coverage or access to a Special Enrollment Period unless they qualify through other means, such as Medicare eligibility.

S. Tinsley reported that groups are traveling to Tallahassee to meet with state officials to address current concerns. One group will go from January 19–20, and another from January 26–28, with S. Tinsley participating in the latter. She offered to collect handwritten letters from clients or others wishing to address the state on these issues. H. Bahi shared that medical and financial hardship caused by the loss of HIV medication assistance threatens an immediate interruption in essential antiretroviral therapy. He requested a Special Enrollment Period or hardship consideration to secure health insurance and maintain continuity of care.

d. Local Pharmacy Advisory Ad-Hoc Committee (LPAC)

   B. Barnes noted that the LPAC will be reestablished to focus specifically on the Part A formulary and Part A-funded medications. The committee will include physicians and pharmacists to provide clinical and technical guidance, and consumers will also be invited to participate. Dr. Eckhart from Memorial will serve as Chair, and Brad Mester, a Planning Council member, will serve as Vice-Chair.

e. Review Roles and Responsibilities of the Planning Council related to Priority Setting and Resource Allocation

   B. Barnes stated that the PSRA Committee reviewed the defined role of the Planning Council, emphasizing that the Council is responsible for selecting, ranking, and allocating service categories. He noted that while the County may provide guidance, funding decisions originate with the Planning Council and are ultimately subject to approval by the County Commission.

   B. Barnes further reported that the Executive Committee passed a motion to draft a letter requesting a pause on the decision. The motion authorizes the Planning Council Chair to send the letter to the Governor, the Broward County Mayor, the Mayor of Fort Lauderdale, and the County Commissioner serving on the Planning Council.

f. FY26-27 Allocation Update*; Recipient Office*

   Refer to A; *“Current Action Steps; Recipient Office”*

g. PSRA Policies and Procedures and FY26-27 Ranking

   The committee reviewed the policies and procedures regarding service category ranking. It was noted that the policy specifies starting from the bottom of the ranking in the event of a funding shortfall. However, this situation does not involve a shortfall, but rather a change from the federal agency without a reduction in funding. The committee confirmed that the ranking process will continue to follow established policy and procedures.

b. **Announcement:** Broward County HIV Health Services FY2026-2028 Election of Chair & Vice-Chair Results; *PCS Staff*

E. Chery-Davis addressed the HIV Planning Council General Body to present the results of the Chair and Vice-Chair elections for fiscal year 2026–2028. For Chair, Shawn Tinsley received 15 votes (60%) and Von Biggs received 10 votes (40%). For Vice-Chair, Francesca D'Amore received 15 votes (60%) and Lorenzo Robertson received 10 votes (40%). Congratulations were extended to the newly elected Chair, Shawn Tinsley, and Vice-Chair, Francesca D'Amore.

On behalf of the Council, E. Chery-Davis expressed sincere appreciation to outgoing Chair Lorenzo Robertson and Vice-Chair Von Biggs for their exceptional leadership, dedication, and service, noting that their time, guidance, and commitment have been instrumental in advancing the Council's work and supporting the community.

c. **Announcement:** Member of the Quarter for Quarter 3 of FY25-26; *HIVPC Chair and MCDC Chair*

The award was presented to Dr. Mark Schweizer by MCDC Chair T. Moragne and Planning Council Chair L. Robertson in recognition of his exceptional service, and he graciously accepted it.

**10. Committee Reports:**

**a. Community Empowerment Committee – No Meeting Scheduled**
*Chair: Shawn Jackson-Tinsley, Vice Chair: Edna Chery-Davis*
The report stands.

**b. System of Care Committee – January 6, 2026**
*Chair: J. Castillo, Vice Chair: K. Hayes*
The report stands.

**c. Membership/Council Development Committee (meets Quarterly) – January 8, 2026**
*Chair: T. Morange, Vice Chair: K. Creary*
The report stands.

**d. Quality Management Committee – January 15, 2026**
*Chair: B. Fortune-Evans, Vice Chair: F. D'Amore*

The report stands. B. Fortune-Evans thanked the Committee for their efforts and reminded members that there will be no February meeting. Instead, the committee will participate in the Quality Improvement Presentation Forum during Ryan White Appreciation Week, which will replace the regular meeting scheduled for February 18th.

**e. Executive Committee – January 15, 2026**
*Chair: Lorenzo Robertson Vice Chair: V. Biggs*

The report stands. L. Robertson thanked the Executive Committee for their work and expressed appreciation for their collaboration with him over the past few years, noting he looks forward to the committee's future endeavors.

**f. Priority Setting & Resource Allocation Committee – January 15, 2026**
*Chair: B. Barnes, Vice Chair: Mark Schweizer*
The report stands. B. Barnes noted that the Administrative Mechanism, originally scheduled

to be presented to the Council today, was tabled until the next meeting. He added that it was approved by the PSRA and encouraged members to review it over the next month in preparation for further discussion.

**11.** Recipient's Reports:

**a. Part A:** The committee received an update on quality monitoring, noting that 13 providers have been reviewed with only a few remaining, and monitoring is expected to conclude by the first week of February. RSR report guidance will be sent to providers, with uploads anticipated to begin on February 2. Contract letters for the third round of sweep are expected to be distributed by early next week.

Updates on outreach and community engagement were highlighted, including a well-received presentation to the Children's Services Board that generated requests for additional training. Staff also engaged with the Haitian Independence Day festival to provide HIV prevention and care information and build community connections. The recipient office emphasized the need for provider/subrecipient support at future community events to help disseminate information about available services. Additionally, four abstracts were submitted for the upcoming national Ryan White Conference, with hopes that at least one will be accepted to showcase Broward County's work.

**b. Part B:** Several organizations have reported that they are reviewing internally how to assist clients, including providing small-scale premium assistance for those who cannot afford certain services. This support helps ensure clients can access necessary care even when costs are a barrier. Organizations were asked to share the criteria and processes they use for compliance and enrollment in the program. Specifically, CAN Community Health, Mayfaire Medical, and Poverello were requested to provide this information once available.

**c. Parts C and D**. B. Fortune-Evans noted that, due to the emergency nature of the meeting and ongoing monitoring of Part C, a report could not be prepared in time. She stated that a report will be provided at the next meeting.

**d. Part F:** M Schweizer noted that last year, funding was initially provided at 25% for the first six months, with the remaining funds released at the end of that period. It is currently unclear whether this funding pattern will continue, as it may be affected by a continuing resolution or potential cuts under current legislation.

**e. HOPWA:** No report.

**12. Data Request(s):** None.

**13. Public Comment:**

There was no public comment.

**14. Agenda Items for Next Meeting:**

a. The next (potential) HIVPC meeting will be held on **February 12, 2026,** at 9:30 a.m. **Location:** Broward Regional Health Planning Council and Virtual through Microsoft Teams

   a. Assessment of the Administrative Mechanism 2023-2024: Presentation by PCS Staff
   b. Presentation on the Assessment of the Administrative Mechanism Survey Results
   c. Broward County Boards Ethics, Sunshine Law, and Public Records; Ron Honick, Esq., Assistant County Attorney

**15. Announcements**

- **E. Wood (AIDS Healthcare Foundation):** Announced a rally at the Old Capitol steps on Tuesday, January 20th at 12:30 PM, as well as legislator drop-ins for education on the issue. A visibility action is planned at the Department of Health headquarters on Wednesday, January 21st at 10:30 AM. E. Wood noted strong community support from multiple coalition organizations and encouraged members to attend if able. Additionally, patients and staff are being asked to contact their state legislators to raise awareness.
- **S. Tinsley:** Announced the successful submission of an abstract and workshop for the upcoming International AIDS Conference in Rio, Brazil.
- **L. Robertson (Ujima's Men's Club):** Announced a documentary screening next Wednesday and shared details about the "Black Art Awakening" exhibit at the Pride Center, running from February 3rd through February 28th, with opening and closing receptions. Members were encouraged to attend.

**15. Adjournment:**

There being no further business, the meeting was adjourned at **5:09 PM.**

## HIVPC Attendance for CY 2026

| Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Meeting Date | 15 | | | | | | | | | | | | |
| 1 | Barnes, B. | X | | | | | | | | | | | | |
| 2 | Bhrangger, R. | X | | | | | | | | | | | | |
| 3 | Biggs, V., V.Chair | X | | | | | | | | | | | | |
| 4 | Castillo, J. | X | | | | | | | | | | | | |
| 5 | D'Amore, F. | X | | | | | | | | | | | | |
| 6 | B. Fortune-Evans | X | | | | | | | | | | | | |
| 7 | Hayes, K. | A | | | | | | | | | | | | |
| 8 | Jackson-Tinsley, S. | X | | | | | | | | | | | | |
| 9 | Jimenez, R. | X | | | | | | | | | | | | |
| 10 | Machado, A. | X | | | | | | | | | | | | |
| 11 | Marcoviche, W. | X | | | | | | | | | | | | |
| 12 | Mester, B. | X | | | | | | | | | | | | |
| 13 | Moragne, T. | X | | | | | | | | | | | | |
| 14 | Robertson, L., Chair | X | | | | | | | | | | | | |
| 15 | Rodriguez, J. | X | | | | | | | | | | | | |
| 16 | Schweizer, M. | X | | | | | | | | | | | | |
| 17 | Creary, K. | X | | | | | | | | | | | | |
| 18 | De La Nuez, J. | A | | | | | | | | | | | | |
| 19 | Hadley, R. | A | | | | | | | | | | | | |
| 20 | Barrientos, Y. | A | | | | | | | | | | | | |
| 21 | Williams, Colby | A | | | | | | | | | | | | |
| 22 | Hafley, Shalisa | X | | | | | | | | | | | | |
| 23 | Rogers, Jonathan | A | | | | | | | | | | | | |
| 24 | Tyler, Natalie | A | | | | | | | | | | | | |
| 25 | Bahi, Haroun | X | | | | | | | | | | | | |
| | Commissioner Rogers | A | | | | | | | | | | | | |
| | Quorum = 14 | 18 | | | | | | | | | | | | |

| 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**

# Broward County HIV Health Services Planning Council
## COMMITTEE MEMBERSHIP APPLICATION

**Please be aware that this application and all of the information you provide becomes a public record under Florida's Government in the Sunshine Law, Florida Statute, Chapter 119.01.**

**This application enables the applicant to join a committee(s), but not the general body of the planning council. In order to join the general body, see the HIVPC Membership Application.**

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Dear Interested Party,

Please be aware that this application and all of the information once provided and submitted becomes a public record under Florida's Government in the Sunshine Law, *Florida Statute, Chapter 119.01*. Any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested. In addition, anything said during a Planning Council or Committee meeting is recorded and becomes public record. This information can also be shared with the public.

If your information is requested by an outside source, you will be notified, however the information is a public record and it may become part of a response to a public records request.

## Application Process

**Complete application and submit to PCS staff.**

**Recieve approval from the chair(s) of the desired committee(s)**

**Recieve approval from the HIVPC General Body**

***Note: This application expires six (6) months from date of submission.***
***Mail, fax, or email your completed application to:***

*HIVPC Staff*
*Broward Regional Health Planning Council*
*200 Oakwood Lane, Suite 100*
*Hollywood, FL 33020*
*FAX: 954-561-9685*
***EMAIL: HIVPC@BRHPC.ORG***

***If you have any questions, please call: 954-561-9681***

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# Contact and Demographic Information

*This is the application for membership on the Broward County HIV Health Services Planning Council (HIVPC). If you wish to apply for membership on the HIVPC, please complete the application below:*

**First Name**: Leonard **Last Name**: Jones

**Home Address**: **Home Phone**:

**City, State, Zip Code**: **Cell Phone**: [redacted]

**Employer (if applicable)**: Broward Health **Occupation/Title**: Administarator Director

**Business Address**: 1111 Broward Blvd **Business Phone**:

**City, State, Zip Code**: Fort Lauderdale, Fl **Fax**:

**Home Email**: **Business Email**: ljones@browardhealth.org

- **I prefer to receive phone calls and messages at:** ❑ Home ❑ Work ■ Cell
- **I prefer to receive mail at:** ❑ Home ■ Work
- **I prefer to receive email at:** ❑ Home ■ Work
- **What is your sex? (check one):**

  ■ Male ❑ Female ❑ Decline to state

- **Race (check all that apply):** White ■Black ❑Asian Native Hawaiian/Pacific Islander

  ❑American Indian/Alaska Native ❑Other (Specify)_____

- **Ethnicity (check one):**

  ❑Hispanic/Latino ■Non-Hispanic ❑Other (Specify)_____

- **Hispanic Subgroup (check one if any):**

  ❑Mexican ❑Puerto Rican ❑Cuban ❑Other (Specify)

- **Asian Subgroup (check one if any):**

  ❑Asian Indian ❑Chinese ❑Filipino ❑Japanese ❑Korean ❑Vietnamese ❑Other (Specify)

- **Native Hawaiian/Pacific Islander Subgroup (check one):**

  ❑Native Hawaiian ❑Guamanian ❑Samoan ❑Other (Specify)

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- Are you an employee, consultant, or board member to any Ryan White Part A Program funded agency? ■Yes ❑No
- Do you self-identify as HIV positive?* ❑ Yes, and I am open about my status ■ No ❑ I do not wish to disclose

  **Disclosure of HIV status is not required for membership. Disclosure of HIV status in this application will become a part of the public record.*
- If you self-identify as HIV positive, do you self-identify with any of the following risk factors?

  ❑ Hemophilia ❑ Heterosexual (Straight) ❑ Intravenous Drug User (IDU) ❑ Perinatal Transmission (Mother to Child) ❑ Man who has sex with Men (MSM) ❑ MSM/IDU ❑ Blood Transfusion ❑ I don't know/Unsure ❑ I do not wish to disclose
- Do you receive Ryan White Part A services? ❑ Yes ■ No ❑ I do not wish to disclose
- If you self-identify as HIV positive, how old were you when you were diagnosed?

  ❑0-12 years old ❑13-19 years old ❑20-29 years old ❑30-39 years old

  ❑40-49 years old ❑50-59 years old ❑60 years old or older ❑ I do not wish to disclose

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# Committees of the Broward County HIV Health Services Planning Council:

**Community Empowerment Committee (CEC)**
Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Functions as the outreach and education arm of the HIV Planning Council.

**Membership/Council Development Committee (MCDC)**
Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

**Priority Setting & Resource Allocation Committee (PSRA)**
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 and client training and education.

**System of Care Committee (SOC)**
Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across various groups by engaging community resources to eliminate inefficiencies in access to services.

**Which committee(s) are you interested in serving on? (See previous page for an explanation of committee responsibilities)**

- ❑ Community Empowerment Committee (CEC)
- ❑ Membership/Council Development Committee (MCDC)
- ■ Priority Setting & Resource Allocation Committee (PSRA)
- ❑ Quality Management Committee (QMC)
- ❑ System of Care Committee (SOC)

Provide a brief statement explaining your interest in the HIVPC and the HIV/AIDS planning process, including your background relative to HIV/AIDS (volunteer, professional, personal) and/or other relevant experience and expertise. You may also attach your resume or additional information.

I am writing to express my interest in joining the HIV Planning Council PSRA committee. I have over 25 years of Ryan White Administrative experience in the Recipients office and have served on several National and State committees and believe that I would be a great asset to the committee. I would be honored to contribute my time to the HIV Planning Council Priority Setting Resource Allocation committee and to support its mission of improving health outcomes within the HIV community.

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# Recruitment Information

- How did you hear about the Ryan White Part A HIV Health Services Planning Council (HIVPC)?

  ❑ Through a service provider/agency

  ❑Email

  ❑Online/Facebook/Twitter

  ❑Friend/HIVPC member (HIVPC Member name): _____

Please review and initial, indicating your acknowledgement of the following:

X I have received, read, and understand the HIV Health Services Planning Council Meeting Ground Rules and agree to abide by them at all Committee meetings.

X I understand that serving on a Committee will require at least three hours per month, and that excessive absence will result in my removal from a Committee. I acknowledge that I am aware of the Planning Council Attendance Policy: a member is automatically removed from a Committee if he/she misses three (3) consecutive meetings or four (4) meetings in a year in accordance with the County Ordinance.

X I understand any information included in this application (for example, your HIV status or email address) becomes a public record and can be shared with the public, if requested.

Leonard Jones _____ 2-9-2

Applicant Signature Date

_____ _____

Committee Chair Signature Date

_____ _____

Committee Chair Signature Date

_____ _____

HIVPC Chair Signature Date

For PCS Staff Only

Action Taken:

_____

_____

Review Minutes from:_____

**Priority Setting & Resource Allocation Committee (PSRA)**
Chair: Brad Barnes • Vice Chair: Mark Schweizer
February 12th and February 19th

**Work Plan Item Update/Status Summary (February 12th):** The committee received updates from the Part A and Part B offices regarding the AIDS Drug Assistance Program (ADAP). Members discussed several potential strategies to address the current crisis, including the feasibility and implications of each option.

An update was also provided from the Local Pharmacy Advisory Council (LPAC), including notice that LPAC voted to include all antiretroviral medications on the Local Pharmacy Assistance Program formulary with appropriate justification.

Additionally, the committee voted to reinstate LPAC as a standing committee. The committee briefly discussed How Best to Meet the Need, including the role and responsibilities of Housing Opportunities for Persons with AIDS (HOPWA) in response to the ADAP crisis.

**Work Plan Item Update/Status Summary (February 19th):** The committee received an update from the Part A and Part B offices regarding ADAP, including a data presentation. Members reviewed and evaluated the available scenarios in the event the proposed ADAP changes are implemented and proceeded to vote on a preferred course of action.

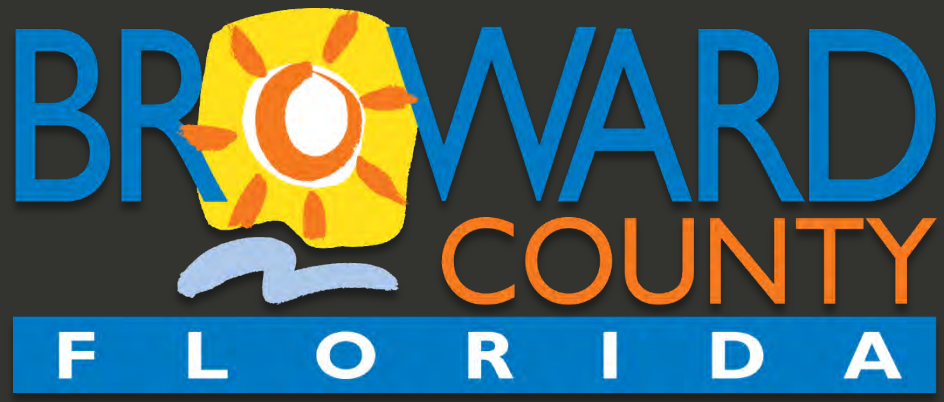
> *Principle Motion: Motion to set Federal Poverty Level (FPL) eligibility for all service categories at less than or equal to 300% (≤ 300%) of FPL, except for Outpatient Medical Care, AIDS Pharmaceutical Assistance (LPAP), and Centralized Intake and Eligibility Determination (CIED), which will be set at less than or equal to 400% (≤ 400%) of FPL. Upon review by the Recipient Office, all service categories will be assigned restrictions and caps.*
>
> *Justification: To account for estimated service utilization changes that will result from the proposed ADAP eligibility changes.*

**Data Requests (Completed)**

i. Of the individuals who would lose eligibility for services, how many could still access care through providers such as FQHCs or other community clinics? Of those, how many would meet eligibility requirements for those programs?
ii. What is the projected impact of 2,374 clients losing access to care entirely (i.e., having no coverage or services available)?
iii. In Scenario #3, 1,102 clients are listed as enrolled in the ACA. Can we confirm this number and provide additional details on their enrollment status?
iv. How many individuals are above 300% of the Federal Poverty Level (FPL)? Of those individuals, how many currently have private insurance coverage?
v. Develop a Scenario #4 in which all current clients remain eligible for services and no clients are deemed ineligible.
vi. For the updated Scenario #3, if all service categories are capped, what is the total projected cost savings?

a. **Agenda Items for Next Meeting:**
b. **Next Meeting date:** March 5, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams

Handout D




# Ryan White Part A

Administrative Update

# Quality

**Monitoring**

- Monitoring has concluded
- Final reports are being worked on

**Ryan White Services Report (RSR)**

- The RSR has started and currently 7 providers have completed their reports

# Contracts

- The third round of sweeps adjustments nearly all executed
- The renewal letters have gone out
- Contract adjustments to exercise option period 1 will be sent next week

# Outreach & Community Engagement

- Wismy Cius to provide Update

# Admin

**ADAP Update and Relevant Information**

- Due to continuous and rapid changes, this will be discussed in person

**Cost Containment Exercises**

- Currently engaging in cost containment exercises
- This is focusing on reviewing the RFP, The Taxonomy Table, and currently billable rates, assuring accuracy
- This exercise is also looking at HIV Guidelines and aligning our delivery of client services to the HIV Guidelines

# Questions?

# 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.

# 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

**ADAP:** AIDS Drugs Assistance Program

**Administration HUD:** U.S Department of Housing and Urban Development

**IW:** Integrated Workgroup

**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

**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

**CQI:** Continuous Quality Improvement

**CQM:** Clinical Quality Management

**CTS:** Counseling and Testing Site

**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

**HIV HSSS:** HIV Human Services Software System

**HIVPC:** Broward County HIV Health Services Planning Council

**HOPWA:** Housing Opportunities for People with AIDS

**HRSA:** Health Resources Services Administration

**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

**NBHD:** North Broward Hospital District (Broward Health)

**NGA:** Notice of Grant Award

**NHAS:** National HIV/AIDS Strategy

**NMCM:** Non-Medical Case Management

**NOFO:** Notice of Funding Opportunity

**nPEP:** Non-Occupational Post Exposure Prophylaxis

**NSU:** Nova Southeastern University

**nPEP:** Non-occupational Post-Exposure Prophylaxis

**OAHS:** Outpatient Ambulatory Health Services

**OHC:** Oral Health Care

**PCN:** Policy Clarification Notic

**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

**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

**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.