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, August 15, 2019, 9:00 a.m.
Location: Governmental Center A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 8/15/19 Agenda and 7/18/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditures/Utilization Report- by service category
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Activity 1.1: Review data relevant to the PSRA process	
MAI Eligibility Criteria	ACTION ITEM: Discuss MAI eligibility criteria.
Activity 1.2: Review How Best to Meet the Need language recommendations.	
How Best to Meet the Need (Handout A)	ACTION ITEM: Review How Best to Meet the Need language to determine need for updates.

6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** October 17, 2019 **Time:** 9:00 a.m. **Venue:** Gov't Center A-337

Work Plan Activity 1.5: Monitor expenditures and allocations	
Reallocations "Sweeps"	ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.
Activity 3.2: Assessment of the Administrative Mechanism recommendations	
FY2018 Assessment of the Administrative	ACTION ITEM: Review results of the FY2018 Assessment of the Administrative Mechanism and make recommendations.

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, July 18, 2019 9:00 a.m.
Location: Governmental Center A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Barnes, B.	**X**			Mester, B.
2	Dennis, B.	**X**			Johnson, B.
3	Fortune-Evans, B.		**A**		Caraballo, J.
4	Grant, C.		**A**		Carter, J.
5	Hayes, M., *Vice Chair*	**X**			Cook, S.
6	Katz, H. B.		**A**		Hidalgo, J.
7	Leonard, C.	**X**			
8	Lopes, R.	**X**			**HIVPC Staff**
9	Moreno, V.	**X**			Guice, M.
10	Robertson, L., *Chair*	**X**			Martinez, G.
11	Schickowski, K.	**X**			Oratien, V.
12	Schweizer, M.	**X**			Jolly, J.
13	Siclari, R.	**X**			
					Grantee Staff
					Anderson, T.
					Robinson, J.
	Attendance Total:	**10**			Jones, L.
Quorum = 8					

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:29 a.m. The 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 7/18/2019 meeting agenda
Proposed by: Barnes, B. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 6/20/2019
Proposed by: Barnes, B. **Seconded by:** Lopes, R.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: A copy of the utilization table was made available during the meeting. Four months into the fiscal year, service categories are expected to have expended 33% of their funds. However, the report shows that service categories are under expended at 24%. The Fiscal Manager explained that many service providers have not yet billed for their services and the MAI provider is struggling to obtain a client base in order to bill. The

Fiscal Administrator will communicate with service providers regarding their billing. The Chair noted that insights about the service delivery would be useful at this time before allocations took place.

4. UNFINISHED BUSINESS None.

5. MEETING ACTIVITIES

Funder's Presentation (HOPWA): The HOPWA representative provided a presentation about the funding source (Handout A on file). Housing is a primary component of client retention in care. He explained that the Housing Case Management and Legal services offered by HOPWA provide sustainability to clients. He further stated that Housing Case Management is a specialty and while Part A Case Managers could absorb some of the responsibilities if services were to be defunded by HOPWA, some of the specialty aspects of the service would likely be missing. HOPWA's legal scope provides individual and community education, outreach, legal advice, and direct legal representation to clients who have viable legal issues or defenses to maintain housing stability.

HOPWA serves 1,700 individuals; 10% are 18-30 years of age, 34% between 31 and 50 years of age, and 52% aged 51 and over. The gender distribution is 41% female, 58% male, and 1% transgender. HOPWA also provides a variety of services, depending on the clients' needs. One example of this is the *Getting Back to Work* initiative that assists HOPWA clients to gain employment, which reduces their requirements for services.

Part A Service Category and Health Outcomes Presentation: Consultant Dr. Julia Hidalgo presented epidemiological information as well as utilization of services in Broward County (Handout B on file). From the calendar year 2013 through 2017, the 35-39 age group has slightly increased in population-adjusted HIV incidence.

HRSA funds EMAs and TGAs through both formula funding and grant awards. Formula funding is calculated based on the number of people diagnosed with HIV in the EMA. The formula does not address the large number of HIV+ in-migrants who relocate to Broward. In-migration is reflected in increased service utilization and decreases the amount of awarded funds available per client.

Retention is of concern along the continuum of care as 80% of clients are retained in care. Viral Load Suppression (VLS) has improved over time in Broward County, but the goal is 100% VLS. To address this issue, Dr. Hidalgo has been researching the barriers preventing clients from reaching VLS.

Between 1999 and 2018, Broward County's Part A and MAI Programs have transitioned its focus on funding service categories. Core Medical Services changes in this timeframe include HICP and Medical Nutrition Therapy. For example, HICP and Cost-Sharing Assistance were funded since 2010 with a gap from FY2011-2013; Medical Nutrition Therapy was funded from FY1999-2007; and Support Services have changed in this time from funding more services to focusing on Non-Medical Case Management, Food Bank/Home-Delivered Meals, and Legal Services.

Final Service Category Review: PSRA members reviewed their previous discussion of how to curb spending so that the Part A Program can fund services throughout the next fiscal year. After receiving presentations at this meeting, members chose to move forward with their decisions and voted to defund the BISS service category for FY2020-2021.

Motion #3: To remove the BISS service category for FY2020-2021.
Proposed by: Barnes, B. **Seconded by:** Hayes, M.
Action: Passed Unanimously

Motion #4: All eligible clients whose income is 150% or more of the Federal Poverty Level must apply for ACA plans.
Proposed by: Barnes, B. **Seconded by:** Hayes, M.
Discussion: If clients have not filed income taxes, they cannot enroll in ACA plans. This means more work for CIED in relaying this information to clients. This directive would not be put in place until the time of the new

contract, March 1, 2020. A member cautioned against discouraging clients from accessing services. The Recipient suggested continuing this conversation to refine the parameters of the motion. Several factors are at work with this motion including getting people to assist with enrollment in a short period of time. Implementation of this concept would need to be thought out before it could move forward.
Action: Motion Failed

Priority Setting: The Committee received a presentation about the rankings process and the reasoning behind it. PSRA also viewed the results of the previous year's rankings as well as CEC's rankings for FY2020-2021. Additionally, members reviewed the 2019 Needs Assessment results to ensure the views of the HIV community were recognized. Members then ranked services. Due to the water main break which occurred in Fort Lauderdale on this day, the building was shut down, and the Committee was not able to ratify the results of its rankings process at the time of this meeting.

FY2020 Service Category Allocations: After completing rankings, the Committee commenced allocations. Members discussed Oral Health costs savings. These savings are a result of changes to its fee schedule made by the Recipient. The Committee chose to move forward with allocations with a caveat for future discussion.

There is a $602,621 difference between the initial FY2019 allocations and FY2018 final expenditures. Members chose to utilize the same distribution of services for FY2020-2021 allocations and increase each category by that percentage except for BISS. HRSA has provided a funding ceiling of $16,721,187. After administrative costs, $14,213,309 remains for allocation.

Motion #5: To allocate an additional $272,173.70 to the FY2019-2020 allocation for the OAHS service category.
Proposed by: Hayes, M. **Seconded by:** Moreno, V.
Action: Passed Unanimously

Motion #6: To allocate an additional $24,094.10 to the FY2019-2020 allocation for the Pharmacy service category.
Proposed by: Hayes, M. **Seconded by:** Moreno, V.
Action: Passed Unanimously

Motion #7: To allocate an additional $136,999.29 to the FY2019-2020 allocation for the Oral Health service category.
Proposed by: Hayes, M. **Seconded by:** Moreno, V.
Action: Passed Unanimously

Motion #8: To allocate an additional $37,029.32 to the FY2019-2020 allocation for the HICP service category.
Proposed by: Hayes, M. **Seconded by:** Moreno, V.
Action: Passed Unanimously

Motion #9: To allocate an additional $20,527.36 to the FY2019-2020 allocation for the Disease Case Management service category.
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed with Unanimously

Motion #10: To allocate an additional $60,018.09 to the FY2019-2020 allocation for the Case Management service category.
Proposed by: Robertson, L. **Seconded by:** Schickowski, K.
Action: Passed with 2 Abstentions

Motion #11: To allocate an additional $9,114.24 to the FY2019-2020 allocation for the Mental Health service category.
Proposed by: Robertson, L. **Seconded by:** Lopes, R.

Action: Passed with 2 Abstentions

Motion #12: To allocate an additional $14,269.69 to the FY2019-2020 allocation for the Substance Abuse service category.
Proposed by: Lopes, R. **Seconded by:** Robertson, L.
Action: Passed with 1 Abstention

Motion #13: To allocate an additional $6,106.73 to the FY2019-2020 allocation for the Emergency Financial Assistance service category.
Proposed by: Hayes, M. **Seconded by:** Moreno, V.
Action: Passed Unanimously

Motion #14: To allocate an additional $32,175.48 to the FY2019-2020 allocation for the Case Management - CIED service category.
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #15: To allocate an additional $42,027.56 to the FY2019-2020 allocation for the Food Bank/Food Voucher service category.
Proposed by: Hayes, M. **Seconded by:** Robertson, L.
Action: Passed with 2 Abstentions

Motion #16: To allocate an additional $7,725.44 to the FY2019-2020 allocation for the Legal Services service category.
Proposed by: Hayes, M. **Seconded by:** Lopes, R.
Action: Passed with 1 Abstention

Due to the water main break which occurred in Fort Lauderdale on this day, the building was shut down. Additionally, Committee members left the meeting, and PSRA lost quorum before it could complete FY2020-2021 MAI allocations.

6. **RECIPIENT REPORT** None.

7. **PUBLIC COMMENT** None.

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** August 15, 2019 **Time:** 9:00 a.m. **Venue:** Gov't Center A-337

Goal/Work Plan Objective #:	*Accomplishments*
How Best to Meet the Need	ACTION ITEM: Review How Best to Meet the Need language to determine and address need for updates.

9. **ANNOUNCEMENTS**
None.

10. **ADJOURNMENT**
The meeting was adjourned at 1:40 p.m.

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PSRA Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	17	31	21	21	18	16	20	18						
0	1	2	1	Barnes, B.	X	A	X	X	X	A	X	X						
	1	1	2	Dennis, B.	N- 4/18/19					A	A	X						
0	0	1	3	Fortune-Evans, B.	X	X	X	X	X	X	X	A						
0	0	2	4	Grant, C.	E	A	X	X	X	X	X	A						
0	0	0	5	Hayes, M. *V Chair*	X	X	X	X	X	X	X	X						
1	1	2	6	Katz, H.B.	X	A	X	E	X	X	A	E						
	0	0	7	Leonard, C.	N- 4/18/19					X	X	X						
0	0	3	8	Lopes, R.	X	A	X	A	X	X	A	X						W - 7/2
0	0	1	9	Moreno, V.	X	X	X	X	X	X	A	X						
1	1	1	10	Robertson, L. *Chair*	X	X	X	X	X	A	X	X						
0	0	0	11	Schickowski, K.	X	X	X	X	X	X	X	X						
0	0	2	12	Schweizer, M.	X	X	X	A	X	X	A	X						
0	0	2	13	Siclari, R.	X	A	A	X	X	X	X	X						W - 2/21
				Quorum = 8	10	6	10	8	11	10	8	10	0	0	0	0	0	

Legend:

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

FY 2020/2021 HOW BEST TO MEET THE NEED LANGUAGE

Blue: New recommendations for HBTMTN

Black: FY2017-2018 language

Red: Based on 2019 PSRA discussions

~~Strikethrough:~~ Recommendation has been met

ALL SERVICES
Recommended Language
• *Expand use of peers systemwide; beyond only Case Management* • *PE VL data should be used to identify highly detectable clients in each Part A-funded clinic.* • *Report clients who have fallen out of care and are highly detectable to the Health Department's DIS Outreach workers for appropriate follow-up.* • Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, and across systems to help clients get all their needs addressed. • Provide Care Coordination across multiple service categories. • Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. • Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. • Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: o Black non-Hispanic heterosexual Females o Black men who have sex with men (MSM) 18-38 years of age o White MSM • Integrate care collaboration with members of the client's service providers. • Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. • Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. • Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)

Services Criteria: (<400%FPL)
Recommended Language
• *Integrate Test and Treat and behavioral health screenings into primary care* • *Increase access to OAHS, which may require increased funding due to additional staffing and provisions of services.* • Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services. • Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care. • Integrate care provider collaboration with members of the client's treatment team outside of the organization. • Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes. • Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services. • Provide after-hours services availability to include Crisis Intervention. • Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services. • Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV). • Incorporate prevention messages into the medical care of PLWHA. • Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.
AIDS Pharmaceuticals (Local)
Services Criteria: (<400%FPL)
Recommended Language
• *Provide Pharmaceutical Assistance for Test and Treat Program.* • Report clients who have fallen out of care to the Health Department's DIS Outreach workers to determine if clients are really not in care or have moved to a different payer source.
Oral Health Care (OHC)
Services Criteria: (<400%FPL)
Recommended Language
• *Manage possible increase in demand for services due to increase in service locations.*

• ~~*Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.*~~ • ~~*Increase Oral Health Care collaboration with mental Health providers.*~~ • ~~*Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.*~~
Health Insurance Continuation Program (HICP)
Services Criteria: (250%-400%FPL)
Recommended Language
• *Develop capacity to support increase in clients accessing health insurance.* • Develop materials for clients to use as quick references. • Provide assistance with Prior authorizations and appeals process. • Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.
Mental Health Service (MH)
Services Criteria: (<300%FPL)
Recommended Language
• *Utilize PE to track clients that are utilizing mental health and primary care integrated services.* • Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. • Provide after-hours availability to include Crisis Intervention.
Disease (Medical) Case Management
Services Criteria: (<400%FPL)
Recommended Language
• *DCM workers' roles and priorities should be reviewed and revised by the Part A program staff to ensure that all highly detectable (high viral loads) clients are offered DCM services.* • Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. • Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (<300%FPL)
Recommended Language
• 2017/2018 had no recommended language

SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (<400%FPL)
Recommended Language
• *Ensure that Test and Treat patients are linked to case management services.* • Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. • Provide education to reduce fear and denial and promote entry into primary medical care. • Educate clients on the importance of remaining in primary medical care. • At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. • Incorporate prevention messages into the medical care of PLWHA. • Educate consumers on their role in the case management process. • Provide initial/ongoing training and development for HIV peer workers. • Provide Benefits Support Services to deliver information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes. • Overview of health care plan summary benefits (coverage and limitations). • Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).
Centralized Intake and Eligibility Determination (CIED)
Services Criteria: HIV+ Broward County Resident
Recommended Language
• *Ensure clients that are participating in the Part A/B dual eligibility determination pilot project are tracked in PE.* • *Evaluate current CIED policies and practices to avoid termination of highly detectable clients prior to recertification.* • *Referrals should be made to the Broward County Health Department for all CIED clients that are lost to care.* • Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. • Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care. • Following up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care. • Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures. • Always offer dedicated live operator phone lines during normal business hours.

• Ensure that intake data collected for transgender clients is comprehensive in order to make full use of transgender related categories in PE. • Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Services Criteria: HIV+ Broward County Resident
Recommended Language
• *Provide Pharmaceutical Assistance for Test and Treat Program*. • Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (<250% FPL)
Recommended Language
• Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met. • Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.
Legal Services
Services Criteria: HIV+ Broward County Resident
Recommended Language
• No Recommended language FY2017-2018