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 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, March 15, 2018, 9:00 a.m.
Location: Government Center Room A-337
Chair: Will Spencer **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 3/15/18 Agenda and 1/18/18 Meeting Minutes
3. **UNFINISHED BUSINESS**
4. **STANDARD COMMITTEE ITEMS**
   a. Monthly expenditure/utilization report by service category
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
FY 2017 PSRA Committee Evaluations	ACTION ITEM: Discuss progress toward FY17 Committee goals, complete Committee evaluation, and determine goals for FY18
FY 2018 PSRA Work Plan	ACTION ITEM: Approve FY18 Work Plan
PSRA Process	ACTION ITEM: Discuss and approve FY2019-2020 PSRA timeline
FY 2017 Assessment of the Administrative Mechanism	ACTION ITEM: Review and discuss the Assessment of the Administrative Mechanism FY17

6. **RECIPIENT REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**: April 19, 2018 **Time**: 9:00 a.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
2016 Broward Epi Presentation	ACTION ITEM: Receive presentation on 2016 Broward EMA Epidemiology
Ryan White Funder/Stakeholder Presentations	ACTION ITEM: Receive presentations from Ryan White Funders/Stakeholders

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, January 18, 2017, 9:00 a.m.
Location: Government Center A-337
Chair: Will Spencer **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Barrientos, Y.	**X**			
2	DeSantis, M.	**X**			
3	Barnes, B.	**X**			
4	Grant, C.	**X**			
5	Hayes, M.		**X**		**HIVPC Staff**
6	Katz, H. B.	**X**			Ewart, L.
7	Lopes, R.		**X**		Oratien, V.
8	Schickowski, K.	**X**			Holloman, K.
9	Shamer, D.	**X**			
10	Siclari, R., *Vice Chair*	**X**			**Grantee Staff**
11	Spencer, W., *Chair*	**X**			Wallace, C.
					Jones, L.
	Quorum = 7				Anderson, T.
					Fender, T.

1. CALL TO ORDER:

The HIVPC Vice Chair called the meeting to order at 9:11 a.m. The HIVPC Vice Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve 1/18/18 meeting agenda.
Proposed by: Shamer, D. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 11/16/17.
Proposed by: Barnes, B. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

3. UNFINISHED BUSINESS

None.

4. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: The Recipient presented his recommendations for the Committee's final "sweeps" of the fiscal year (FY). The Recipient's Office will conduct one more sweep at year's end, as outlined in the PSRA Policies and Procedures. Utilization for all service categories is "off the charts," and the Committee might need to consider at reducing services during the next FY to stabilize spending and utilization. The Recipient is looking at utilization patterns to determine the cause of the increase, which may be because of increased client retention or a boost from Test and Treat. While the Recipient is happy that people are utilizing the system, he is concerned that the Part A Program cannot handle the increases in cost. Currently utilization is up 7-8% than this time in FY16-17. Cost savings could come from the FDOH, which has rebate dollars and is also expanding the ADAP formulary in March. The PSRA

Committee will need to services category eligibility soon to ensure that providers and clients have continuity in services and funding.

As for "Sweeps," the Recipient explained that there have been a lots of provider requests for funding ($586,000), and few returns. There is $78,000 in funding that can be swept into other services, and the Recipient's Office recommended placing all available funds into OAMC. Even with the reallocation, not all OAMC providers will receive their full requested amounts.

Motion #3: To sweep $78,000 into OAMC
Proposed by: Katz, H.B. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

Motion #4: To sweep $17,000 from Disease Case Management
Proposed by: Grant, C. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

Motion #5: To sweep $2,000 from Mental Health
Proposed by: Shamer, D. **Seconded by:** Barnes, B.
Action: Passed Unanimously

Motion #6: To sweep $28,000 from Substance Abuse
Proposed by: Barnes, B. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

Motion #7: To sweep $30,000 from Case Management
Proposed by: Shamer, D. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #8: To sweep $1,000 from Legal
Proposed by: Grant, C. **Seconded by:** Katz, H.B.
Action: Passed with 1 Abstention

5. MEETING ACTIVITIES

FY2017 PSRA Committee Work Plan: The Committee reviewed their FY2017 Work Plan. The Committee members discussed their PSRA process, including receiving presentations from local HIV Funders and stakeholders. They discussed their work on MAI programming, and the Black Women's Study currently being implemented by the System of Care Committee. The members noted that the only thing not completed on their FY17 WP is the approval of the Administrative Mechanism report, and asked the HIVPC to approve it during their next meeting.

6. RECIPIENT REPORT

With the start of FY2018 on the horizon, chaos at the federal level regarding budget and spending, and a potential government shut down has made budget planning difficult. The best case scenario for Ryan White is the passage of a continuing resolution and a flat funding for Ryan White programs. The Recipient's Office will grant partial awards to providers. Flat funding and partial awards seems to be the new trend, and unfortunately it creates chaos in the service delivery system as providers decreased their service because of uncertainties in funding/contracts.

Finally, the Part A Program is releasing an request for proposal (RFP) for Minority AIDS Initiative (MAI) service providers. MAI OAMC, MAI Substance Abuse, MAI Mental Health and HICP are included in the RFP process. The RFP uses the components and populations determined in PSRA (18-38 year old Black males and females with high or unsuppressed viral loads). The Recipient's Office has also received a grant to develop a peer certification program to

train HIV+ individuals to serve as peer navigators. The Recipient has hired a consultant to help design the program, and an advisory board will be set up to discuss recruitment of candidates, training implementation, job descriptions, etc.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: March 15, 2018 Time: 9:00 a.m. Venue: A-337

Goal/Work Plan Objective #:	*Accomplishments*
FY2017 PSRA Committee Evaluation and FY2018 Goals	ACTION ITEM: Complete FY2017 PSRA Committee evaluation, set goals for FY2018
FY2019 PSRA Process	ACTION ITEM: Discuss FY2019 PSRA Process, including timeline and member responsibilities

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 10:41 a.m.

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PSRA Attendance CY2018

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	18												
1	1	0	**1**	Barnes, B.	X												
1	0	0	**2**	Barrientos, Y.	X												
0	0	0	**3**	DeSantis, M.	X												
0	0	0	**4**	Grant, C.	X												
0	0	1	**5**	Hayes, M.	A												
1	1	0	**6**	Katz, H.B.	X												
0	0	1	**7**	Lopes, R.	A												
0	0	0	**8**	Schickowski, K.	X												
1	1	0	**9**	Shamer, D.	X												
0	0	0	**10**	Siclari, R., *V. Chair*	X												
0	1	0	**11**	Spencer, W. *Chair*	X												
				Quorum = 7	9	0	0	0	0	0	0	0	0	0	0	0	

Legend:

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

HANDOUT A

FY 2017-18 Priority Setting/Resource Allocations Committee Work Plan

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

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

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

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA	x	x	x	x	x							
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.												
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/CEC	Complete PSRA process	Use data elements to inform priority ranking process.				x								
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.					x							
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Grantee	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.								x			x	
1.6 Request Technical Assistance (TA) as it relates to the PSRA process	As Needed/ Recommended	PSRA/ Grantee	Complete PSRA process	Request TA as it relates to developing and implementing client surveys and the FY 2019 PSRA process. Develop process for upcoming FY PSRA Process based on recommendations												
1.7 Review and approve FY2018 PSRA Work Plan																x

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/ Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN	x											

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.								x				
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.								x				

FY2017 Evaluation
Priority Setting and Resource Allocation Committee

HANDOUT B

1.) Meeting Effectiveness

	Not Relevant				Very Relevant
How relevant were the agenda, reports, and next steps?	1	2	3	4	5

What are 2 ways to improve the relevance of meeting agenda items?

_____

_____

_____

2.) Committee Member Participation

	Not Well				Very Well
How well prepared were the Committee members?	1	2	3	4	5

What can be done in the future to improve meeting preparedness & participation from members or guests?

_____

_____

_____

3.) Decision Making Process

	Not Well				Very Well
How well did members utilize data to make informed decisions?	1	2	3	4	5

What improvements can be made with the data presentation/review process; how can members be better informed?

_____

_____

_____

4.) FY2018-2019 PSRA Process

	Not Effective				Very Effective
How effective was the FY2018 PSRA?	1	2	3	4	5

How could the Committee do improve the upcoming FY2019 PSRA Process?

_____

_____

_____

5.) Goals

What are some FY2018 PSRA goals?

_____

_____

_____

HANDOUT C

FY 2018-19 Priority Setting/Resource Allocations Committee Work Plan

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

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

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

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA				X								
1.2 Review How Best to Meet the Need language recommendations from SOC committee.	Annually	PSRA/SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.					X							
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/CEC	Complete PSRA process	Use data elements to inform priority ranking process.			X									
1.4 Allocate Part A and MAI funds by service category	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.				X								
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Grantee	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.								X			X	
1.6 Review and approve FY2019 PSRA Work Plan	Annually	PSRA	Process Planning													X

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care **(YEAR 1-2)**	As Needed/Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities		Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.								X				
3.2 Assessment of the Administrative Mechanism recommendations	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.								X				

Timeline for Priority Setting and Resource Allocation

DATE	TASK	ACTION ITEM
Wednesday, March 15th, 2018 9:00 P.M. to 11:00 A.M. Ryan White Part A Program Office – Room A-337	**Establish PSRA Process**: Review purpose of PSRA, PSRA timeline, and overview of data, and PSRA Committee Member Manual	Review the PSRA guidelines and timeline and the Service Category definitions. **Vote to Approve:** Establish PSRA Process
Thursday, April 19th, 2018 9:00 A.M. to 11:00 A.M. Ryan White Part A Program Office – Room GC- 430	**Establish PSRA Process**: Review PSRA Committee Member Manual **Review 2016 Epidemiological Data** focused on: • Trends in new infections • Current and emerging priority populations • Changes in demographics of the EMA's HIV/AIDS cases **Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Wrap-up, Take Away, and Recommendations**	Sign PSRA Committee Member Manual Informational Informational
Thursday, May 17th, 2018 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	**Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Needs Assessment/Community Input**: Discussion of community needs and feedback from needs assessment activities. **Wrap-up, Take Away, and Recommendations**	Informational Informational

	Priority Setting: Rank Part A services based on community need, funder recommendations, and data presentations.	**Vote to Approve:** Ranking of Service Categories
Thursday, June 21st, 2018 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	**Part A Client Health Outcomes Presentation:** Analysis of Part A client health outcomes including: • Viral Load Suppression • Retention in Care • Variations by gender, race/ethnicity, service category **Part A Service Category Presentations:** Analysis of Part A Program by service category including: • Service components • Allocations and expenditures • Client utilization • HIV Care Continuum **Data Presentation Wrap-Up and Final Discussion:** Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc. **Resource Allocations:** Determine funding based on FY2016 expenditures, FY 2018 projections, factors to consider, and funder presentations.	Informational Informational **Vote to Approve:** Allocations for Service Categories

HANDOUT E

Broward County HIV Health Services Planning Council

PRIORITY SETTING AND RESOURCE ALLOCATION MANUAL
For Fiscal Year 2019-2020

MEETING SCHEDULE:

Thursday, March 15th, 2018
9:00 A.M. to 11:00 A.M.
Location: Ryan White Part A Program Office – Room A-337, 115 S. Andrews Ave, Ft. Lauderdale, FL 33301

Thursday, April 19th, 2018
9:00 A.M. to 1:00 P.M. – EXTENDED MEETING
Location: Ryan White Part A Program Office – Room GC-430, 115 S. Andrews Ave, Ft. Lauderdale, FL 33301

Thursday, May 17th, 2018
9:00 A.M. to 1:00 P.M. – EXTENDED MEETING
Location: Ryan White Part A Program Office – Room A-337, 115 S. Andrews Ave, Ft. Lauderdale, FL 33301

Thursday, June 21st, 2018
9:00 A.M. to 1:00 P.M. – EXTENDED MEETING
Location: Ryan White Part A Program Office – Room A-337, 115 S. Andrews Ave, Ft. Lauderdale, FL 33301

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Overview

The Priority Setting & Resource Allocation (PSRA) Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (HIVPC) for the disbursement of Ryan White Part A funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the HIVPC. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Recipient to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall recommend language to the HIVPC on factors that the Recipient should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

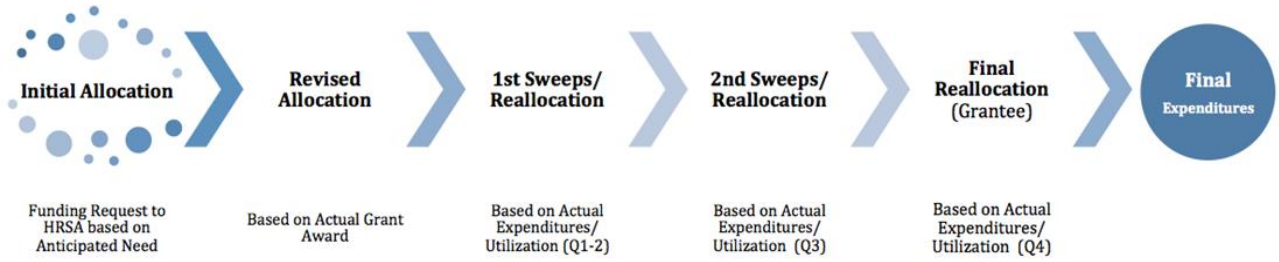
The decision making process is publicly stated and implemented as stated. The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Recipient.

Priority and allocation recommendations shall be forwarded to the HIVPC and if approved to the applicable funding source for disbursement of Ryan White Part A dollars. The Recipient Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

The HIVPC has identified the following core medical services as those which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. AIDS Pharmaceutical Assistance (Local)
2. Health Insurance Premium and Cost Sharing Assistance (HICP)
3. Disease Case Management
4. Mental Health Services
5. Oral Health Care
6. Outpatient/Ambulatory Health Services
7. Substance Abuse Outpatient Care

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



Initial Allocation: (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year) The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the 5-Year Integrated HIV Prevention and Care Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive HIV Care Continuum.

Review Data:

- Surveillance, HIV+ Unaware Estimate, and HIV+ Not In Medical Care Estimate
- Client Needs, Priorities, and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

Allocate Funding to Service Categories:

The Committee shall first allocate funding to the core services followed by the remaining support services. Unless otherwise exempted by HRSA through the receipt of a 75/25 waiver, the Committee must adhere to the "core medical services provision" for its allocations. The core medical services provision states that 75% of direct service funding must be allocated to core medical services (as defined by HRSA). The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) * the cost to provide needed service (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need.

[*# of clients* cost*] – [*other funding + other documented community needs*] = resources needed

Estimate Client Need:

The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services

a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
b. Estimate # of eligible newly diagnosed PLWHA that will need services

Sweeps and Reallocation Process: (Based on periodic review of service utilization)
The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Recipient.

For *periodic reallocation* of resources, the following process shall be utilized: The Recipient should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justification for why the deviation will occur.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the Committee authorizes the Recipient to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less than 10% of the funding award and that there are less than 120 days left in the fiscal year.

PSRA Goals and Guiding Principles:

- Provide access to high quality HIV services for PLWHA in Broward County
- Optimize the HIV Care Continuum's impact
- Develop an integrated PSRA process using data with input from stakeholders and consumer forums
- Maintain a commitment to ending health disparities
- Provide client centered and coordinated services
- Integrate Prevention and Care
- Maintain and require collaborative partnerships among service providers
- Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
- Engage continuous training, capacity building, and leadership development.
- Provide culturally and linguistically appropriate services

Ground Rules and What to Expect

All PSRA Committee members shall abide by the same rules, understand those rules, and observe standards of professional behavior. This will make the priority-setting event more manageable and productive. Each Committee member is asked to adhere to the following ground rules throughout the priority-setting and allocation process.

- Every member will treat every other member with the courtesy and respect resulting from his or her legitimate right to be part of discussions and decision making. This means that all members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be no personal attacks and disagreements will focus on issues, not upon individuals.
- Once decisions are made, every member of the Committee will support the decision, regardless of his or her personal position.
- A member will behave in a manner that reflects recognition of his or her responsibility to present and consider the concerns of specific communities, or population groups, while considering the overall needs of PLWHA, and act on their behalf, not to benefit him- or herself.
- 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 Recipient outside of the meeting.
- Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that all members abide by them.

The Planning Council Support Staff will provide Committee members with the essential materials needed for all activities. All Committee members will be given a PSRA resource book, guided by HRSA PSRA standards, that will provide background and support to all presentations as it pertains to an informed decision making process.

An immense amount of information will be distributed and presented within a short period of time. Since a tremendous amount of information needs to be considered in order for members to prioritize services and allocate funds, each member is obligated to familiarize him- or herself with how to read the data being presented and to use the information to make informed decisions.

Priorities and allocations are data based. Decisions are based on the data, not on personal preferences. The PSRA Committee will have access to information to enhance their efforts in the decision making process. The data collected includes:

- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Others Funder's Data
- Public Comment Data

Other factors to consider are:

- Funding from other sources such as Medicaid and Medicare
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers

- Changes in legislative requirements
- National HIV/AIDS Strategy
- Affordable Care Act

Conflict of Interest Policy

All PSRA Committee members, regardless of conflicts, must complete ***Form 8B***—*Memorandum of Voting Conflict for County, Municipal, and Other Local Public Officers* at every PSRA or HIVPC meeting in which the PSRA process comes to a vote. On this form, you are asked to identify your affiliation with current Ryan White Part A providers, including specific service affiliations.

Instructions for Compliance with Section 112.3143, Florida Statutes:
A person holding elective or appointive county, municipal, or other local public office MUST ABSTAIN from voting on a measure which insures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a mea- sure which insures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venture, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:
In addition to abstaining from voting in the situations described above, you must disclose the conflict:

- PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; and
- WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:
Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

If you intend to make any attempt to influence the decision prior to the meeting at which the vote will be taken:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes.
- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

If you make no attempt to influence the decision except by discussion at the meeting:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

Please be aware of all contractual obligations your organization may have related to Ryan White funding and report them on the conflict-of-interest form. Some organizations may receive Ryan White funding through a subcontract that may not be reported to the HIVPC. When doing introductions, all members must state their conflicts. Failure to report all conflicts and potential conflicts puts the planning council at risk for grievance, and you will be recommended to the Executive Committee for removal.

If you are conflicted under the conflict-of-interest policy, or if there are less than three Ryan White funded providers for a service category, you must abstain from all voting on service categories in which your organization receives funding. During discussion of a service that you are conflicted for, you must announce that you are conflicted during the voting process. All conflicts regarding a service category is public record and will be recorded in the meeting minutes.

HRSA Funded Service Categories

Please find listed below the 13 Core Medical Service Categories and the 17 Support Service Categories that are fundable with Ryan White Program Part A and MAI (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds – *Policy Clarification Notice #16-02 [Revised 12/05/16*]). **Those funded by the Broward EMA in 2017-2018 are in bold.** All funded agencies are contractually obligated to engage in activities, which help to engage and/or retain clients in care.

Core Medical Services:

1. **Outpatient/Ambulatory Health Services**
2. **AIDS Pharmaceutical Assistance (Local)**
3. **Health Insurance Premium & Cost-Sharing Assistance (HICP)**
4. **Medical Case Management (Disease)**
5. **Mental Health Services**

6. **Oral Health Care (Dental)**
7. **Substance Abuse Services - Outpatient**
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services:

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

Service Category Definitions

Core Medical Services:

1. **AIDS Drug Assistance Program Treatments (ADAP):** A state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate. Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

2. **AIDS Pharmaceutical Assistance:** Local Pharmaceutical Assistance Programs (LPAP) are operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria. Only RWHAP Part A grant award funds or Part B Base award funds may be used to support an LPAP. ADAP funds may not be used for LPAP support. LPAP funds are not to be used for Emergency Financial Assistance. Emergency Financial Assistance may assist with medications not covered by the LPAP.

   RWHAP Part A or B recipients using the LPAP service category must establish the following:
   - Uniform benefits for all enrolled clients throughout the service area
   - A recordkeeping system for distributed medications
   - An LPAP advisory board
   - A drug formulary approved by the local advisory committee/board
   - A drug distribution system
   - A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
   - Coordination with the state's RWHAP Part B ADAP
     - A statement of need should specify restrictions of the state ADAP and the need for the LPAP
   - Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

3. **Early Intervention Services (EIS)**: Include counseling individuals with respect to HIV/AIDS; testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose to the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS; referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations of individuals with HIV/AIDS; and the provision of therapeutic measures.

4. **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:
   - Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
   - Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
   - Paying cost sharing on behalf of the client.

5. **Home and Community-Based Health Services:** Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:
    - Appropriate mental health, developmental, and rehabilitation services
    - Day treatment or other partial hospitalization services
    - Durable medical equipment
    - Home health aide services and personal care services in the home

6. **Home Health Care: T**he provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:
    - Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
    - Preventive and specialty care
    - Wound care
    - Routine diagnostics testing administered in the home
    - Other medical therapies

7. **Hospice:** Services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
    - Mental health counseling
    - Nursing care
    - Palliative therapeutics
    - Physician services
    - Room and board

8. **Medical Case Management (including Treatment Adherence Services):** The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
    - Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary Ongoing assessment of the client's and other key family members' needs and personal support systems

- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

9. **Medical Nutrition Therapy**: Includes nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

10. **Mental Health Services:** The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

11. **Oral Health Care:** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

12. **Outpatient/Ambulatory Health Services**: Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:
    - Medical history taking
    - Physical examination
    - Diagnostic testing, including laboratory testing
    - Treatment and management of physical and behavioral health conditions
    - Behavioral risk assessment, subsequent counseling, and referral
    - Preventive care and screening

- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

13. **Substance Abuse Outpatient Care:** The provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:
    - Screening
    - Assessment
    - Diagnosis, and/or
    - Treatment of substance use disorder, including:
        - Pretreatment/recovery readiness programs
        - Harm reduction
        - Behavioral health counseling associated with substance use disorder
        - Outpatient drug-free treatment and counseling
        - Medication assisted therapy
        - Neuro-psychiatric pharmaceuticals
        - Relapse prevention

    Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Support Services:

1. **Child Care Services:** Services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds includes:
    - A licensed or registered child care provider to deliver intermittent care
    - Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

2. **Emergency Financial Assistance:** Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication.

Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

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

3. **Food Bank/Home Delivered Meals:** The provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: personal hygiene products, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist.

4. **Health Education/Risk Reduction:** The provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:
    - Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
    - Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
    - Health literacy
    - Treatment adherence education

5. **Housing**: Services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

    Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

    Eligible housing can include either housing that:
    - Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or

- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

6. **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

7. **Linguistic Services:** Provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

8. **Medical Transportation:** The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:
    - Contracts with providers of transportation services
    - Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
    - Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
    - Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
    - Voucher or token systems

    Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

    Unallowable costs include:
    - Direct cash payments or cash reimbursements to clients
    - Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
    - Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

9. **Non-Medical Case Management Services:** Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:
    - Initial assessment of service needs
    - Development of a comprehensive, individualized care plan
    - Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary
    - Ongoing assessment of the client's and other key family members' needs and personal support systems

    Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

10. **Other Professional Services:** Allows for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
    - Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

11. **Outreach Services:** The provision of the following three activities:
    - Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
    - Provision of additional information and education on health care coverage options
    - Reengagement of people who know their status into Outpatient/Ambulatory Health Services

    Outreach programs must be:
    - Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
    - Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
    - Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
    - Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

12. **Permanency Planning:** Includes services to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

13. **Psychosocial Support Services:** Provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:
    - Bereavement counseling
    - Caregiver/respite support (RWHAP Part D)
    - Child abuse and neglect counseling
    - HIV support groups
    - Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
    - Pastoral care/counseling services

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership. For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

14. **Referral for Health Care and Support Services:** Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

    Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

15. **Rehabilitation Services:** Provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.

16. **Respite Care:** The provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

    Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

17. **Substance Abuse Services (residential):** The provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:
    - Pretreatment/recovery readiness programs

- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

Timeline for Priority Setting and Resource Allocation

DATE	TASK	ACTION ITEM
Wednesday, March 15th, 2018 9:00 P.M. to 11:00 A.M. Ryan White Part A Program Office – Room A-337	**Establish PSRA Process**: Review purpose of PSRA, PSRA timeline, and overview of data, and PSRA Committee Member Manual	Review the PSRA guidelines and timeline and the Service Category definitions. **Vote to Approve:** Establish PSRA Process
Thursday, April 19th, 2018 9:00 A.M. to 11:00 A.M. Ryan White Part A Program Office – Room GC- 430	**Review 2016 Epidemiological Data** focused on: • Trends in new infections • Current and emerging priority populations • Changes in demographics of the EMA's HIV/AIDS cases **Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Wrap-up, Take Away, and Recommendations**	Sign PSRA Committee Member Manual Informational Informational

Thursday, May 17th, 2018 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	**Ryan White Funder and Stakeholder Presentation** including data related to: • Client utilization • Budget • Provided services • Notable trends • Recommendations for Part A **Needs Assessment/Community Input**: Discussion of community needs and feedback from needs assessment activities. **Wrap-up, Take Away, and Recommendations** **Priority Setting:** Rank Part A services based on community need, funder recommendations, and data presentations.	Informational Informational **Vote to Approve:** Ranking of Service Categories
Thursday, June 21st, 2018 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	**Part A Client Health Outcomes Presentation:** Analysis of Part A client health outcomes including: • Viral Load Suppression • Retention in Care • Variations by gender, race/ethnicity, service category **Part A Service Category Presentations:** Analysis of Part A Program by service category including: • Service components • Allocations and expenditures • Client utilization • HIV Care Continuum **Data Presentation Wrap-Up and Final Discussion:** Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc. **Resource Allocations:** Determine funding based on FY2016 expenditures, FY 2018 projections, factors to consider, and funder presentations.	Informational Informational **Vote to Approve:** Allocations for Service Categories

Presentation Checklist

PRESENTATIONS	CURRENT AS OF (MO/YR)	DATA TO PSRA	PRESENTED TO PSRA	PRESENTED TO HIVPC
PSRA Process: • Procedures • Guidelines • Timeline • HRSA Service Category Definitions				
2016 Epidemiological Data: • Trends/changes in HIV/AIDS incidence and/or prevalence • EIIHA and unmet need • Changes in demographics of the EMA's HIV/AIDS cases in relation the Part A Program • Current and emerging priority populations *Resources: Part 10 Slides*	**06/30/17**			
Ryan White Funder and Stakeholder: • Services provided by each funder • Client utilization of services • Funding of services • Notable trends • Recommendations for Part A *Resources: Funders Table*	**FY 2017**			
Part A Service Categories: • Service utilization data by service category *Resources: Scorecards, Expenditures Spreadsheet, Projections Table*	**FY 2017**			
Needs Assessment: • 2016 Needs Assessment • Black Women's Study • Consumer Health Experience Survey *Resources: Needs Assessment Report, Consumer Health Experience and Black Women Study Reports, CEC Rankings Table*	**FY 2016/ FY2017**			
Data Wrap-Up: • Key findings				

• Service gaps and barriers • Community needs *Resources: Allocations Table*				

Glossary

Acquired Immune Deficiency Syndrome (AIDS): AIDS is the severe, late stage of human immunodeficiency virus infection. Without treatment, individuals with AIDS die but, with treatment, the degree of infection (the viral load) can be reduced and the immune system may improve and, with it, the patient's general health.

Allocation: The allocation is that portion — expressed either as an amount (dollars) or a proportion (percentage) — of the overall EMA funding award going to a particular service category. The term "allocation" can also refer to a process by which a planning council divides up a grant award among service categories, also known as "resource allocation".

Antiretrovirals (ARV): This is an adjective describing certain substances used to kill or inhibit the multiplication of retroviruses, such as HIV.

Antiretroviral Therapy (ART): Antiretroviral therapy is the combination of several antiretroviral medicines used to slow the rate at which HIV makes copies of itself (multiplies) in the body.

Broward County HIV Health Services Planning Council (HIVPC): A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Ryan White HIV/AIDS Program Part A funds. Created in Chapter 21, Part X, Broward County Administrative Code, and mandated by the Ryan White ACT.

Centralized Intake and Eligibility Determination (CIED): Entry point for Broward County HIV positive residents accessing Part A medical and support services.

Client Level Data: A client record including demographic status, HIV clinical information, HIV-care medical and support services received, and the client's 'UCI', an encrypted, unique client identifier.

Clinical Quality Management (CQM): This program involves activities aimed at determining whether, or how well, service providers have met minimum standards. Program staff visit provider locations and review samples of client charts to determine compliance with standards of care.

Community Forum: A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger number of people; participants are often self-selected (i.e., not randomly selected).

Conflict of Interest (COI): In this context, a COI is a circumstance where a Committee member is an employee, a relative of an employee, a board member (excluding consumer advisory boards), a consultant to, or a person otherwise receiving re-numeration from, a Ryan White Part A provider. When a person is in conflict, he or she should state the conflict before engaging in any discussion and he or she must abstain from voting on any matter concerning allocations of funds to the provider or the service

category in question.

HIV Care Continuum: The HIV Care Continuum is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression, and shows the proportion of individuals living with HIV who are engaged at each step. It provides a framework to better understand HIV care and treatment in the United States.

Early Identification of Individuals Living with HIV/AIDS (EIIHA): The number of individuals who are HIV positive but unaware of their status; this number is important because these individuals are more likely to unknowingly infect someone else with HIV.

Eligible Metropolitan Area (EMA): A designation used by the Ryan White program to identify an area eligible for funds under Part A of the act, which provides monies for aid to metropolitan areas hardest hit by HIV EMAs are metropolitan areas with at least 2,000 new cases of AIDS reported in the past five years and at least 3,000 cumulative living cases of AIDS as of the most recent calendar year.

Epidemic: The spread of an infectious disease through a population or geographic area.

Epidemiological Data: Epidemiological data comprise statistical information that describes an epidemic; information that is gathered regularly and in a planned way. The U.S. Centers for Disease Control and Prevention collect data on all infectious and contagious diseases in the United States.

Epidemiological Profile: A description of the current status, distribution and impact of an infectious disease or other health-related condition in a specific geographic area.

Health Resources and Services Administration (HRSA): The Health Resources and Services Administration is a division of the U.S. Department of Health and Human Services. Known as HRSA, it directs national health programs that improve the nation's health by assuring equitable access to comprehensive, quality health care for all. HRSA works to improve and extend life for people living with HIV/AIDS, provide primary health care to medically underserved people, serve women and children through state programs, and train a healthy work force that is both diverse and motivated to work in underserved communities. HRSA administers the Ryan White program.

Human Immunodeficiency Virus (HIV): This is an infection that attacks the immune, or disease- fighting, system in the human body. Without treatment, the amount of virus in the body (viral load) increases to the point where the individual no longer has any immune system to fight off diseases. Then what are known as opportunistic infections develop. When the level of healthy immune cells falls below 200 cells per cubic millimeter of blood, the HIV infection is said to have progressed to AIDS. HIV virus can be controlled but not cured and, once infected, the individual remains infected and is able to spread the infection to others for life.

Incidence: The number of new occurrences (e.g., of diagnosed HIV cases) over a given period of time. Incidence is often expressed as an annual measure (the number of new cases occurring during a year). Incidence should not be confused with prevalence, a measure of all existing living occurrences (e.g., of diagnosed HIV cases) at a given point in time.

Integrated Workgroup (IW): Comprised of members, community stakeholders, and consumers from each planning body (HIVPC, SFAN and BCHPPC) responsible for the general oversight and implementation of the Broward HIV Prevention Care and Treatment Integrated Plan.

Minority AIDS Initiative (MAI): In 1998, the Clinton administration and the Congressional Black Caucus announced the creation of the MAI program to target HIV funds at minority populations. MAI funds are disbursed through a competitive application process separate from the Part A application. MAI funds must be allocated and used in accordance with the requirements of the Ryan White program.

Motion: A motion is a statement of an issue seeking to commit a planning council or a committee to take a particular action, for or against the issue in question. Motions generally must be proposed and seconded before they can be discussed or voted upon.

Needs Assessment: A process of collecting information about the needs of people at risk for, or living with, HIV and their families (both those receiving care and those not in care), identifying current resources (Ryan White program and others) available to meet those needs, and determining what gaps in care exist.

Notice of Grant Award (NGA): Notification from HRSA of award amount.

Part A: The part of the Ryan White HIV/AIDS Program (formerly, Title I) that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic. This includes outpatient medical care, AIDS Pharmaceuticals Assistance, Oral Care, Health Insurance premiums and cost sharing assistance, mental health services, Medical Case Management, Outpatient Substance Abuse, Food Bank/home delivered meals, and legal services.

Part B: The part of the Ryan White HIV/AIDS Program (formerly, Title II) that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families. This includes ADAP, Health Insurance Premium and cost sharing assistance, Home and Community Based Health Services, and Medical Transportation Services.

Part C: The part of the Ryan White HIV/AIDS Program (formerly, Title III) that supports outpatient primary medical care and early intervention services to PLWHA through grants to public and private non-profit organizations. Part C also funds capacity development and planning grants to prepare programs to provide Early Intervention Services. This includes Early Intervention Services, Non-medical Case Management, Treatment Adherence Counseling, and HIV Testing.

Part D: The part of the Ryan White HIV/AIDS Program (formerly, Title IV) that supports coordinated services and access to research for children, youth, and women with HIV disease and their families. This includes Outpatient Medical Care, Mental Health Services, Medical Nutrition Therapy, medical Case Management, Non-medical Case Management, Health Education/Risk Reduction, Outreach Services, and Psychosocial Support Services.

Part F: Dental Programs- Community-Based Dental Partnership Program; AIDS Education and Training Center (AETC).

PLWHA: People (or person) living with HIV/AIDS; PLWH and PLWA also are used.

Prevalence: The number of occurrences of a given disease or other condition existing in a given population at a designated time. In the case of HIV and AIDS, prevalence measures all existing living cases at any given time. Prevalence should not be confused with incidence, which measures only the new cases occurring over a given period of time.

Priority Setting and Resource Allocation (PSRA): This is the process used by a planning council for identifying service priorities for the use of Ryan White funds that are consistent with locally identified needs.

Priority Setting: Includes determining what service categories are most important for PLWH/A in the EMA.

Provide Enterprise (PE): Provide Enterprise developed by Groupware Technologies, Inc. (GTI) is a web-based relational, integrated data system used by Broward County Ryan White Part A program to collect client-level data on socio-demographic and epidemiologic characteristics, intake and eligibility, detailed procedure-level service units, clinical outcomes, invoices, and payments. This software is used system-wide across a network of providers to collect data that is subsequently utilized for electronic reporting as well as synchronized real time care coordination of Broward County Ryan White Part A Clients.

Resource Allocation: The process by which dollars or percentages of funding are allocated to specific priority service categories.

Request for Proposals (RFPs): As its name suggests, a request for proposals is a request for project proposals (bids) distributed or made available to prospective bidders in an open and competitive process for the selection of providers of services.

Scorecards: Data dashboards, outlining allocations/expenditures, service utilization, demographic breakdown, and viral load data for each funded Part A Service Category.

Service Category: Service categories are broad groupings of services qualifying for funding under the Ryan White HIV/AIDS Treatment Extension Act of 2009. Examples include primary medical care, substance-abuse treatment, case management, housing assistance and others.

Test and Treat: A clinical program providing immediate linkage to HIV primary care and initiation of Antiretroviral Therapy (ART) at the time of HIV diagnosis or returning to care after a gap in services. Test and Treat is for newly diagnosed HIV-positive clients and previously diagnosed clients who were lost to care or had any interruption in ART.

Viral Load (VL): In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Unduplicated Client Count: A client who is counted only once, no matter how many direct services the client receives during a funding year or the number of demographic categories the client falls under.

Unmet Need: The number of people living with HIV/AIDS who are aware of their status but are not receiving primary medical care.

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
HIVPC: Broward County HIV Prevention Planning Council
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
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
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
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
MCM: Medical Case Management
MH: Mental Health
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
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAMC: Outpatient Ambulatory Medical Care
OHC: Oral Health Care
PE: Provide Enterprise
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
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
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
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

2016-2017 Assessment of the Administrative Mechanism

Report for the Broward/Fort Lauderdale EMA

Table of Contents

Frequently Used Acronyms

- **CQM** - Clinical Quality Management
- **EMA** – Eligible Metropolitan Area
- **FY** – Fiscal Year
- **HIVPC** – Broward County HIV Health Services Planning Council
- **HRSA** – Health Resources and Services Administration
- **MAI** - Minority AIDS Initiative
- **NOA** - Notice of Award
- **PCS** – Planning Council Support
- **PSRA** – Priority Setting and Resource Allocation
- **TA** – Technical Assistance
- **TGA** – Transitional Grant Area

2016-2017 Assessment of the Administrative Mechanism

Report for the Broward/Fort Lauderdale EMA

The Administrative Mechanism

The term 'Administrative Mechanism' refers to the process by which the Ryan White Part A Grantee executes contracts and reimburses providers for services rendered. Assessing the administrative mechanism is a mandated responsibility of planning councils that must be conducted at least annually.

Assessing the administrative mechanism helps ensure that contracts are executed and providers are reimbursed efficiently and in a timely manner. With the exception of this assessment, contract management and reimbursement are solely the responsibility of the Grantee.

2016-2017 Assessment Methodology

Methodology

The methodology for the FY 2016-2017 assessment of the administrative mechanism for the Broward/Fort Lauderdale EMA was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and TGAs

Legislative Mandate for the Assessment of the Administrative Mechanism

The legislation that governs the Ryan White Part A Program states that planning councils are required to "*assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.*"

across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward/Fort Lauderdale EMA HIV Health Services Planning Council (HIVPC) has the responsibility of ensuring that an Assessment of the Administrative Mechanism is completed each year. Planning Council Support Staff (PCS) works with the committee to review survey responses and develop or modify the surveys that will be provided to the Part A Grantee and HIVPC Members as well as the timeline for evaluation.

Timeline

Planning Council Support Staff works with the PSRA committee to review survey responses and develop or modify the surveys that will be provided to the Part A Grantee and HIVPC Members as well as the timeline for evaluation.

Activity	*Proposed Date*
HIVPC and Grantee Surveys approved by PSRA and Executive Committees.	June 2016
Surveys Distributed to HIVPC and Grantee Staff.	July 1, 2016
Deadline to return surveys.	July 15, 2016
Assessment of the Administrative Mechanism Report due to PSRA and HIVPC.	July 20 & 27, 2017
PSRA to review report for any glaring issues. Survey developed to obtain quarterly updates on glaring issues, if needed.	August 17, 2017
Quarterly update survey distributed, if needed.	November 1, 2017 February 1, 2018
Deadline to return quarterly update surveys, if needed.	November 15, 2017 February 15, 2018
Quarterly update report due.	November 30, 2017 February 28, 2018

**See limitations identified below*

Data Collection Process

PCS utilized the following process to complete the stated scope of work, divided into three components:

i. Documentation Review/Analysis
ii. Survey Distribution/Analysis
iii. Production of Draft and Final Reports

Documentation Review/Analysis

Documentation was requested for deeper analysis, as appropriate. The documents requested represented three (3) key areas: (1) Grant Award Documentation; (2) Allocation/Reallocation information; (3) Grantee's monthly Service Provider tracking of invoices received, processed, and funding issued.

The list of additional documents reviewed exhibits the comprehensiveness of the analysis and the efficiency of tracking and processing monthly invoices:

- Notice of Grant Award
- Detailed Spreadsheets for Ryan White Part A Provider invoices for FY15
- Monthly expenditure reports for Ryan White Part A
- 2015 Final Allocations
- 2015 Reallocation Itemization per service provider per category
- 2015 Unallocated Funds Report

Data Collection/Analysis

The primary data collection method involved the utilization of an electronic surveying methodology. PCS staff developed a survey and timeline which was pre-approved by the PSRA and Executive Committees prior to implementation. The surveys are as follows:

1. A survey for the HIVPC
2. A survey for the Grantee

Note: See attachments for master copies of all monitoring tools.

The HIVPC survey was brief and focused on communication between the HIVPC and Grantee regarding the allocation of funds, reallocation of funds, and HRSA policies which can affect funding. The Grantee survey included questions regarding notification of award, executed contract dates, average reimbursement time, and communication and technical assistance.

Surveys were distributed throughout the months of July 2016 through February 2017. The HIVPC survey was distributed through electronic format and the availability of the survey on SurveyGizmo was announced at the June HIVPC meeting. The Grantee surveys were distributed via email and could also be accessed through SurveyGizmo. The email sent to the Grantee included a link to SurveyGizmo that

allowed respondents to take the survey in an electronic format. PCS staff collected and analyzed survey responses in order to develop a comprehensive report.

The following table represents the total number of individual participants, their respected affiliations, and the methodology used to gather data:

PARTICIPANT	*# OF PARTICIPANTS*	*SURVEY GIZMO/PAPER*
HIVPC	*24*	*SG: iPads, Personal Computers*
Grantee	*1*	*Survey Gizmo*
Total	*25*	

i. Limitations

One major limitation identified was the ability to attain timely survey responses from all HIVPC members in order to develop a comprehensive report based on their feedback. PCS Staff had to make several attempts as acquiring the information from members over several months. To address the limitation, PCS staff provided iPads to at an HIVPC meeting in which all members were present. At this endeavor, 24 surveys were attained, and the final report was produced.

ii. Final Report & Quarterly Updates

The first draft of the Assessment of the Administrative Mechanism Report was provided to Grantee staff on July 1, 2016 for review. The final copy of the report was presented to the PSRA committee in July 2017 and a final presentation to the HIVPC will be given at the July 2017 meeting. Any identified issues or areas for improvement will be used as the basis for quarterly progress updates.

Updates on the Administrative Mechanism will be provided quarterly to ensure the Grantee is fulfilling its responsibility of executing contracts and reimbursing providers in an efficient and in a timely manner. The Part A Grantee will be assessed based on the results of the surveys and the recommendations from the HIVPC and PCS. If the HIVPC requires additional information such as follow up surveys from providers, this component will be provided and included through quarterly reporting. If no additional information is required, quarterly reports will be generated based on the reimbursement schedule currently established between the Grantee and Part A Providers to indicate contracts and reimbursements are being efficiently executed.

Quantitative and Qualitative Results

Overall, the administrative mechanism is functioning effectively and efficiently, and no substantial problems were identified through its assessment. The implementation of a new payments system at the beginning of FY 16-17 created some difficulties in the prompt payment of invoices, but was remedied by the Grantee's unique ability to create an efficient payment system to ensure invoices were paid in a timely manner thereafter and that overall services remained uninterrupted. The ability to do this made it much easier to ensure the continuation of services in the EMA through final NOA which was received in May 2016.

Results broken down by response group are included below.

HIVPC Survey

The HIVPC survey was completed by twenty four of the HIVPC's twenty four members – a return rate of nearly 100%, increasing the response rate by 13 percentage points since the last submission of the Assessment of the Administrative Mechanism. Reponses to the survey were positive overall and indicate a good working relationship between the HIVPC and Grantee; the majority of respondents 'agreed' or 'strongly agreed' with the Grantee's Office ability to respond to the needs and inquiries of the HIVPC.

Almost half (42.9%) of HIVPC respondents 'strongly agreed' the Grantee followed service priorities and allocations, while 53.6% of respondents 'agreed.' A higher percentage of respondents (60%) 'strongly agreed' the Grantee provided utilization and expenditure reports on a regular basis to the HIVPC and committees. Since 2014, the Grantee's Office has provided monthly utilization and expenditure report for the PSRA Committee. This report has allowed the committee to ensure that funds are being expended to meet needs, and any changes or trends in utilization can be tracked and understood prior to the PSRA Committee making recommendations for the reallocation of funds. This monthly report has provided clarity about utilization and expenditures, and has been well received by committee members. The thorough explanation of the report and Grantee staff's ability to answer questions related to the report led 57% of HIVPC respondents to 'strongly agree' Grantee staff has done an excellent job in responding to requests and questions, a 2% increase since the last submission of the Assessment of the Administrative Mechanism.

The majority of HIVPC respondents 'agreed' or 'strongly agreed' Grantee staff has clearly communicated the reallocations process (89.3% combined rating of 'agree' or 'strongly agree'), but one respondent disagreed, and two other respondents 'strongly disagreed.' Grantee staff provides an explanation of the process for reallocating funds, the requests for additional funds from providers, and how the Grantee's recommended reallocations help meet the needs of Part A clients each time funds are reallocated. The reallocations process can be difficult to understand, so continuing to provide this explanation will play a key role in ensuring that HIVPC members are knowledgeable of the reallocations process.

Grantee Survey

Grantee staff was also provided a survey, which included some questions pertaining to the execution of contracts, provider reimbursements, expenditures for FY 2015 (expenditures for FY 2016 were not yet available at the time of this report), and allocations for FY 2016.

The Grantee response confirmed that providers were alerted of funding and contracts through several means of correspondence, including an email with an electronic version of the funding letter and a hard copy of the funding letter. As noted earlier, implementation of a new payments system at the beginning of FY 16-17 created some difficulties in the prompt payment of invoices. Additionally, a partial NOA for FY 2016 was received at the end of January 2016. This was 80% of the previous year's final award. A final NOA was received at the end of May 2016. The Grantee follows the procedures and policies outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (sections 1-51.6) to guide provider payments and reimbursements. The statute and accompanying ordinance state that reimbursements must be made within 30 days of receipt of a clean invoice. Invoices are tracked when a clean invoice is received until a reimbursement check is mailed via USPS. The Grantee's office has worked to decrease the turnaround time between submission of an invoice and receipt of reimbursement, and the average turnaround time is now between 22-28 days. The Grantee also reported in FY16, there had not been any discrepancies in reimbursement of checks (checks were more or less than amount due).

All legislative requirements were met for FY 2015 and funds were expended efficiently. Legislative requirements for funds include:

- 75% of the total award must be spent on core medical services
    - This requirement may be waived if grantees request and HRSA approves a Part A Core Medical Services Waiver; the Broward/Fort Lauderdale EMA did not request a waiver for FY 2015
- No more than 5% or $3 million (whichever is smaller) of the total award may be spent on CQM
- No more than 10% of the total award may be spent on grantee administration
    - PCS is part of the grantee administration budget

For FY 2015, the Broward/Fort Lauderdale EMA was able to meet all of the legislative requirements. Exactly 75% of the total award was spent on core medical services, and less than the maximum allowed amounts were spent on both CQM and grantee administration. Of the combined 15% of the total award that is allowed to be spent on CQM and grantee administration, only 13.2% was spent.

The Grantee made a request to HSRA, approved by a vote of the HIVPC, that the unexpended Part A funds be used as carryover for FY 2016. Any unexpended funds approved for carryover were to be used to make a food voucher bulk purchase and the purchase of ARVs through the emergency financial assistance service category.

The HIVPC approved the funding of eleven services for FY16, including:

- Outpatient Ambulatory Medical Care
- Pharmacy
- Oral Health
- Medical Case Management
- Mental Health
- Substance Abuse
- Health Insurance Premium and Cost Sharing Assistance
- Non-Medical Case Management (two types)
- Food Services
- Legal Services
- Emergency Financial Assistance

The receipt of the final NOA for FY 2016 included an increase in funding over FY 2015. In the event of a funding increase, the policies and procedures of the PSRA Committee allow for the Grantee to exercise discretion in applying increases to services. The increases are based on service category rankings and needs. Increases were applied to outpatient ambulatory medical care, pharmacy, oral health care, non-medical case management, food services, and the introduction of a new service category, emergency financial assistance. All of the services receiving extra funding were ranked highly by the committee, or were highly utilized by clients.

FY 2016-2017 Conclusions and Recommendations

Comments from the HIVPC and grantee surveys spurred some recommendations for future actions to make the HIVPC funding process even more effective. These recommendations include:

- Presenting the utilization and expenditure report to both the PSRA Committee and HIVPC. Though a majority of the PSRA Committee is also on the HIVPC, not all HIVPC members are PSRA members, and all could benefit from the explanation of the report.
- Continue with the explanation of the reallocations process each time reallocations are completed. The process can be complicated and hard to understand, and continuing to emphasize how and why reallocations are conducted will only increase member knowledge and understanding of the process.
- Continue to provide training on the overall PSRA process with more of an emphasis on the reallocations process, its importance, and the parameters of the HIVPC's roll in the process. Many HIVPC members indicated although they were provided with information pertaining to monthly utilization and expenditures, they were unaware of the purpose and how it related to their role in the overall process.

Appendix A – HIVPC Survey

The HIVPC survey was distributed to HIVPC members via an email SurveyGizmo link in June 2016 and a final survey was provided via iPads at the March 2017 meeting.

PLANNING

1. Community needs were evaluated on an ongoing basis effectively:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

2. I was given enough notice of HIVPC planned activities and meetings:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

3. In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

4. I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

PRIORITY SETTING/RESOURCE ALLOCATIONS

5. The Grantee's Office followed the HIVPC's recommendations for service priorities, resource allocations, and reallocations ("sweeps"):
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

6. The Grantee's Office followed the HIVPC's recommendations for How Best to Meet the Need:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

7. The Grantee staff provided utilization and expenditure reports to the HIVPC and appropriate committees on a regular basis:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

8. The Grantee's Office has responded to questions and requests for information about allocations, reallocations, and expenditures in FY 2015-2016
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

9. The Grantee staff clearly communicated the reallocation process to the HIVPC and appropriate committees:
   - ☐ Strongly Disagree
   - ☐ Disagree
   - ☐ Agree
   - ☐ Strongly Agree

   Comments: _____

OVERALL ASSESSMENT

10. In terms of structure and process, the Ryan White Part A Grantee effectively supported the goals of the HIVPC as an administrative agent:
    - ☐ Strongly Disagree
    - ☐ Disagree
    - ☐ Agree
    - ☐ Strongly Agree

    Comments: _____

Appendix B – Grantee Survey

The Grantee survey was distributed via email, which contained a link to SurveyGizmo for the Grantee to complete the survey.

CONTRACTS

1. On what date did the Broward EMA receive its notice of grant award for FY 2015 funding?
2. On what date were award letters sent to funded agencies for FY 2015?
3. How were agencies notified of their award? Please select all that apply.
   - ☐ Award Letter (hard copy)
   - ☐ Award Letter (electronic)
   - ☐ Email
   - ☐ Other (please explain)
4. On what date were contracts with funded agencies fully executed? Please note multiple dates for different contracts.
5. List/describe any obstacles contributing to the delay in executing provider contracts.

SERVICE PROVIDER REIMBURSEMENTS

6. What procedures, documents, and policies are used to guide the payment of invoices/reimbursements?
7. Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?
   - ☐ 0-7 days
   - ☐ 8-14 days
   - ☐ 15-21 days
   - ☐ 22-28 days
   - ☐ 29-35 days
   - ☐ 36-42 days
   - ☐ 42+ days
8. List/describe any obstacles contributing to the delay in reimbursement to providers.
9. Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)?
   - ☐ Yes
   - ☐ No
10. If so, how were those discrepancies resolved?
11. Over the past year, has the Grantee's office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?)
    - ☐ Yes
    - ☐ No
12. If so, did the Grantee provide feedback or solutions to help agencies get back to target utilization and expenditures?
    - ☐ Yes

- ☐ No
- ☐ Comments:

GRANTEE COMMUNICATION & TECHNICAL ASSISTANCE/TRAINING

13. Over the past 12 months, how would you rate the communication between the Grantee's Office and funded agencies?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:
14. How would you rate the Grantee's Office in responding to questions and requests for information over the past year?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:
15. Please rate the timeliness of the Grantee's Office in responding to questions or requests for information.
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:
16. How would you rate the Grantee's Office in providing agencies with programmatic and/or fiscal technical assistance or training over the past 12 months?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:

PROCUREMENT AND ALLOCATION

17. What percent of the overall award for the last fiscal year was used for grantee support, planning council support, and quality management?
18. What percent of formula funds were unexpended at the end of FY 2015? Please explain.
19. What percent of supplemental funds were unexpended at the end of FY 2015? Please explain.
20. Please provide the following:

- ☐ Final spending report for FY 2015
- ☐ Final allocation report for FY 2015
- ☐ A list of all Part A-funded service providers in the Broward EMA for FY 2015 (including contact information), as well as the categories for which each provider is contracted

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For more information about the Broward County HIV Health Services Planning Council, including how to become involved:

Website: http://www.brhpc.org/programs/hiv-planning-council/

Mailing address: Attn: HIV Planning Council

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Hollywood, FL 33020

Phone: (954) 561-9681

Fax: (954) 5691-9685

Email: HIVPC@brhpc.org