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

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, May 21, 2020, 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice Chair:** Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 05/21/20 Agenda and 02/20/20 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   None.
4. **MEETING ACTIVITIES**
   - **I. Assessment of the Administrative Mechanism (Handouts A1-A5)**
     Work Plan Activity 3.1: Assessment of the Administrative Mechanism training
     Work Plan Activity 3.2: Assessment of the Administrative Mechanism recommendations
     ACTION ITEM: Review and update Assessment of the Administrative Mechanism surveys.
   - **II. FY2021 PSRA Timeline (Handout B)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Review and approve amended FY2021 PSRA Process Timeline.
   - **III. PSRA Process Overview (Handout C)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Receive presentation regarding the PSRA Process.
   - **IV. Part A Service Category Eligibility (Handout D)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Review Part A Service Category Eligibility.
   - **V. Ryan White Funder & Stakeholder Presentations (Handouts E1-E4)**
     Work Plan Activity 1.1: Review data relevant to the PSRA process
     ACTION ITEM: Review data from Ryan White Funders and Stakeholders.
5. **UNFINISHED BUSINESS**
   None
6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** June 18, 2020 **Time:** 9:00 a.m. **Venue:** Virtual Meeting Room
   - **I. HIV Surveillance Epidemiological Data**
   - **II. Part A Client Health Outcomes Presentation**
   - **III. Review Community Empowerment Committee's Rankings of Part A Services**
   - **IV. Priority Setting**
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 •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

FY 2020-21 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												
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.												
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.												
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.6 Review and approve FY2019 PSRA Work Plan	Annually	PSRA	Process Planning													

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.												
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.												

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, February 20, 2020 9:00 a.m.
Location: Government Center A-337
Chair: Lorenzo Robertson **Vice-Chair:** Marie Hayes

ATTENDANCE				
#	Member	Present	Absent	Recipient Staff
1	Barnes, B.	X		Jones, L.
2	Fortune-Evans, B.	X		Robinson, J.
3	Grant, C.	X		Drummond, K.
4	Hayes, M., Vice-Chair	X		Anderson, T.
5	Katz, H. B.	X		Garcia, E.
6	Lopes, R.		A	
7	Mester, B.	X		**HIVPC Staff**
8	Moreno, V.	X		Oratien, V.
9	Robertson, L., Chair	X		Martinez, G.
10	Schickowski, K.	X		Ukpai, F.
11	Schweizer, M.		A	
12	Siclari, R.		A	**GUEST**
				Janet Carter
	Quorum = 7	**9**		Joshua Rodriguez

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:15 a.m. The Chair welcomed all present and apologized for the technical difficulties, which delayed the meeting start time. 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 acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Recipient staff, and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda
Proposed by: Hayes, M. **Seconded by:** Katz, H. B.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 01/16/2020
Proposed by: Hayes, M. **Seconded by:** Katz, H. B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditures/Utilization Report: The Recipient Part A Manager reviewed expenditures and utilization through 11 months of service. At this point in the fiscal year, Part A service categories have expended 91% of their service category funding. MAI funds have been 66% utilized, and remaining funds will be carried over into the next fiscal year.

The Recipient noted that a change in criteria for MAI services, approved by PSRA, expanded the number of clients who could utilize the service, and members should, therefore, expect an increasing trend of utilization. The Recipient provided a line by line breakdown of expenditures and utilization to date. Although the Benefit Support Services category will not be funded for FY20, the Recipient noted that funds were fully expended this contract year due to activities for this category showing up in other services categories as well as the AIDS Drug Assistance Program (ADAP) contract which offset some of the costs.

4. MEETING ACTIVITIES/NEW BUSINESS

FY2021 PSRA Process: The Committee reviewed options for possible PSRA Process schedules for FY2020-2021. The restructured timelines provide members with a choice of either an open schedule or a more condensed schedule. Members preferred the first option because it provides the Committee more time to carry out all required functions of the process.

Motion #3: To approve Option 1 as the PSRA Process timeline.
Proposed by: Hayes, M.
Seconded by: Katz, H. B.
Friendly Amendment: To remove timeframes from the meeting schedule and allow Chairs to determine the timeframe.
Action: Passed Unanimously

5. UNFINISHED BUSINESS

Work Plan Review: The Committee reviewed the progress toward completion of its FY2019-2020 Work Plan. PSRA has completed all of its activities as of this meeting. After reviewing the goal, objectives, and activities, the Committee chose to retain them all going into the next fiscal year.

The Committee discussed the impact of the Ending the HIV Epidemic (EHE) funding and whether changes to Part A funding was necessary to prevent duplication of services. While PSRA will not allocate EHE funds, the Recipient noted that those dollars would impact Ryan White Part A allocations. A majority of EHE funds will be utilized for PrEP and prevention, with some dollars allocated to Part A for treatment and care. After much discussion, PSRA members chose to approve the changes made to the FY2020-2021 PSRA work plan.

Motion #4: To approve the FY2020-2021 PSRA Annual Work Plan.
Proposed by: Grant, C. **Seconded by:** Hayes, M.

Discussion: A member inquired if the Ending the HIV Epidemic (EHE) funding will impact the work plan. The Recipient stated that the PSRA Committee would not have control of those EHE dollars and, therefore, won't need to change their dollars since EHE dollars will be utilized for PrEP and prevention. The Recipient specified that funds would be for focusing on outliers.
Action: Passed Unanimously

6. RECIPIENT REPORT

- The Recipient has spoken with the EHE Project Officer and is expecting EHE award funds soon. The Part A EHE award will be used to plan and ramp-up activities. The Recipient noted the difference between Broward's EMA and other EMA's that have the flexibility to be disruptively innovative. Broward County's goal is to pay closer attention to populations that do not do well in our current system, like the homeless population.
- The first of four state calls took place where the focus of discussion is around collaboration. There was discussion about data sharing and data to care where the state office sends surveillance state data to local jurisdictions about people who are out of care.
- The Recipient announced that there would be a change in staffing as both he and William Green will be leaving the County. William Green has been a very vocal and outstanding advocate for this community, and Leonard Jones has been with the County for 18 years serving in various capacities.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: March 19, 2020 Time: 9:00 a.m. Venue: A-337

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned without objection at 10:03 a.m.

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PSRA Attendance CY2020

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

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

2019 Assessment of the Administrative Mechanism

Broward County Ryan White HIV Health Services Planning Council

1

Purpose

- The purpose of the Assessment of the Part A Administrative Mechanism for FY 2019 is to fulfill the federal mandate of the Ryan White Part A program.
- This requirement was summarized in the HRSA/HAB Ryan White CARE Act Part A Manual:
  - "Assessment of the Administrative Mechanism and Effectiveness of Services 2602(b)(4)(E) requires planning councils 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."

2

How Does the AAM Affects the HIVPC?

- The HIVPC is required to complete the assessment annually:
  - The findings will be presented to the HIV Planning Council.
  - Responses from HIVPC Members will be used to improve the administration of Ryan White Part-A funds locally.
- The full assessment includes surveys of both the Part A Recipient and all HIVPC Members.
- The updates survey only the Recipient.

3

Questions?

4

2018-2019 Methodology Assessment of the Administrative Mechanism

Broward County Ryan White Part A
HIV Health Services Planning Council

January 2020

This document was created by Planning Council Support Staff (PCS), employed by Broward Regional Health Planning Council.

The creation of this document is 100% funded by a federal Ryan White HIV/AIDS Program Part A grant received by Broward County and sub-granted in part to Consultant. The information in this document are those of the authors, who are responsible for its contents; the content does not necessarily represent and should not be construed as the views or positions of Broward County, the Broward County Board of County Commissioners, or the U.S. Department of Health and Human Services.

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

200 Oakwood Lane, Suite 100

Hollywood, FL 33020

Phone: (954) 561-9681

Fax: (954) 5691-9685

Email: HIVPC@brhpc.org

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

Contents

2018-2019 Assessment of the Administrative Mechanism Methodology

Introduction

This document reflects the proposed method for completing the 2018-2019 assessment of the efficiency of the administrative mechanism (AEAM) of Broward County's Ryan White Part A program. The HIV Planning Council support staff (PCS) will lead this process. Staff shall analyze and critically review a comprehensive array of key documents relevant to the administrative mechanism.

The Health Resources and Service Administration/HIV/AIDS Bureau's (HRSA/HAB) guidance expects each planning council to conduct an AEAM annually, provide a written report with conclusions and recommendations to the recipient, and receive a written response from the recipient[1]. Staff will be guided by the recommended AEAM process outlined in the Ryan White CARE Act Title I Manual.

A. Purpose
The AEAM is a review of how quickly and well the RWHAP Part A recipient carries out the processes to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the RWHAP Part A service area are met.

B. Legislation
The purpose of the AEAM is described in the Ryan White Part A legislation[2] which reads:

"Sec2602. [300ffB12] Administration and Planning Council
(b) HIV HEALTH SERVICES PLANNING COUNCIL…

c (4) Duties: The Planning Council established under paragraph (1) shall:

(E) 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 services offered in meeting identified needs".

[1] https://www.targethiv.org/sites/default/files/file-upload/resources/5-5.%20Assessing%20the%20Effic%20of%20the%20Admin%20Mech%20Use.pdf
[2] https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/legislationtitlexxvi.pdf

C. Goals

The AEAM will examine the elements below to ensure the efficient and effective distribution of funds in the eligible area:

- Process for procurement
- Process for the distribution of funds
- Process for contract monitoring
- Communication and assistance between the Recipient and funded providers.

Methodology

A. Timeframe

The assessment will be conducted between March 2020 - September 2020.

B. Tools and Methods to collect qualitative and quantitative data

The PCS will utilize the following tools to complete the stated scope of work.

- Documentation Review/Analysis
- Data Collection/Analysis
- Production of a Final Report

1. Documentation Review/Analysis

The PCS will request documentation for a deeper analysis of the AEAM. The documents will represent six (6) key areas: (1) Policies & Procedures; (2) Allocation/Reallocation; (3) Grant Award Documentation; (4) the HIVPC's PSRA process; (5) Service Provider Invoices; and (6) Administrative Agency's Updated Documentation for Monthly Monitoring of Service Provider Expenditures.

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

(*Example of documents*)

- Notice of Grant Award
- YTD and Year-End Procurement Reports
- Sample contract and explanation for variation in contracts
- Tracking sheets for Ryan White Part A Providers: May and December
- Detailed Spreadsheets for Ryan White Part A Providers for the second quarter

- Monthly expenditure reports for Ryan White Part A Providers for the second quarter
- 2018 -2019 Planned Allocations
- 2018-2019 Final Allocations
- 2018-2019 Reallocation Itemization per service provider per category
- 2018-2019 Unallocated Funds Report
- Request for Proposals
- Annual Contractor Reimbursement Report

2. Data Collection/Analysis

The primary data collection method will be electronic surveys for the HIVPC members, the Recipient and funded providers. The survey of funded providers (subrecipients) will reveal their experiences related to procurement, contracting, and reimbursement; this will be done using a combination of multiple-choice or rating-scale questions and a few open-ended questions.

As per the RWHAP Part A Manual[3], topics covered in the AEAM surveys will include:

a. **The procurement process** –outreach to potential new service providers (officially known as "subrecipients"), dissemination of the Request for Proposal (RFP), number of applications received and funded, the review process including use of an external review panels and the composition of that panel, and criteria used in selection of subrecipients as service providers.
b. **Contracting** –the length of time between Notice of Grant Award to the recipient and completion of fully executed subcontracts with providers.
c. **Reimbursement of subrecipients** –the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider, as well as obstacles to timely reimbursement.
d. **Use of funds** – whether contracting and expenditure of RWHAP Part A funds are consistent with allocations made by the planning council and the proportion of formula and supplemental RWHAP Part A funds that are expended by the end of the program year.
e. **Engagement with the HIVPC in the planning process** – how and how well the recipient and council work together to carry out

[3] Available at: www.targetHIV.org/planning-chatt/pcs-compendium

shared and coordinated planning tasks, to meet legislative requirements, the extent to which the HIVPC received the data needed for sound decision making, and evidence of success in maintaining and strengthening the system of HIV care, to desired performance and standards and clinical outcomes are reached.

NOTE: The planning council will not be involved in how the administrative agency monitors providers as this is the sole responsibility of the Recipient. [RWHAP Part A Manual, p 102].

3. *Final Report*

The final report will address the following areas: a) the extent to which the recipient's office follows the Planning Council's directives regarding the Ways to Best Meet Needs and their spending priorities; b) the renewal and contracting processes; c) the filing/ reimbursement process; d) survey findings based on responses from Providers and Planning Council members; e) interviews with Recipient, Fiscal and Procurement staff; and file reviews of invoices and contracts.

The PCS staff will prepare the report, for submission to the Recipient; it will describe the results of the assessment with findings and gaps in the administrative mechanism. The report will also contain recommendations for general improvements to the administrative mechanism. We will use any identified issues or areas for improvement as the basis for quarterly progress updates.

C. Proposed Timeline

Activity	*Proposed Date*
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	March 2020
Surveys Distributed to HIVPC, Recipient Staff, and funded providers.	March 26, 2020
Deadline to submit completed surveys.	April 17, 2020
Assessment of the Administrative Mechanism Report due to Recipient	September 30, 2020
Quarterly update report (if necessary)	December 31, 2020 March 31, 2021 June 30, 2021 September 30, 2021

D. Limitations

The PCS team proposes this method to address a limitation observed with the 2017-2018 AEAM. The inclusion of surveys for providers ensure that feedback from funded providers are included as to their assessment of the Recipient's efficiency of the administration mechanism.

Background Information

The Broward County Ryan White Part A HIV Health Services Planning Council (HIVPC) exists to identify populations in Broward County most affected by HIV/AIDS. The Planning Council ensures that Ryan White Part A services are available to meet the needs of people living with or affected by HIV/AIDS in Broward County. Planning Councils exist to strengthen community involvement in decision making about HIV care across the continuum. Planning Councils work to collectively and strategically map out the best decisions for the community and positively impact the service system, which includes improvements in access to and quality of care, and the overall contributions to positive consumer outcomes such as viral suppression.

The HIVPC is required to conduct an annual assessment of the administrative mechanism. This means the HIVPC evaluates how quickly funds are allocated to the areas of greatest need within the eligible area, and at the discretion of the Planning Council, asses the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs. This survey also asks questions about communication with the Recipient's office and technical assistance (TA).

HIVPC Members are asked to complete the survey by 5:00 p.m. on Friday, May 29, 2020.

Thank you for your continued support and cooperation. Should you have any questions regarding the survey, please contact Planning Council Support Staff at (954) 561-9681 ext. 1343 or 1295.

1. Your Name _____

2. Community needs were evaluated on an ongoing basis effectively
   Response Options: Strongly Disagree Disagree Agree Strongly Agree

3. I was given enough notice of HIVPC planned activities and meetings
   Response Options: Strongly Disagree Disagree Agree Strongly Agree

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

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

Background Information

The Broward County Ryan White Part A HIV Health Services Planning Council (HIVPC) exists to identify populations in Broward County most affected by HIV/AIDS. The Planning Council ensures that Ryan White Part A services are available to meet the needs of people living with or affected by HIV/AIDS in Broward County. Planning Councils exist to strengthen community involvement in decision making about HIV care across the continuum. Planning Councils work to collectively and strategically map out the best decisions for the community and positively impact the service system, which includes improvements in access to and quality of care, and the overall contributions to positive consumer outcomes such as viral suppression.

Ryan White Part A Service Providers are asked to evaluate how quickly contracts with the Recipient's office are signed and how long the Part A Recipient takes to pay providers. This survey also asks questions about communication with the Recipient's office and technical assistance (TA).

Agencies are asked to please complete the survey by 5:00 p.m. on Monday, June 15, 2020.

Thank you for your continued support and cooperation. Should you have any questions regarding the survey, please contact Planning Council Support Staff at (954) 561-9681 ext. 1343 or 1295.

1. Please provide the following contact information:
   Name _____
   Job Title _____
   Agency _____
   Phone Number _____
   Email _____

2. My agency is contracted to provide the following Ryan White Part A services:

Outpatient Ambulatory Health Services	Health Insurance Continuation Program	MAI Substance Abuse	Case Management
MAI Outpatient Ambulatory Health Services	Disease Case Management	Substance Abuse	Food Services
Pharmacy	Mental Health	Centralized Intake & Eligibility Determination	Legal Services
Oral Health Care	MAI Mental Health	MAI CIED	MAI Medical Case Management

3. How long has your agency been a Ryan White Part A provider?
    - This is my agency's first year as a provider
    - 2-3 years
    - 4-9 years
    - 10-15 years
    - 16+ years

4. For the current fiscal year (beginning March 1, 2020), on approximately what date was your agency notified that you would be receiving funding for the indicated service?
   Calendar date format MM/DD/YYYY _____

5. How were you notified of your award?
    - Award letter (hard copy)
    - Award Letter (electronic)
    - Email
    - Other (please explain)

6. On approximately what date did you receive a fully executed contract for the indicated service?
   Calendar date format MM/DD/YYYY _____

7. What additional comments do you have about the Ryan White Part A contracting process?

Assessment of the Administrative Mechanism FY 2019 Recipient Survey

Section 1: Contracts

1. On what date did the Broward EMA receive its notice of grant award for FY2019 funding?

Date:	

2. On what date were award letters sent to funded agencies for FY2019?

Date:	

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 multiple contracts.

Response:

5. List/describe any obstacles contributing to the delay in executing provider contracts.

Response:

Section 2: Service Provider Reimbursements

6. What procedures, documents, and policies are used to guide the payment of invoices/reimbursements?

Response:

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 obstacle contributing to the delay in reimbursement to providers.

Response:

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?

Response:

11.Over the past year, has the Recipient's Office contacted agencies to review utilization and expenditures that were not on target (over or under target for utilization or expenditures)?

	Yes
	No

12. If so, did the Recipient provide feedback or solutions to help agencies get back to target utilization and expenditures?

	Yes
	No
Comments:	

Section 3: Recipient Communication and Technical Assistance/Training

13. Over the past 12 months, how would you rate the communication between the Recipient's Office and funded Agencies?

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

14. How would you rate the Recipient'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 Recipient's Office in responding to questions or requests for information.

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

16. How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training over the last 12 months?

	Excellent
	Good
	Average
	Poor
	Very Poor
Comments:	

Section 4: Procurement and Allocation

17. What percent of the overall award for the last fiscal year was used for Recipient Support, Planning Council Support, and Quality Management?

%:	

18. What percent of formula funds were unexpended at the end of FY2019? Please explain.

%:	
Comments:	

19. What percent of supplemental funds were unexpended at the end of FY2019? Please explain.

%:	
Comments:	

20. Please provide a final spending report for FY2019

Upload

21. Please provide a final allocation report for FY2019

Upload

22. Please provide a list of all Part A – funded service providers in the Broward EMA for FY2019 (including contract information), as well as the categories for which each provider is contacted

Upload

Timeline for Priority Setting and Resource Allocation

Condensed Timeline (May -July 2020): FY 2021-2022

DATE	TASK	ACTION ITEM
Thursday, February 20, 2020 9:00 A.M. to 11:00 A.M. Ryan White Part A Program Office – Room A-337	**Review and Approve Proposed PSRA Timeline**	Establish the PSRA Process
Thursday, May 21, 2020 9:00 A.M. to 11:15 A.M. Location TBD	1) **Begin PSRA Process**: Approve condensed PSRA timeline, Review purpose of PSRA, Sign PSRA Agreement 2) **Review Part A Eligibility of service categories** including data relating to previous year's utilization of services. 3) **Ryan White Funder and Stakeholders (Part B, C, D, F)** including data related to: a) Client utilization b) Budget c) Provided services	Committee: Review the PSRA guidelines, timeline PCS Team PCS Team/Funders
Thursday, June 18, 2020 9:00 A.M. to 1:00 pm Location TBD	1) **Ryan White Funder and Stakeholder (HOPWA)** including data related to: d) Client utilization e) Budget f) Provided services 2) **HIV Surveillance Epidemiological Data** Presentation focused on: a) Trends in new infections b) Current and emerging priority populations c) Changes in demographics of the EMA's HIV/AIDS cases	HOPWA FLDOH

Timeline for Priority Setting and Resource Allocation

Condensed Timeline (May -July 2020): FY 2021-2022

	3) Notable trends **Needs Assessment /Community Input**: Discussion of community needs and feedback from needs assessment activities. 4) **Part A Client Health Outcomes Presentation:** Analysis of Part A client continuum of care health outcomes including: a) Viral Load Suppression b) Retention in Care; Variations by gender, race/ethnicity, service category c) Review FY 2019 (PSRA Scorecard) Expenditure & Allocations 5) **Review Community Empowerment Committee's (CEC) Rankings of Part A Services** 6) **Priority Setting:** a) Rank Part A services based on community needs, CEC recommendations, funder recommendations, and data presentations. b) Review Results of PSRA's ranking of core and support services	CQM Team PCS Team PCS Team/Committee
Thursday, July 16, 2020 9:00 A.M. to TBD Location TBD	**Resource Allocations:** Allocate Part A & MAI funding based on FY2018 expenditures, FY 2020 projections. **PSRA Process Completed**	Recipient Office /Committee

Priority Setting & Resource Allocation Process Presentation

MARCH 21, 2020

1

Presentation Outline

- Overview
- What is PSRA?
- PSRA Goals and Guiding Principles
- Who's Involved?
- PSRA Process
- Required Grant PSRA Documentation
- PSRA Data Resources
- PRSA Process: Step-By-Step
- Ground Rules
- What to Expect

2

Overview

- **HRSA Requirements:** Planning Council's are required by HRSA to "set priorities and allocate resources for service categories, and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
  - 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**.

3

Priority Setting

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.

4

Resource Allocations

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories. Through resource allocation, the planning council instructs the Part A Recipient on how to distribute the funds in contracting for different types of services.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award**, since the award is usually higher or lower than the amount requested in the application, and **during the program year**, when funds are underspent in some service categories and additional needs exist in other service categories. The planning council must approve such reallocations.

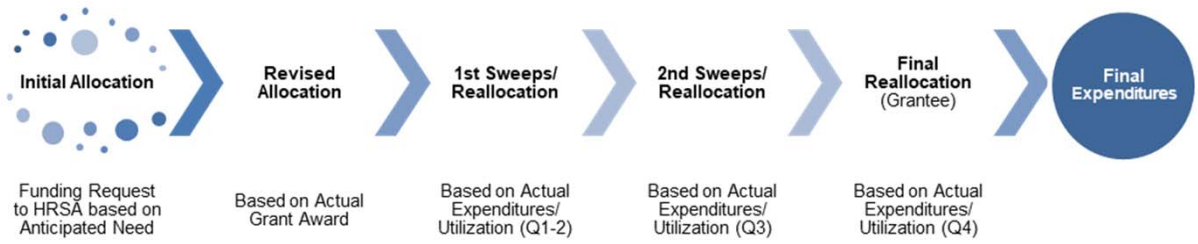
5

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

6

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



Funding Request to HRSA based on Anticipated Need

Based on Actual Grant Award

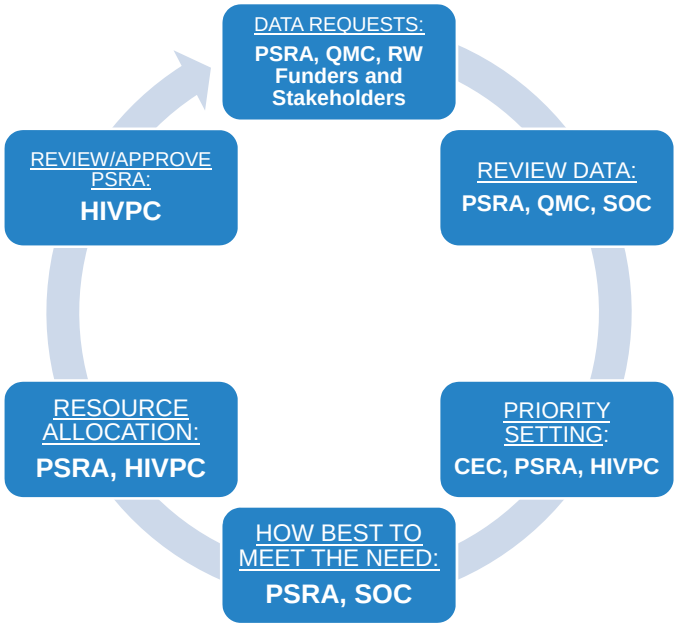
Based on Actual Expenditures/ Utilization (Q1-2)

Based on Actual Expenditures/ Utilization (Q3)

Based on Actual Expenditures/ Utilization (Q4)

7

Who's Involved?



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PLWHA Involvement in the PSRA Process

PLWHA Serve as Committee Members:

CEC
- Data Collection (focus groups/feedback forums) & Presentation
- Rank Core Services Priorities
- Rank Support Service Priorities

PSRA
- Priority Setting & Resource Allocation

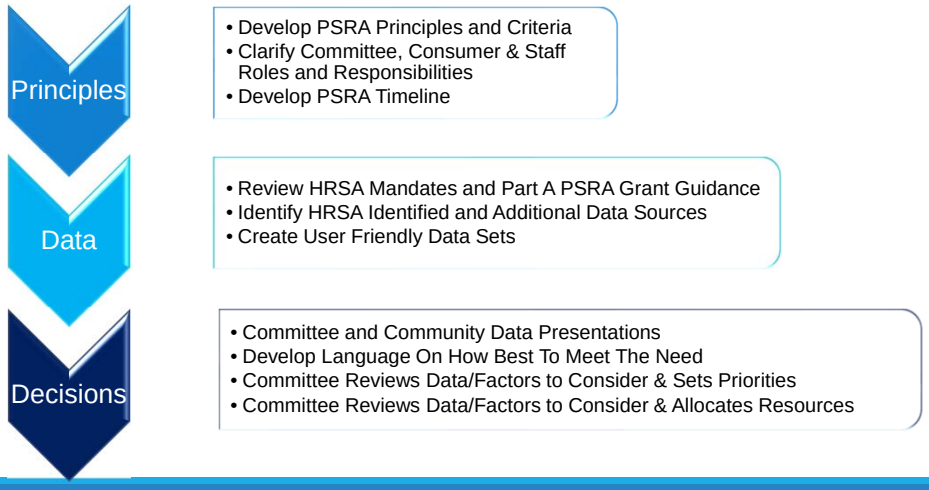
HIVPC
- Approves All PSRA Decisions

Community Feedback Through Needs Assessment Activities:

2019 Needs Assessment

9

The PSRA Process



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Required Part A Grant PSRA Documentation

Each year, the Part A Grant Application requires documentation regarding the PSRA process, including how the process was conducted and specifically addressing how the needs of those not in care and those from historically underserved populations were considered in this process. Additional documentation of the process includes:

- How PLWHA were involved in the PSRA process and how their priorities are considered in the process
- How data were used in the PSRA processes to increase access to core medical services and to reduce disparities in access to the continuum of HIV/AIDS care
- How changes and trends in HIV/AIDS epidemiology data were used in the PSRA process
- How cost data were used by the Planning Council in making funding allocation decisions
- How unmet need data were used by the Planning Council in making priority and allocation decisions
- How the Planning Council's process will prospectively address any funding increases or decreases in the Part A award

11

PSRA Data Sources

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/Presentation

12

PSRA Data Sources (cont'd)

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.

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

13

Other Resources

- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2017
- FY2018 Other Funders Table
- FY2018 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Activities Report
- FY2020 CEC Rankings Table
- FY2020 Part A Allocations Table

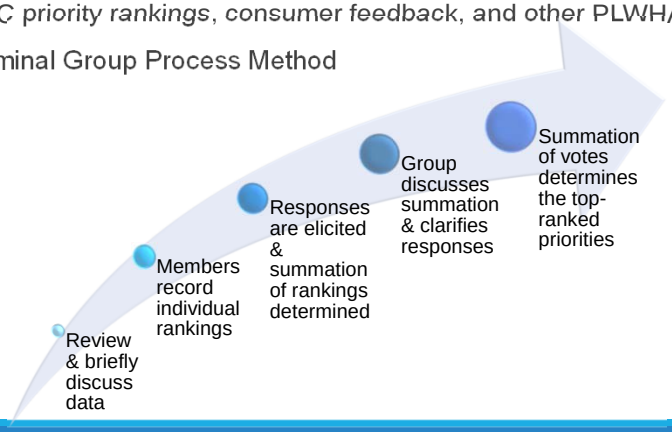
14

PSRA Process: Step-By-Step

15

Priority Setting

- Prioritize all service categories included in Legislation
- Utilize CEC *priority rankings*, *consumer feedback*, and other PLWHA data provided
- Utilize Nominal Group Process Method



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Priority Setting: Core 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

17

Priority Setting: Support Services

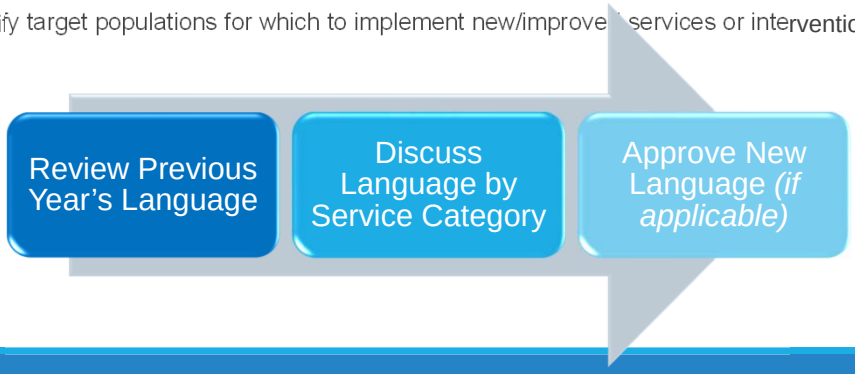
1. **Food Bank/Home-Delivered Meals**
2. **Emergency Financial Assistance**
3. **Legal Services**
4. **Non-Medical Case Management (CIED)**
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health 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

18

Language on How Best to Meet the Need

Directives to the Part A Recipient on how best to meet the service priorities identified, such as:

- Where geographically to fund services
- Specific models to use
- Identify target populations for which to implement new/improved services or interventions



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Additional Priorities & Language Considerations

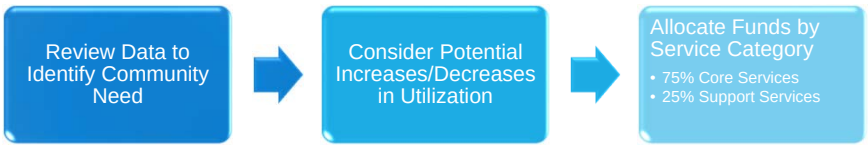
Priorities and HBTMTN Language should be based on:

- Documented need
- Cost and Outcome Effectiveness
- Priorities of PLWHA
- Availability of other resources

20

Resource Allocations

- Decide how much funding will be used for each service category



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Reallocations (Sweeps)

The PSRA 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.

Periodic Reallocation: The Part A Recipient will 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.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A 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 that 10% of the funding award and that there are less than 120 days left in the fiscal year.

22

PSRA Approval

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.
- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

23

Ground Rules

- 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. 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.

24

PSRA Committee: What to Expect

- The Planning Council support staff will provide you 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.

25

Questions?

Discussion

26

PART I

RYAN WHITE Part A Eligibility of Service Categories

1

Case Management (Non-Medical) Services

- Case Management helps to identify a range of client-centered services that link clients with legal, psychosocial, and other social supportive services including benefits/ entitlement, counseling and referral activities assisting them to access other public and private programs. Case Management has a central role in facilitating social service needs of persons with HIV. It is a collaborative process of assessment, planning, facilitation, and evaluation of service options for addressing an individual's comprehensive social needs.

2

Responsibilities of Case Management (Non-Medical)

- ***The Case Manager helps identify appropriate providers and facilities throughout the continuum of services***, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Other objectives for Case Management Services include but are not limited to:

3

Responsibilities of Case Management (Non-Medical)

Assess the client's physical, psychosocial, environmental, and financial needs

Facilitate the client's access to, maintenance of and adherence to primary health care, support services, and HIV prevention and risk reduction services

Identify gaps in the service delivery system and consider different approaches to address the client's needs when necessary

Evaluate clients' background, education, and training, to help them develop realistic vocational goals and/or refer clients to community services that will assist the client with job placement competencies, such as interviewing, organizational and time management skills, and networking

Develop a formalized social service plan that is coordinated with the client and other service providers.

4

Elements of Case Management (Non-Medical):

- ❑Case Management services are to include a distinct and more hands-on role for Peer Education Counseling services, allowing for a complete review of Clients' needs from both a professional and social perspective.
- ❑Peer Education Counselors serve as a vital role model to others who are learning to cope with the daily challenges of living with HIV.
- ❑Peer Education Counselors shall support HIV-positive individuals as they enter and stay in care, adhere to treatment protocols, and improve their quality of life.

5

Requirements Case Management (Non-Medical):

- ❑Case Management services must ensure coordination among providers to meet clients' needs based on the accurate assessment of those needs.
- ❑Establishing formal linkages among agencies facilitate the information flow and referral process among providers.
- ❑Case Managers must work with both Ryan White and non-Ryan White providers to ensure verification is obtained regarding the Client's access to the referred service(s).

6

Disease Case Management (Medical) Services

Disease Case Management refers to a system of coordinated health care interventions to help clients self-manage their HIV infection and prevent complications from other chronic health conditions through health coaching and disease-specific educational materials and care coordination.

Providers of this service must also apply to provide Integrated Primary Care and Behavioral Health Services.

7

Responsibilities of Disease Case Management (Medical) Services

Disease Case Management emphasizes prevention of increased severity and complications of HIV/AIDS ***utilizing evidence-based, standardized clinical guidelines and patient empowerment strategies***, that have been proven to be highly effective by a licensed health care professional (e.g. licensed practical nurse, registered nurse or advance registered nurse practitioner) who is qualified by training and has demonstrated HIV/AIDS experience and knowledge with complex medical clients, infectious disease processes, HIV/AIDS patients, and antibiotics.

8

Disease Case Management shall assist clients with:

- Achieving viral suppression
- Retention in medical care
- Adherence to prescribed medical protocols

9

Disease Case Management Referrals

Disease Case Management refers to activities and interventions that attempt to ***reduce fragmentation and improve the quality of referrals*** and transitions. Disease Case Management shall coordinate referrals by:

- ❑Providing reason for referral and relevant clinical information
- ❑Tracking referral status
- ❑Following up to obtain specialist's report
- ❑Documenting agreements with specialists for co-management
- ❑Providing electronic exchange of patient information

10

Elements of Disease Case Management (Medical)

- ❑Reduce intensity and frequency of HIV-related symptoms and co-morbidities
- ❑Conduct client self-management education to increase awareness about transmission of HIV and manage the treatment of HIV disease
- ❑Improve coordination of client care across health conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-centered

11

Requirements Disease Case Management (Medical):

Disease Case Management shall ***incorporate the unique medical and psychosocial impact of HIV disease, support systems, and treatment protocols regarding other comorbid conditions***. Disease Case Management shall also conduct care coordination for Integrated Primary Care and Behavioral Health Services. Providers of Disease Case Management must be able to:

- ❑Monitor the delivery of care
- ❑Document care through development of shared treatment plans and health outcomes
- ❑Review the shared care plan with clients in conjunction with the direct care providers

12

Oral Health Care Services

Oral Health Care services will encompass dental screenings, prophylaxes, fillings, simple extractions as well as periodontal and other specialty treatments.

Clinical interventions should be based on treatment guidelines and recognized clinical protocols established legal and ethical standards.

HIV patients must maintain oral health to reduce the risk of serious infections of the mouth, the teeth, and the entire body.

Routine dental care visits facilitate the early identification of serious conditions and infections.

Additionally, as a preventative measure, routine dental care reduces the incidence of common oral health problems developing into dental caries, periodontal disease, as well as other oral health problems directly related to HIV infection.

13

Priorities of Oral Health Care

Prevention of oral and/or systemic disease where the oral cavity serves as an entry point.

Elimination of presenting symptoms, and

Elimination of infection, preservation of dentition and restoration of functioning.

14

Responsibilities of Oral Health Care

- a completed assessment;
- prioritized treatment plan which is tailored to the client's needs;
- dental treatment history; and
- an assessment of medical conditions that are appropriately monitored and updated as needed. The treatment plan shall demonstrate an itemized breakdown of fees and appropriate payer for services to be rendered along with the diagnosis and treatment options to be stored in the client chart. The treatment plan will also include an appropriate recall schedule at least once every six months.

15

Responsibilities of Oral Health Care, cont'd

All clients shall receive a comprehensive examination that includes:

- Comprehensive head and neck exam;
- Complete intraoral exam, including evaluation for HIV associated lesions
- Full medical status information from medical provider, including medication and stage of illness, as needed; and
- Dental risk assessment and prevention strategy, including home care and other self-exam instructions.

16

Responsibilities of Oral Health Care, cont'd

New Patient Visits: New clients shall receive a dental screening within 10 days of the initial referral to a dental provider.

- If appointment cannot be scheduled, client must be provided with the option of a referral to another Ryan White Provider within the service category who can see the new patient within 10 (ten) business days.
- Client's initial non-emergency visits should include an oral evaluation with radiographs and treatment plan.

17

Elements of Oral Health Care

- Oral Health Care services funding is separated into two components:
  - **Routine Maintenance Care; and**
  - **Specialty Care.**
- Funding for Routine Maintenance and Specialty Care are awarded separately.
- An agency may provide both Routine Maintenance Care and Specialty Care service components.
- An agency providing only the Routine Maintenance Care component must have formal linkage agreements and provide documentation of referrals for specialty care needs to agencies with resources.

18

Trauma-Informed Mental Health Services

Trauma-Informed Mental Health Services include an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. These Services have been identified as a critical component in the maintenance and management of HIV infection.

19

Priorities of Trauma-Informed Mental Health Services

- According to SAMHSA, trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and has tasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual wellbeing.
- Trauma-Informed Mental Health Services refer to the prevention, intervention, or treatment services that address traumatic stress, as well as any co-occurring disorders (including substance use and mental disorders) developed during or after trauma.
- Trauma-Informed Mental Health Services focus on prevention strategies to avoid re-traumatization in treatment, to promote resilience, and to prevent the development of trauma-related disorders.

20

Service Provisions

1. Providers must ensure Trauma-Informed Mental Health Services are grounded in an understanding of, and responsiveness to, the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for Clients to rebuild a sense of control and empowerment.
2. Screenings and assessments should guide treatment planning; alerting providers to potential issues and serving as a valuable tool to increase Clients' awareness of the possible impact of trauma and the importance of addressing related issues during treatment.
3. Screening to identify Clients who have histories of trauma and experience trauma-related symptoms is a prevention strategy and is the first contact between the Client and the treatment provider.

21

Service Provisions

4. Trauma-Informed screenings should include at minimum the following areas:
    a) trauma-related symptoms,
    b) depressive or dissociative symptoms,
    c) sleep disturbances,
    d) and intrusive experiences, past and present mental disorders,
    e) including typically trauma-related disorder, substance abuse, social support and coping styles, availability of resources risks for self-harm, suicide, and violence and health screenings
5. Trauma-Informed assessments determine the nature and extent of the Clients' problems and will determine the appropriate treatment plan to make an informed and collaborative decision about treatment placement.

22

Service Provisions

6. Trauma-Informed Mental Health Service providers must assess Clients that initially screen positive for substance abuse, trauma-related symptoms, or mental disorders to determine and define the presenting issues.
   a) Assessments should also focus on how trauma symptoms affect a Clients' current functioning.
7. Trauma-Informed Mental Health Services must include an individualized care plan developed collaboratively with Clients and, when appropriate, with family and caregivers.
   a) Services may be provided for non-HIV-infected family members where a benefit can be directly attributed to the HIV positive Client.
   b) Individualized care plans must include trauma-specific interventions and approaches that are designed specifically to address the consequences of trauma and to facilitate healing.

23

LEGAL AID SERVICES

This program provides legal representation to Clients for preplanning activities including *durable powers of attorney documents; do not resuscitate orders; wills; and trusts*.

Legal Services shall provide interventions to ensure access to eligible benefits and to prevent an individual's denial of access to housing or eviction due to HIV status, discrimination or breach of confidentiality litigation as it relates to services eligible under the Ryan White HIV/AIDS Treatment Extension Act.

This includes assistance with public benefits, which encompasses legal intervention following denial of Social Security Administration (SSA) benefits .

24

Target Population also known as Client(s):

- Individuals who are Broward County residents with HIV/AIDS
- who earn less than or equal to 300% the Federal Poverty Guidelines,
- are uninsured,
- have barriers to economic stability and
- have no other means or funding source to receive services.

25

Requirements

This service is designed to provide legal services by/or under the supervision of an attorney licensed by the Florida Bar Association.

- Preplanning activities including durable power of attorney documents; do not resuscitate orders; wills; and trusts.
- Public benefits assistance including legal interventions following denial of Social Security benefits.
- Discrimination or breach of confidentiality litigation as it relates to services eligible under the Ryan White HIV/AIDS Treatment Extension Act.
- Preparation of advance directives concerning the guardianship of the eligible individual and the guardianship or adoption of the eligible person's children.
- Legal services do not include guardianship or adoption of children after the death of their legal caregiver, criminal defense, Discrimination or class action lit1gation unrelated to Ryan White services.

26

Outpatient/ Ambulatory Health Services (OAHS)

Integrated Primary Care and Behavioral Health (IPCBH) services are any professional diagnostic and therapeutic services rendered by a physician, physician's assistant, or nurse practitioner, social worker, psychologist, addictions counselor or other behavioral health provider in an outpatient facility for the treatment of HIV/AIDS.

27

Responsibilities of IPCBH

- ❑General management of acute and chronic medical and behavioral health conditions through initial visit and intake
- ❑Complete history and physical examination
- ❑Lab tests necessary for evaluation and treatment
- ❑Prescribing and medication therapy
- ❑Care of minor injuries, minor surgery and assisting at surgery
- ❑Education and counseling on health and medical nutritional therapy, nutritional issues, immunizations, and follow-up visits

28

Elements of IPCBH

IPCBH services are designed to provide ***psychosocial assessment and evaluation using evidence-based screening tools*** {initially the Patient Health Questionnaire (PHQ 9)}, diagnosis, shared treatment planning, crisis intervention, periodic reassessments, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other therapeutic services as appropriate in order to improve adherence to treatment and improve patient health outcomes.

29

IPCBH Requirements

- IPCBH service providers must demonstrate the ability to provide a coordinated, co-located or integrated approach to Primary Care, Behavioral Health, and Disease Case Management services. Behavioral Health clinical staff providers are expected to achieve this by strengthening their focus on integrated treatment teams, evidenced-based primary care interventions, primary care program structure (e.g. primary care access, information sharing, and treatment planning, etc.) performance monitoring and continuous quality improvement and sustainability.
- These modalities and approaches must be provided in a manner that addresses the client's unique needs and integrates their culture, values, spirituality, and religion.

30

IPCBH Requirements Cont'd

- IPCBH service providers must establish shared protocols and procedures and data collection to ensure continuity of services and retention of clients.
- At a minimum, protocols and procedures must include use of the PHQ 9, follow-up for broken appointments, written correspondence, collaboration with other service providers and referrals to treatment adherence programs.

31

RYAN WHITE Part A Eligibility of Service Categories

PART II

1

AIDS Pharmaceutical Assistance (Local)

AIDS Pharmaceutical Assistance (local) is designed to supply physician-ordered, FDA-approved pharmaceuticals based on the approved Ryan White Part A Formulary listing and includes medical supplies and/or devices needed to administer drugs.

Drugs and medical supplies shall be dispensed routinely as prescribed, or as a short-term supply to assist the Client with an emergency need.

2

Service Provision

1. AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients.
   - ❑ This assistance can be funded with Part A grant funds and/or Part B base award funds, local pharmacy assistance programs are not funded with ADAP earmark funding.
2. Providers dispense generic drugs in lieu of prescription brand names drugs if commercially available, consistent with the dispensing pharmacist's professional judgment and state and federal law.
   - ❑ Food Supplement services that include the provision of Client-required vitamin supplements must be provided through the AIDS Pharmaceutical Assistance (Local) service.
3. Medication Adherence - Provider shall offer client medication counseling. Consenting clients shall receive counseling to assist them with their needs. Provider shall document counseling and/or other assistance (Prescription Counseling log).

3

Service Provision cont'd…

4. Formulary- The Ryan White Drug Formulary is a working document for practitioners to rely on that fists the medications that are available for the treatment of Ryan White eligible patients.
5. Process for Additions of Medications to the Part A Formulary- The process for additions of Medications to the Part A Formulary will be in accordance with the local Pharmacy process (see Formulary Change Request form at http://www.brhpc.org/hivpc.html).
   - ❑ Notification of Formulary Changes: A memorandum (via Fax, e-mail, regular mail) from the Recipient to Prescribers and other concerned individuals will be distributed in a timely manner after addition or deletion of product(s).

4

Emergency Financial Assistance (EFA)

- Emergency Financial Assistance provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance.

5

Target Population

- ❑The targeted populations for the EFA are persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications.

6

Eligibility Assessment

1. Pharmacist, or authorized designee, shall verify client's eligibility, which is established by reviewing the certification in the Provide Enterprise (PE) System.
2. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated PE System.
3. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify.
4. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

7

Service Provision

- Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
- Direct cash payments to clients are not permitted.
- Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.
- Ryan White funds are used for Emergency Financial Assistance only as a last resort.

8

Food Services

(Food Bank/Home Delivered Meals)

Food Services is provided to clients requiring supplemental nutritional assistance to enhance the efficacy and absorption of medication.

9

Service Requirements

1. Food Services must be provided in consultation with primary care physician which involves completion of a nutritional assessment and plan.
   - ❑ The plan identifies nutritional and dietary factors which impact client HIV conditions and include nutritional strategies targeted at improving overall health.
   - ❑ Food Services are included in the plan to provide a nutritious and well-balanced food supplement to a client's diet.
2. Food Services must be provided with a philosophy that Part A Food Bank and/or Voucher Services supplement the total nutritional needs of eligible clients.

10

Service Requirements cont'd…

3. The Food Services provider must ensure that service recipients are enrolled in community food and nutrition programs such as food stamps, WIC, to maximize program resources.
4. The Food Service provider must provide Clients several nutritional food choices in each food group, unless otherwise instructed by the Ryan White Part A Program.
5. All Food Services referrals must be documented in the County's designated Human Services Client information software system.

11

Service Requirements cont'd…

6. Food services staff shall assess client participation in primary medical care. Staff shall ensure existing clients not in primary medical care, access primary medical care within six months from the beginning of the contract year for the client's continued participation in food services.
7. Food Services staff shall assist the client to remain in primary medical care. Staff shall discuss with the client the need to remain in primary medical care as a condition to continue receiving food services. A referral to the case manager will be offered to assist client to remove any barriers to remain in primary medical care.

12

Service Provisions

*The provision of food services under this funding category is of **two** distinct types.*

1. A **Food Bank** is a central distribution center that warehouse and provides nutritious groceries for indigent HIV+ clients. The food is distributed in cartons, bags or assorted products to eligible Ryan White Program clients.

2. **Food Vouchers** shall be in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients must be able to shop for and prepare their own meals. The vouchers are generally provided to indigent HIV+ clients and families on an occasional or ongoing basis but may also be available to other specified populations; and may be issued in paper or electronic formats.

a) The voucher clearly states that purchase of alcohol and tobacco products are not allowed.
b) Clients must be unable to purchase nutritious food due to limited financial resources and be able to shop for and prepare their own meals.
c) Provider must ensure that the majority of the food purchased is of nutritional value.

13

Centralized Intake and Eligibility Determination (CIED)

CIED is a standalone intake service responsible for eligibility determination of prospective Clients and eligibility recertification of current Clients. It is the first point of entry into the Broward County Ryan White Part A program and therefore must familiarize Clients with all Ryan White Program services and service providers. **CIED screens and certifies for Client eligibility, initially and every 6 months.**

14

Target Population

❑The target population for CIED:

- Is low income and uninsured individuals with HIV/AIDS who earn less than or equal to 400% of the Federal Poverty Guidelines,
- are Broward County residents; and
- who have no other means or funding available to meet the costs of health and support services.

15

Responsibilities of CIED

1. Determining Client eligibility for Ryan White Part A services;
   - CIED ensures newly diagnosed individuals are rapidly linked to core medical and support services;
   - The linkage must be done within one business day.
   - Follow-up with all newly diagnosed Clients within ninety (90) days of certification to ensure they are engaged in care.

16

Responsibilities of CIED cont'd…

2. Assessing long and short-term needs;
   - Conduct a brief needs assessment of the Client;
   - At a minimum, the needs assessment includes the following: behavioral health, medical needs, substance abuse, and other social and legal barriers to care.
   - It also includes whether the identified needs are long term or short term. Clients requiring additional needs must be referred to the appropriate service provider.

17

Responsibilities of CIED cont'd…

3. Analyzing available resources;
   - Conduct a benefits assessment to help educate Clients on the understanding of their benefits/services and the application process to assist them in efficiently navigating the HIV Continuum of Care;

18

Responsibilities of CIED cont'd…

4. Referring Clients to Part A and non-Part A services as appropriate;
   - Track all referrals electronically through the designated Human Services Department's Management Information System.
   - Follow-up on all referrals to ensure Clients are linked to the services they need and have chosen.
   - Document the disposition of each referral in the Management Information System.
   - Close referrals after the Client has been provided services at the agency to which they were referred.
     - *Services will not be paid until after the referral has been closed.*

19

Responsibilities of CIED cont'd…

5. Conduct enrollment into third party programs;
6. Provide Clients with application preparation assistance;
7. Recertify Ryan White Part A Clients;
8. Conduct intake and eligibility workshops; and
9. Develop linguistically and culturally appropriate literature to inform Clients about Ryan White Part A services, third party payers and other local community resources.

20

Elements of Client Eligibility

To determine Client eligibility for services, the CIED provider shall **conduct a benefits assessment** to help educate Clients on the understanding of benefits/services, eligibility and the application process to assist them in efficiently navigating the HIV Continuum of Care.

Benefits assessment services are Client-centered activities that facilitate Client access to both health and disability benefits and services. It is the primary responsibility of the CIED provider to ensure Clients are receiving all benefits for which they are eligible.

21

A benefit assessment must, at a minimum, assess the eligibility of the following:

- AIDS Drug Assistance Program (ADAP)
- Affordable Care Act (ACA)
- Supplemental Nutritional Assistance Program (SNAP) also known as Food Stamps
- Insurance Continuation (COBRA, AICP)
- Healthy Families Program
- Medicare
- Medicaid
- Pharmaceutical Patient Assistance Programs (PAPS)
- Private insurance
- SSA Programs
- Temporary Assistance to Needy Families (TANF)
- Unemployment Insurance (UI)
- Veteran's Administration (VA)Benefits
- Women, Infants and Children (WIC)
- Worker's Compensation
- Other public and private benefits programs

22

A benefit assessment addresses the unique benefits needs of specific populations including (but not limited to):

- Immigrants.
- Veterans.
- Persons who have recently been incarcerated, or
- Families and children.

23

Required Documentation:

- Documentation of HIV status (proof of HIV diagnosis), Rapid Test Documentation (30-day provisional).
- Documentation of income level (to determine persons federal poverty level and whether they are uninsured or underinsured).
- Documentation of residency within the County.
- Documentation of insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance).

24

CIED Requirements

- CIED services must be provided by professionals who have technical expertise on public and private benefits and other community services for which Clients are entitled. Additionally, CIED must provide an annual training plan for all staff members. Intake specialists are required to go through initial and annual customer service training as well as intensive training about Ryan White services and providers.
- In conjunction with the client shall complete at the time of intake an individualized service plan that incorporates the specific needs of the client.
  - Staff shall assist the client to define both medical and social service goals for the benefits needs identified in the Service Plan.
- Assist the client to set client driven, realistic time frames to resolve the barriers for access to primary medical care identified in the Benefits Assessment.

25

HEALTH INSURANCE CONTINUATION PROGRAM

- The Health Insurance Continuation Program (HICP) is designed to continue the provision of health insurance or medical benefits under a health insurance program for Clients who have private insurance and are having difficulty paying premiums and/or co-pays.
- HICP provides health insurance premium and cost-sharing assistance for Clients enrolled in ADAP approved health plans, to maintain continuity of health insurance coverage for medical benefits. This program is available to assist low income, program-eligible Client with purchasing health insurance that provides comprehensive primary medical care and pharmacy benefits that include a full range of antiretroviral (ARV) medications.

26

Target Population

- Low-income individuals with HIV who are privately insured Broward County residents and are enrolled in the State of Florida AIDS Drug Assistance Program (ADAP) approved health plans.
- These Clients have no other means or funding available to meet the costs of maintaining their private health insurance premiums.
- Eligible Clients must have an income of less than or equal to 400% of Federal Poverty Guidelines, have barriers to economic stability and have no other means of funding available to meet the costs of maintaining their private health insurance coverage.

27

Requirements

- HICP includes:
  - Coordination of eligible Clients through the State funded ADAP program,
  - Maintenance of individual Client files with an eligibility letter from ADAP, proof of insurance policy/card and proof of Broward County residency.
  - A complete financial assessment and disclosure from the Client is required. No payments or reimbursements can be made directly to a Client.
  - Conduct chart reviews at least quarterly to ensure appropriate documentation of all services, including referrals, follow-up and re-certification.

28

Substance Abuse Services

Substance abuse outpatient care services is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel. Substance abuse treatment providers as defined in the State of Florida Mental Health Statutes are referred to as licensed or certified practitioners.

29

Target Population

- Clients are Broward County HIV positive residents
- at least 18 years or older,
- earn less than or equal to 300% of the Federal Poverty Level (FPL) Guidelines,
- are uninsured,
- have barriers to economic stability, and
- have no other means or funding source to receive services.

30

Requirements

- The substance abuse clinician shall assess the client Biopsychosocial needs using the agency Biopsychosocial assessment. The licensed or certified practitioner shall complete the assessment by the third counseling visit.
  - The Biopsychosocial evaluation must be reviewed and signed by a licensed or certified practitioner prior to providing treatment or intervention to a client. Assessments can be conducted at the substance abuse treatment program, in jail, in the client's home or hospital room.
- Client admission and/or continuation of treatment shall be allowed after the assessment, if deemed appropriate. A complete physical examination shall be completed by a physician as determined in the needs assessment.
- The licensed or certified practitioner shall complete a Treatment Plan for each client based on the needs identified in the bio-psychosocial.

31

Ryan White Funder's Presentation for PSRA

RYAN WHITE PART B

1

Ryan White Part B Program Overview

- Ryan White Part B is a Federally and State Funded program that provides support services to people living with HIV (PLWH) to enhance their life experience while coping with the disease. The program avails those that do not have adequate health care overage and/or financial resources needed for managing HIV disease or AIDS. . To be eligible for the program one must be HIV positive, a Broward County resident, and cannot exceed the income maximum of (400%) of the federal poverty level.

2

Program Budget

FY2020: Budget and Final Expenditures 1,161,929.00

FY2021: Level Funding

3

Services Provided

- Ryan White Part B assist clients with the following services:
- Emergency Financial Assistance
- Health Insurance Continuation Program (Trend that clients are transitioning into ADAP due to ADAP expansion)
  - Medication Copayment
  - Insurance Support
- Home and Community-Based Health Services
- Home Delivered Meals
- Medical Nutritional Supplements
- Medical Transportation Services – Bus Passes
- Substance Abuse Services – Detoxification & Residential Treatment

4

Emergency Financial Assistance

- Limited one-time or short-term payments to assist the Part B client's with an emergent need.
- Client must be Ryan White Part B eligible during the date of service (DOS) and time of request.
- Service Components:
  - Essential Utilities: Water & Light
  - Housing: Rent
  - Transportation
  - Medications
  - Food Vouchers

  Emergency financial assistance will occur as a direct payment to the agency

5

Health Insurance Continuation

- The **Medication Copayment Program** provides monthly copayments for FDA approved formulary medications to insured clients who are not eligible for the AIDS Drugs Assistance Program (ADAP).
- Client must be RWPB eligible.
- Service Components:
  - Client's chose one of the participating pharmacies
  - Client's pick up medications monthly (RWPB Approved Formulary)
  - After applying co-pay cards; pharmacy bills to RWPB for clients portion.
  - RWPB submits invoices for payments within 5-business days.
- The **Insurance Support Program** provides temporary assistance with insurance premiums, doctor visit co-payments, laboratory co-payments, co-insurances, and deductibles.
- Clients must be RWPB eligible.
- Service Components:
  - Insurance Premiums
  - Laboratory Payments
  - Co-Payments
  - Co-Insurance and Deductibles

6

Home & Community-Based Health Services

- Assist homebound clients based on a plan of care strategy by client's Case Manager and Physician.
- Client must be RWPB eligible.

Service Components:

- Home Health aide/personal care/homemaker: Assist with daily cleaning and bathing as needed.
- Wound Care Nurse: Assist clients with Chronic Ulcer care.
- Durable medical equipment: Catheters, surgical lube, oxygen tanks/refills, and shower chairs.

7

Home Delivered Meals

- Assist homebound clients based on a plan of care by client's Case Manager and Physician.
- Client must be RWPB eligible.
- Service Components:
  - Home Delivered Meals: Alternative breakfast, lunch, and dinner.
    - Microwaveable meals are delivered to client, at the physician's request, based on dietary needs.

8

Medical Nutritional Therapy

- Assist clients based on a plan of care by client's Case Manager and Nutritionist or Physician.
- Client must be RWPB eligible.
- Service Components:
  - Nutritional Supplement shakes:
    - Ensure/Generic cases are delivered by Walgreens Pharmacy based on dietary needs; however, client does not have to be homebound.

9

Medical Transportation Services

- Ryan White Part B staff issues Bus Passes to Part A case managers for distribution monthly.
- Client must be RWPB eligible.
- Client Case Manager must provide proof of medical appointments.
- Service Components:
  - All Day Bus Pass: Client with 6 or fewer medical appointment's per month
  - 31-Day Bus Pass: Clients who exceeds 7 medical appointments per month
  - Client's with Medicaid are not eligible to participate MTS.

10

Substance Abuse Services

- Provides Detoxification and Residential substance abuse treatment services to clients with substance abuse at BARC: Broward Addiction Recovery Center.
- Client must be Part B eligible.
- Client's must be Broward County residents and at least 18 years of age.
- Service Components:
  - Detoxification (Detox): Medically supervised inpatient detoxification 7-days per episode.
  - Residential Treatment Services (RTS): Residential substance abuse treatment 30-days per episode.
  - Additional 30-days of RTS can be requested via the RWPB Program Manager

  The BARC Detox unit has converted to single occupancy rooms, which has temporarily reduced bed capacity from 50 beds to 28 beds to allow for enhanced social distancing

11

Part B & Part A Collaboration to Reduce Gaps in Care

What Services are they aware of that they can use to help supplement what we do?

- Substance Abuse Treatment
- Medical Transportation
- Insurance Support services – Health Insurance Premium Payments, Medication Co-Payment & Deductibles
- Emergency Medication

12

Notable Trends

- Medication Co-Payment clients are transitioning into ADAP due to ADAP expansion
- Clients in need of rental assistance

13

Recommendations

- Educating clients during eligibility appointments for Part A & B on services provided by each individual program and emphasizing that Ryan White is **NOT** insurance.
- Providing a list to clients of RWPA providers for clients to stay within program network to eliminate financial burden on clients.
- PSRA take a look into funding Medical Transportation Services starting 2021-22 G/Y. As well as look into setting up and implementing a ride sharing program and criteria.

14

Questions?

Discussion

15

Ryan White Funder's Presentation for PSRA

RYAN WHITE PART C

1

Ryan White Part C Program Overview

The Ryan White Part C program provides funding to local community-based organizations to support outpatient ambulatory health services and support services through Early Intervention Service (EIS) program grants. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services through Capacity Development Grants. (HRSA, 2016)

Part C Grant Funding Requirements:

- Administrative Costs – No more than 10% of the award
- EIS - At least 50% of the total award
- Core Medical Services - At least 75% of the balance
- A portion of every Part C employee's salary is allotted for quality related tasks

2

Program Budget

BUDGET May 1, 2018 – April 30,2019	Ryan White Part C		comment
Budget	Actual	Variance	
$875,925	$891,587	$15,662	FY 17-18Carry over funds

3

Program Budget

BUDGET May 1, 2019 – April 30,2020	Ryan White Part C		comment
Budget	Actual	Variance	
$875,925	$832,129	$43,796 (5%)	Closing pending

4

Services Provided

The North Broward Hospital District d/b/a Broward Health has been the primary recipient of Part C funding in Broward County since July 1998.

Broward Health provides the following services:

- **Outpatient ambulatory health services**
- **case management**
- **HIV counseling and testing,**
- **referrals to specialists**
- **Clinical Quality Management (CQM),**
- **risk reduction counseling**
- **medication adherence counseling.**

5

Services Provided FY 2018 -2019

OAMS: 1358

Males: 60%

Females: 39%

Transgender : <1%

Blacks : 78%

Hispanics: 7%

Whites: 5%

HIV counseling and Testing : 430 with 4 new positives identified

6

Services Provided FY 2019 -2020

OAMS: 1087

Males : 61%

Females: 39%

Transgender : <1%

Blacks: 80%

Hispanic :7%

Whites : 13%

HIV Counseling and Testing:1778 with 6 new positives identified

7

Part _C_ & Part A Collaboration to Reduce Gaps in Care

What Services are they aware of that they can use to help supplement what we do?

Due to limited funding, collaboration with the utilization of Part A network of services to prevent or reduce gaps in care is essential.

RWC clients access services funded by RWA such as CIED case management services, food bank, nutrition, Mental health, behavior health, disease case management, dental, and other specialty care services.

8

Notable Trends

Continue to see syphilis and an increase in Gonorrhea.

The Corona COVID 19 virus has created a paradigm shift for how health care is provided.

Executive orders to practice safe distancing and to wear mask has forced organizations to allow certain staff to work from home.

The definition of essential has now become essential in how we staff our centers

Clients are expressive about their fears to come into buildings for care.

Broward Health is now using Telehealth to provide some clients with care and treatment and has increased the medication refills to prevent clients form missing important medications.

9

Recommendations

STAY SAFE AND TAKE IT ONE DAY AT A TIME.

TAKE TIME TO APPRECIATE SPECIAL MOMENTS AND SPECIAL PEOPLE IN YOUR LIVES

10

Questions?

Discussion

11

Ryan White Funders Presentation for PSRA

RYAN WHITE PART D

1

The Ryan White Part D Program Overview

Part D of the HIV/AIDS Program focuses on providing access to coordinated, family-centered primary medical care and support services for HIV-infected women, infants, children, and youth and their affected family members. It also funds support services, like case management and childcare that help clients get the care they need. Children's Diagnostic and Treatment Center- Comprehensive Family AIDS Program(CFAP) provides primary care, medical case management and psychosocial support for HIV-positive women, infants, children, and youth.

https://www.hrsa.gov/sites/default/files/about/budget/performancereport.pdf

2

Comprehensive Family AIDS Program (CFAP)

Serves infants, children, youth, women and families infected and affected with HIV in Broward County ***(Approximately 1800 individuals and 900 families in FY2019)***

This includes HIV exposed or positive infants, HIV positive child or youth, HIV positive woman and family member living in the household of an HIV positive individual.

Serves negative siblings in CDTC Pediatric clinic and other resources

Test and Treat program- servicing WICY population(youth males up to the age of 24)

Conduct HIV testing Rapid testing for Broward County

3

Program Budget

Funded primarily by HRSA, Ryan White Part D program since 1991

- *FY2019- $2,016,919.00*
- *FY2020- $2,016,919.00*
- *Other Funding Sources including:*
- *SMART Ride $179,005.00*
- *CMS HIV – $185,185.00*
- *TOPWA – $170,000.00*

4

CFAP Population

90% RACIAL/ETHNIC MINORITIES
63% INFANTS/CHILDREN/YOUTH (0-24 YEARS OLD)
71.4% WOMEN
28.6% MEN
51.4% UNEMPLOYED
85.9% BELOW 100% FEDERAL POVERTY LEVEL
10.7% NON-ENGLISH SPEAKING
19.8% UNINSURED
11.2% RYAN WHITE COVERAGE
25.4% SUBSTANCE USING
26% WITH MENTAL HEALTH ISSUES
0.7% MSM
6.5% PREGNANCIES

5

Eligibility Criteria

- **Client Eligibility**

Proof of Broward County Residency/Picture ID
Proof of HIV
Income verification

6

CFAP Clinical Services

Pediatric HIV Medical Care, Dental and Hygiene services
Phlebotomy services
Primary, HIV specialty, and gynecologic care
Adherence Counseling
Family Planning
Nutrition Screening and Therapy
Risk Reduction Counseling
Mental Health Screening, Treatment and Counseling
Substance Abuse Screening & Treatment
Prenatal HIV medication counseling(For CFAP Clients only)
Access to Clinical Trials for Research Studies

7

CFAP Psychosocial Services

Intensive Medical Case Management
Psychosocial Support
Access to Food and Gently Used Clothing
Support Groups
Women's Retreat
Children's Camp
Emergency Financial Assistance (donations)
Translation (access to language line)
Child Care during visits
Transportation
50 and over exercise group with Personal Trainer

8

Part D & Part A Collaboration to Reduce Gaps in Care

What Services are they aware of that they can use to help supplement what we do?

Residential Substance Abuse Programs
Outreach efforts to identify at risk youth (PROACT)
Online Process for RW and ADAP
Increase RW Dental Providers
Prenatal Care Cost
Lack of Mental Health services for Creole/Spanish Speaking populations
Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations

9

Notable Trends

- **Newly diagnosed populations**

Pregnant
High VL
Resistance to HIV medications from Partners
Young/Naive about HIV
Insurance issues
Migrating from other counties

- **Young Adults (18-28)**

Retention in care(Many Factors)
Insurance issues
Substance abuse
Employment/Housing issues
Unplanned pregnancy
Follow up with required documentations

- **The Elderly**

Comorbidities
Insurance issues(Transition from Medicaid to Medicare)
Housing issues
Medicaid transportation
Decline in Independence
Applying for SSI/SSD
Cognitive Decline
Society Isolated
Inactivity

- **Recently reengaged in care**
- Lack of knowledge of HIV
- Denial
- Adherence Issues
- Disclosure
- Advanced HIV

10

Notable Trends

Clients with high viral loads vs. virally suppressed clients

Virally suppressed clients
Acceptance of DX
Family/Friends support
Higher Education Level
Adherent to Medical/Specialty Appt.

High viral loads
Lack of Family/Social Support
Noncompliant with medical care
Issues with medications
Young Adult population
Mental Health/Substance Abuse issues
Housing
Transportation issues
Disclosure

Mental health or substance use issues

Mental Health
Denial
Limit access to Psychiatry for RW
Limit therapist that are multi-lingual
Domestic Violence Issues
Stigma

Substance use
Denial
Limited access to Detox locations
Continuum of care for substance abusers
Access to cheap "designer" drug Flakka, Mollies etc.
Multigenerational substance abuse issues
Stigma

11

Recommendations

What are some of the challenges faced by your program:
Retention of Care for our youth
Nutritionist
Level Funding
Immigration Issues
Lack of Mental Health services for Creole/Spanish Speaking populations
Lack of Substance Abuse Counseling for Creole/Spanish Speaking populations
Dental Care
Legal Aid for immigration issues

12

Questions?

Discussion

13

Ryan White Funders Presentation for PSRA

RYAN WHITE PART F/AETC

1

The Ryan White Part F/AETC Program Overview

The purpose of the **Community Based Dental Partnership Program (CBCPP)** is to improve access to oral health care services for low- income, underserved, and uninsured people living with HIV (PLWH) in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Program goals must be accomplished through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

The AIDS Education and Training Center (AETC) Program is the **training arm of the Ryan White HIV/AIDS Program.** The AETC Program is a national network of **leading HIV experts** who provide locally based, tailored education, **clinical consultation and technical assistance** to healthcare professionals and healthcare organizations to integrate **high quality, comprehensive care for those living with or affected by HIV**. HIV care is a complex, challenging field, and ongoing, high-quality training and support is essential for clinicians caring for people living with HIV.

2

Program Budget

- FY2019 Budget and Final Expenditures **$219,230/219,230**
- FY2020 Budget **$219,230**
- Any Other Funding Sources/Resources **Medicaid/Medicare/Private Insurance**

3

Services Provided

Please list all of the services provided by your program, including:

- Definition of the Services: Comprehensive **Oral Health Care and Specialty Care**
- Client Eligibility: **PLWH**
- Number of Unduplicated clients in FY2019 **575/283 new clients (increase of 20% over 2018)**

  537 HIV/36 AIDS/2 Unknown

  372 Male/197 Female/6 Transgender

  262 Hispanic/313 Non-Hispanic

  192 White/372 Black/8 Asian/3 Native Hawaiian or other Pacific Islander

  Ages 13-24 28/25-44 187/45-64 298/>65 62

  Equal or below Federal Poverty Level/570

  100-200% 5

4

Services Provided

Please list all of the services provided by your program, including:

- Definition of the Services: Comprehensive **Oral Health Care and Specialty Care**
- **Diagnostic 346**
- **Preventive 320**
- **Oral Health Education 572**
- **Oral Pathology 4**
- **Restorative 224**
- **Periodontic 205**
- **Prothodontic 48**
- **Oral Surgery 75**

5

Program Budget-AETC

- FY2018 Budget and Final Expenditures **$108,000**
- FY2019 Budget **TBD**
- Any Other Funding Sources/Resources N/A

6

Services Provided-AETC

Please list all of the services provided by your program, including

- 101 (Demographics, Pathogenesis, Diagnosis, Testing, ART)
- HIV
- PEP and PrEP
- Oral Health and HIV (Oral Lesions Diagnosis and Treatment)
- HPV and HCV
- Social Determinants of Health/Cultural Competency/Patient Engagement and Retention
- Case Presentations
- Case Reviews
- Technical Assistance

7

Training Partners-AETC

STUDENTS

- Nova Southeastern University College of Dental Medicine
- Lecom College of Dental Medicine
- University of Louisville College of Dental Medicine
- Larkin University

CONTINUING EDUCATION

- Florida Dental Association
- Broward County Dental Association
- University of South Carolina
- Palm Beach Dental Association
- South Florida Dental Hygiene Association
- University of Louisville
- Nova Southeastern University College of Dental Medicine
- Webcast Wednesday
- University of Florida

>1000 students

>1000 providers

8

8

Services Provided-AETC

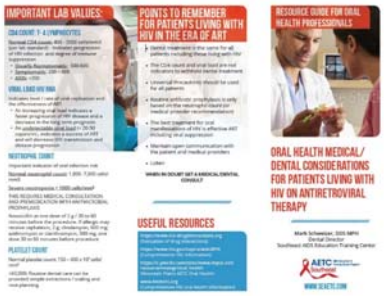
COMMUNITY HEALTH CENTERS/FQHC

PUBLICATIONS

Monthly Short Bites

Oral Health Brochure for Dental Professionals

NEW SOUTHEAST AETC ORAL HEALTH TRAINING AND RESOURCE CENTER (July 1, 2020)



9

Needs, Gaps, Barriers to Care

- Are there any service gaps? (services that clients needed but weren't available) NO
- Are there waiting list for your services? **NO**
- What are the primary barriers to care reported by your clients? **Transportation, Housing, Food**

10

Notable Trends

On this slide please describe any notable trends occurring in your program, including:

- **Newly diagnosed populations**
- **Young Adults (18-28)**
- The elderly
- Recently reengaged in care
- Clients with high viral loads vs. virally suppressed clients
- **Mental health or substance use issues**

11

Recommendations

What are some of the successes of your program:
Building increase awareness of providers of importance of Oral Health

Providing Access to care for clients with no previous access to care in an interprofessional setting

What activities do you feel are contributing to the success of the program?

Outreach by the AETC and Community Partner

What are some of the challenges faced by your program:

Patients failing appointments due to lack of transportation

Based on the identified challenges, how can all Ryan White Parts collaborate to address these barriers to receiving care?

Provide more innovative ways to provide transportation and better patient management by case managers

Are there any services/resources outside of Part F available to clients to reduce gaps in services?
Increase level of knowledge and engagement in oral health care and increased funding

12

Questions?

Discussion

13