BROWARD HIV HEALTH SERVICES PLANNING COUNCIL

An Advisory Board of the Broward County Board of County Commissioners

Integrated PlanningWorkgroup

Tuesday, September 16, 2025,
1:00 PM – 3:00 PM
200 Oakwood Lane, Suite 100, Hollywood, 33020

Microsoft Teams: Join the meeting now

Meeting ID: 248 721 081 868 7; Passcode: 66Pm9ou9

Purpose: *The Integrated PlanningWorkgroup is responsible for monitoring and providing recommendations to ensure the completion of activities outlined in the Broward County Integrated HIV Prevention and Care Plan.*

AGENDA

1. Call to Order, Welcome, Introductions, and a Moment of Silence: J. Wynn, Co-Chair
2. Review and approve the 9/16/2025 Agenda
3. Review and approve 3/18/2024 Meeting Minutes (Attachment #1)
4. **New Business**
   A) Program Updates: HIV Prevention/EHE (A. Abdool, FDOH) (Attachment #2)
   B) Selection of new IPWG leadership and planning body representatives for 2026
   C) Broward 2027-2031 Integrated Plan Development: *due to CDC & HRSA on June 30, 2026*
      1. Status of Statewide Integrated Planning Activities/2025 HIV Care Needs Survey for Consumers (B. Barnes) (Attachment #3)
      2. Status of Health Department Integrated Planning Activities (J. Rodriguez)
      3. Selection of approach to preparing the Integrated Plan submission. (M. Rosiere)
         a. Update existing plan: Modify and enhance the previously submitted plan.
         b. Integrate Existing Documents: Combine sections from current plans and documents.
         c. Develop a New Plan: Create an entirely new plan from scratch.
      4. Proposed Integrated Planning Timeline (M. Rosiere) (Attachment #4)
      5. Integrated HIV and Prevention and Care Plan Work Plan and Monitoring Table, 2027-2031 (M. Rosiere)
      6. HIVPC Retreat, February 26, 2026, Ann Kolb Nature Center; All Planning Bodies are invited: **Proposed topics for discussion:**
         a. Where are we now? (Data presentations: Epi-Data, HIV Continuum)
         b. RWPA Needs Assessment Presentation
         c. Integrated Plan Mission/Vision for 2027-2031
         d. Finalizing the Integrated HIV and Prevention and Care Plan Work Plan and Monitoring Table, 2027-2031
   D) Leveraging Partnerships (W. Cius)
5. **Old Business**
   A. **Update:** Communication process to notify clients about ADAP enrollment requirements *(J. Rodriguez)*
   B. **Update:** RW Part A HICP Program FY 2025 Changes (*RWPA or BRHPC Representative)*
6. **Next Meeting:** TBD
7. **Next Meeting Agenda Items**: TBD
8. **Announcements**
9. **Adjourn**

Broward County
HIV Prevention and Care Integrated Planning Workgroup
Voting Members
As of September 2025

HIVPC

Lorenzo Robertson

Ronald Bhrangger

Tom Pietrogallo

Von Biggs (Alternate)

BCHPPC

Tatiana Williams

Brad Barnes

Emilio Aponte Sierra Paretti

James Lewis (Alternate)

SFAN

Joey Wynn

Greg Beltran

Ashley Mayfaire

Jay Saboe-Rodriguez (Alternate)

Part A EHE Advisory Body Representatives

Michael Greene

Shawn Tinsley

Kendra Hayes

Attachment 1

Integrated Planning Workgroup Meeting Minutes

Date: March 18, 2025

Time: 1:00 PM – 4:00 PM

Location: Broward Regional Health Planning Council & Microsoft Teams

Attendees

HIVPC Appointed Members Present: L. Robertson, R. Bhrangger, V. Biggs, T. Pietrogallo
BCHPPC Appointed Members Present: B. Barnes, E. Aponte Sierra Paretti,
SFAN Appointed Members Present: J. Wynn, J. Saboe-Rodriguez, A. Mayfaire
Ryan White Part A Recipient Staff Present: J. Roy, G. James, T. Thompson, W. Cius, B. Miller**,** R. Pena, R. Baker
FLDOH (Part B and Prevention) Present: J. Rodriguez, Q. Cowan, S. Cook, N. Kellman, R. Mills, A. Abdool, R. Hill,
EHE Advisory Body: S. Tinsley, K. Hayes,
Ryan White Part D: B. Fortune-Evans
Guest(s): J. Hidalgo, J. Rogers, R. Shore, D. DePass, K. Watkins, W. Gary, T. Cuyler, D. Robertson, P. Jenkins
BRHPC Staff Present: M. Rosiere, G. Berkeley-Martinez, D. Liao, M. Lacroix, S. Isidore

Meeting Highlights

- The meeting was called to order by Co-Chair J. Wynn, with a welcome and introductions.
- The agenda and minutes from the previous meeting (October 22, 2024) were reviewed and approved with amendments.
- Key updates included the status of defining 'HIV-related' conditions and the creation of a provider contact list.
- Insurance enrollment updates highlighted changes to ADAP, qualifying events, and upcoming CMS policy changes.
- The purpose of the Integrated Workgroup was highlighted with a review of the RWPA HIVPC Bylaws, Article VIII, Section 10, “Integrated Planning Workgroup – Membership.

Reports & Presentations

Quarterly progress reports were presented for Part B/ADAP, the EHE Prevention Plan, and the Florida Integrated HIV Plan (FCPN).

a) Part B/ADAP Quarterly Progress Report

S. Cook presented the quarterly update for the Ryan White Part B program, followed by N. Kellman who provided a detailed overview of the ADAP (AIDS Drug Assistance Program) report. All questions from participants were addressed during the discussion.

b) EHE Prevention Plan Progress Report

A. Abdool delivered an update on the Ending the HIV Epidemic (EHE) Prevention Plan, highlighting progress to date. Attendees had the opportunity to ask questions, and all concerns were resolved.

c) Florida Integrated HIV Plan (FCPN) Progress Report

J. Wynn summarized recent updates and upcoming activities related to the Florida Comprehensive Planning Network (FCPN), noting a significant upcoming revision of the Integrated Plan of Care.

- FCPN Coordination of Efforts Committee – Update provided by J. Wynn.
- FCPN Medication Access Committee – Update provided J. Wynn.
- FCPN Needs Assessment Committee – B. Barnes shared an update on the 2025 Statewide Part A/B Combined Client Survey. The goal this year is to achieve at least 10% client participation, a marked increase from 5% in the prior year.

d) Part A EHE Plan Progress Report

R. Baker reported on current efforts to compile a provider contact list and a case manager/peer navigator directory. J. Wynn emphasized the importance of improving communication between Disease Intervention Specialists (DIS) and the Ryan White program to help re-engage clients in care. J. Hidalgo noted recent changes to the Provide Enterprise (PE) referral algorithm, and R. Baker confirmed plans to update the Broward EMA EHE Workplan.

e) HIV Planning Council Progress Report

M. Rosiere provided an update on the complete Ryan White Part A Needs Assessment reports, *FY 2022–2025 Part A Needs Assessment – 3-Year Summary, and FY 2024–2025 Part A Needs Assessment Report*

2027–2031 Integrated Plan Development

- M. Rosiere provided guidance on the upcoming Integrated HIV Prevention and Care Plan, which is scheduled for submission to the CDC/HRSA by June 30, 2026.
- Concerns were raised about unstable funding and the need for collaboration across all Parts (A-D) to ensure comprehensive planning.

- J. Wynn provided insights from the Medicaid, Medicare, and Social Security Townhall led by Congresswoman Sheila Cherfilus-McCormick. He highlighted the potential national $880 billion cuts to Medicaid and their implications for HIV care funding. Specifically, Florida's District 20 could face a loss of $2.3 billion in Medicaid funding if the proposed budget becomes law.

Decisions & Next Steps

• A communication process will be developed to notify clients about ADAP enrollment requirements (responsible parties: RW Part B Representatives)

• The next IP Workgroup meeting date is TBD and may align with the PSRA process or HIV Summit.

Announcements

a) New Part A Providers & Notice of Award Update:

J. Roy shared that the final determination is still pending and has been delayed. For FY25-26, five new providers will be joining the system, bringing the total to 17 providers and two consulting agreements. The network will oversee more than 100 programs, 30 agreements, and 30 service categories. Orientation for incoming providers is scheduled for March 28. Glenroy James noted that a partial Notice of Award (NOA) has been received, though it remains subject to change.

b) Poverello Updates:

- Women's Health Support Group: Held on the third Monday of each month.
- Men's Health Support Group: Held on the third Wednesday of each month.
- Snack and Shop: Takes place every Tuesday.
- Syringe Exchange & Care Resource Mobile Clinic: Available every Friday.
- Live Band at the Thrift Store: Hosted every Thursday.

c) HIVPOSSIBLE and SOS Initiatives:

These organizations are recruiting participants already engaged in planning efforts.

- April 8: Hosting a passport party in collaboration with the World AIDS Museum, focusing on missionary and leisure travel opportunities.
- May 10: Organizing a **Salute to Percussion** event to honor percussionists in Broward County. The event will be held at Smitty's on Sistrunk.

d) Ujima Men's Collective:

The group will host the **Men Up Festival in the Park** on May 3 at Delevo Park. The festival will feature games, competitions, health screenings, and workshops. This event is organized in partnership with Ending the HIV Epidemic (EHE).

Adjournment

The meeting adjourned at 4:10 PM.

Attachment 2

Florida Department of Health

Broward County: Ending The HIV Epidemic Update

January 2025 – May 2025

Ending The HIV Epidemic Update

Rania Mills
HIV Prevention Planner
Florida Department of Health in Broward County

Ayesha Abdool
HIV Special Project Coordinator
Florida Department of Health in Broward County

Diagnose Individuals with HIV As Early as Possible

Strategies

- Expand routine HIV testing in targeted health care settings
- Expand targeted HIV testing of priority populations in non-health care settings
- Develop and implement a social marketing campaign
- Eliminate the barriers to HIV testing
- Create a seamless status-neutral HIV care continuum

Diagnoses Pillar Highlights

- 83 in-home HIV test kits distributed in non-health care settings
- 43 in-home HIV test kits distributed via mail order
- 1,672 tested for HIV in an Ending the HIV Epidemic (EHE)-contracted mobile health care clinic
- 3,681 of HIV tests conducted by EHE providers

Treat Individuals with HIV Rapidly and Effectively

Reaching Sustained Viral Suppression

Strategies

- Expand access to testing and treatment services
- Eliminate barriers to HIV care and long-term treatment
- Expand access to safe/affordable housing opportunities for people with HIV
- Increase retention rates in care, treatment services, and viral suppression

Treatment Pillar Highlights

- 1,312 primary care physicians educated on the Test and Treat Program
- 310 clients referred to the Test and Treat Program
- 297 clients enrolled in the Test and Treat Program

Prevent New HIV Transmissions
Using Proven Interventions, Including PrEP and Syringe Services

Strategies

- Expand access to Pre-Exposure Prophylaxis is (PrEP)
- Raise community awareness of PrEP through outreach
- Eliminate barriers to HIV prevention, such as PrEP
- Create a seamless status-neutral HIV care continuum

Prevent Pillar EHE Provider Highlights

- 3,294 PrEP screenings
- 3,189 PrEP referrals
- 993 PrEP medical visits
- 241 events and 9,932 in-person contacts

Broward Wellness Center PrEP Program Highlights

- 1,064 clinical visits
- 901 enrolled in PrEP navigation

Respond Quickly to Potential HIV Outbreaks
Deploy Vital Prevention and Treatment Services

Strategies

- Enhance the ability to conduct molecular cluster response by increasing the number of genotypes performed

Contact Information

Florida Department of Health in Broward County

Rania Mills
HIV Prevention Planner
954-847-8069
Rania.Mills@FLHealth.gov

Ayesha Abdool
HIV Special Project Coordinator
954-412-7108
Ayesha.Abdool@FLHealth.gov

2025 HIV CARE NEEDS SURVEY

The Broward Ryan White Part A Office is excited to launch the statewide 2025 HIV Care Needs Survey, designed to gather feedback from people living with HIV across Florida. The survey will help:

- Influence statewide HIV care planning
- Identify service gaps
- Improve access to essential health services

Who Should Participate?
People living with HIV in Broward County

The Survey Can Be Taken Online
Area 10 (Broward County)
Online Survey Portal

Deadline
November 30, 2025

For more information, contact Scott Wilson
swilson@taimail.org

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

Attachment 4

Proposed: Integrated HIV Prevention & Care Planning Timeline

Planning Period: April 2025 – June 30, 2026

Phase	Timeframe	Key Activities
CY 2027-2031 HRSA/CDC Integrated HIV Prevention & Care Plan Guidance training	April 30, 2025	– To provide technical support, guidance, and tools to HRSA and CDC-funded jurisdictions for developing their integrated HIV prevention and care plans.
Pre-Planning & Community Engagement	April – August 2025	- Community input sessions: • SFAN (Part B): *April 10* • HIVPC (Part A): *April 17, August 12* • (Part A) Faith-Based: *August 23 & 27*
FCPN: Statewide Planning Meeting	August 4-6, 2025	– Meeting Objective: To bring together the patient care, prevention, at-large, and Department of Health representatives of the Florida Comprehensive Planning Network (FCPN) to discuss the development of the State of Florida's Integrated HIV Prevention and Care Plan.
Planning Kickoff	September 16, 2025	- Launch formal planning process - Confirm workgroups and planning structure
Needs Assessment & Data Review	October 2025-February 2025	- Analyze epidemiologic data - Identify service gaps and priorities
Final Community Engagement	October 20, 2025	- Final HIVPC listening session (Part A)
Drafting the Integrated Plan	December 2025 – March 2026	- Develop goals, strategies, and measurable objectives - Align with NHAS & EHE
HIVPC Retreat	February 26, 2026	**Proposed topics for discussion:** – Where are we now? (Data presentations: Epi-Data, HIV Continuum) – RWPA Needs Assessment Presentation – Integrated Plan Mission/Vision for 2027-2031 – Finalizing the Integrated HIV and Prevention and Care Plan Work Plan and Monitoring Table, 2027-2031
Public Review & Feedback	April – May 2026	- Share draft 1 with the Recipient offices, planning bodies, and stakeholders: 4/30/26 - Collect feedback and revise: 5/15/2026 - Letters of concurrence by planning body chairs: 5/30/2026
Finalization & Submission	June 2026	- Final edits and approvals: 6/15/2026 - **Submit before or by June 30, 2026,** to CDC/HRSA

Health Insurance Premium Assistance Program

ACA Insurance Open Enrollment

November 1st – December 15th

for Coverage beginning 1/1

December 16th – January 15th

for Coverage beginning 2/1

Step #1: Enroll In an APPROVED Health Insurance Plan (required)

For assistance with enrolling in Insurance: call 1-844-441-4422 or visit: https://enroll.brhpc.org

Step #2: Enroll In Premium Assistance @ Enroll.BRHPC.org (required)

- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05, -08, or -21S) or Silver (24J01-03 or -19S), you MUST choose a NEW PLAN for 2026 to continue receiving premium assistance.

Step #3: Use *CVS Copay Card When You Fill A Prescription (required)*

For medication copayment assistance, the call Pharmacy Help Desk at 1-800-364-6331

Step #4: *Recertify Eligibility Annually & Don't Let It Expire (required)*

If your eligibility expires, your premium payments will no longer be made by the program.
For State of Florida Drug Assistance Program eligibility assistance, call 1-844-381-2327.

BRHPC

For premium assistance program enrollment or payment questions, contact: Broward Regional Health Planning Council or our enrollment partner, American Exchange at **1-844-441-4422.**

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

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.