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, October 15, 2020, 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice Chair:** Vacant

PSRA Purpose: To develop integrated PSRA process using data with input from stakeholders and consumer forums

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 10/15/20 Agenda and 07/23/20 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   Monthly Expenditures/Utilization Report- by service category
4. **MEETING ACTIVITIES**
   - **I. Reallocations ("Sweeps")**
     Work Plan Activity 1.5: Monitor expenditures and allocations
     ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.
   - **II. FY2019 Assessment of the Administrative Mechanism (Handout A)**
     Work Plan Activity 3.2: Assessment of the Administrative Mechanism recommendations
     ACTION ITEM: Review results of the FY2019 Assessment of the Administrative Mechanism and make recommendations.
   - **III. PSRA Leadership**
     Work Plan Goal: Develop integrated PSRA process using data with input from stakeholders and consumer forums
     ACTION ITEM: Discuss open Vice Chair position.
5. **UNFINISHED BUSINESS**
   None
6. **RECIPIENT REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**: November 19, 2020 **Time:** 9:00 a.m. **Venue:** TBD
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 •

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, July 23, 2020 9:00 a.m.
Location: Virtual Meeting Room
Chair: Lorenzo Robertson **Vice-Chair:** Vacant

ATTENDANCE

#	Member	Present	Absent
1	Barnes, B.	X	
2	Biggs, V.	X	
3	Fortune-Evans, B.	X	
4	Grant, C.	X	
5	Katz, H. B.	X	
6	Lopes, R.	X	
7	Mester, B.	X	
8	Moreno, V.	X	
9	Robertson, L., Chair	X	
10	Schickowski, K.	X	
11	Schweizer, M.	X	
12	Shamer, D.	X	
13	Siclari, R.	X	
	Quorum = 8	**13**	

Recipient Staff
Gonzalez-Charlot, J.
Thompson, T.
Scott, S.
Giglioli, K.
Aseque, T.
HIVPC Staff
Guice, M.
Cestaro-Seifer, D.
Martinez, G.
Ukpai, F.
Seitchick, J.
GUEST
Drummond, K.

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 8:04 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present for reference. In addition, attendees were advised that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, Recipient staff, and HIVPC staff introductions were made by roll call. Guests made self-introductions.

2. APPROVALS:

Motion #1: To approve today's meeting agenda
Proposed by: Mester, B. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 06/18/2020
Proposed by: Lopes, R. **Seconded by:** Mester, B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditures/Utilization Report: A representative of the Recipient's Office reviewed current expenditures and utilization by service category. The Committee requested a corrective summary for the monthly expenditures and utilization report for FY 2020-2021 as a few service categories required an update.

4. MEETING ACTIVITIES/NEW BUSINESS

How Best to Meet the Need: The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2021-2022 (Handout A on file). No new recommendations were added. Last fiscal year, language recommendations were developed from the various data presentations, Recipient reports and recommendations during the PSRA process. The HBTMTN language for FY2021-2022 was approved with no amendments.

Motion #3: To approve HBTMTN language for FY 2021-2022.
Proposed by: Barnes, B. **Seconded by:** Lopes, R.
Action: Passed with 1 Opposed

Resource Allocation: PSRA received allocation data for FY2021-2022 based on a review of data and anticipated needs. Members reviewed Part A client utilization trends, FY2021-2022 Committee rankings completed for Core and Support Services, and recommendations to help inform the PSRA process. Following the review, members completed their FY2021-2022 allocations and voted to approve the Committee's Core and Support Services allocations.

Motion #4: To allocate $5,436,528 to Outpatient Ambulatory Healthcare Services for FY 2021-2022.
Proposed by: Shamer, D. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

Motion #5: To allocate $481,126 to Pharmacy for FY 2021-2022.
Proposed by: Lopes, R. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #6: To allocate $2,736,489 to Oral Health for FY 2021-2022.
Proposed by: Katz, H. B. **Seconded by:** Shamer, D.
Action: Passed with 1 Opposed

Motion #7: To allocate $739,641 to Health Insurance Continuation Program for FY 2021-2022.
Proposed by: Shamer, D. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #8: To allocate $410,023 to Medical Case Management – Disease Case Management for FY 2021-2022.
Proposed by: Biggs, V. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #9: To allocate $1,198,830 to Medical Case Management – Case Management for FY 2021-2022.
Proposed by: Schickowski, K. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #10: To allocate $182,052 to Mental Health for FY 2021-2022.
Proposed by: Lopes, R. **Seconded by:** Shamer, D.
Action: Passed Unanimously

Motion #11: To allocate $285,030 to Substance Abuse – Outpatient for FY 2021-2022.
Proposed by: Shamer, D. **Seconded by:** Biggs, V.
Action: Passed Unanimously

Motion #12: To allocate $582,689 to Non-Medical Case Management – CIED for FY 2021-2022.
Proposed by: Biggs, V. **Seconded by:** Fortune-Evans, B.
Action: Passed Unanimously

Motion #13: To allocate $121,979 to Emergency Financial Assistance for FY 2021-2022.
Proposed by: Schickowski, K. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #14: To allocate $839,479 to Food Bank/Food Voucher for FY 2021-2022.
Proposed by: Katz, H. B. **Seconded by:** Shamer, D.
Action: Passed with 2 Abstentions

Motion #15: To allocate $129,151 to Legal for FY 2021-2022.
Proposed by: Schickowski, K. **Seconded by:** Lopes, R.
Action: Passed with 1 Abstention

Motion #16: To allocate $293,826 to MAI Outpatient Ambulatory Healthcare Services for FY 2021-2022.
Proposed by: Shamer, D. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #17: To allocate $45,792 to MAI Medical Case Management – Case Management for FY 2021-2022.
Proposed by: Shamer, D. **Seconded by:** Biggs, V.
Action: Passed Unanimously

Motion #18: To allocate $39,276 to MAI Mental Health for FY 2021-2022.
Proposed by: Lopes, R. **Seconded by:** Biggs, V.
Action: Passed Unanimously

Motion #19: To allocate $400,000 to MAI Substance Abuse – Outpatient for FY 2021-2022.
Proposed by: Shamer, D. **Seconded by:** Lopes, R.
Action: Passed Unanimously

Motion #20: To allocate $290,957 to MAI Non-Medical Case Management – CIED for FY 2021-2022.
Proposed by: Lopes, R. **Seconded by:** Shamer, D.
Action: Passed with 1 Opposed

5. UNFINISHED BUSINESS

None.

6. RECIPIENT REPORT

None.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: September 17, 2020 Time: 9:00 a.m. Venue: TBD

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned without objection at 9:30 a.m.

PSRA Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Au	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	16	20	C	C	21	18	23						
0	1	0	**1**	Barnes, B.	X	X			X	X	X						
1	1	0	**2**	Biggs, V.	N – 6/25						X						
0	0	0	**3**	Fortune-Evans, B.	X	X			X	X	X						
0	0	0	**4**	Grant, C.	X	X			X	X	A						
0	0	0		Hayes, M., *V. Chair*	X	X			Z – 5/21								
1	1	0	**5**	Katz, H.B.	X	X			X	X	X						
0	0	1	**6**	Lopes, R.	X	A			X	X	X						
0	0	0	**7**	Mester, B.	X	X			X	X	X						
0	0	0	**8**	Moreno, V.	X	X			E	E	X						
0	1	0	**9**	Robertson, L. *Chair*	X	X			X	X	X						
0	0	0	**10**	Schickowski, K.	X	X			X	X	X						
0	0	1	**11**	Schweizer, M.	X	A			X	X	X						
			12	Shamer, D.	N – 6/25						X						
0	0	1	**13**	Siclari, R.	X	A			X	X	A						
				Quorum = 7	12	9	0	0	10	10	11	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**

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

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 20-21 Allocations

	Service Category		Allocations	Expended Amount (6 Months)	Expended % (50%)	Unexpended Amount	Average Monthly Expenditures	FY 2020-21 Projected Expenditures	Potential Reallocation Dollars	Providers' Request	Providers' Return	Grantee Recommended Sweep Amount	Recommended TO	SWEEP FROM
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,436,528	1,610,264	30%	3,826,264	268,377	3,220,528	2,216,000	471,142	(50,000)	(155,976)	61,506	(217,482)
	MAI Ambulatory (1)		293,826	17,866	6%	275,960	2,978	35,732	275,960	-	(193,826)	(193,826)	-	(193,826)
	AIDS Pharmaceutical Assistance (3)		427,557	147,407	34%	280,150	24,568	294,813	248,616	-	-	-	-	-
	Oral Health Care	*Routine (4)*	1,856,438	246,393	13%	1,610,045	41,066	492,787	1,363,651	59,684	(66,000)	(938,024)	66,000	(1,004,024)
		Specialty (1)	736,489	174,907	24%	561,582	29,151	349,813	386,676	-	-	-	-	-
	Medical Case Management	*MAI Medical Case Management (1)*	45,792	27,073	59%	18,719	4,512	54,146	(8,354)	-	-	126,826	126,826	-
		Case Management (7)	1,198,830	586,616	49%	612,214	97,769	1,173,231	25,599	703,432	-	710,000	710,000	-
		Disease Case Management (5)	410,020	115,873	28%	294,147	19,312	231,745	166,489	307,563	-	309,000	309,000	-
	Mental Health- Trauma-Informed (2)		182,053	64,446	35%	117,607	10,741	128,892	53,161	-	-	-	-	-
	MAI Mental Health (1)		39,276	-	0%	39,276	-	-	39,276	-	-	-	-	-
	Health Insurance Premium & Cost Sharing Assistance		798,877	428,727	54%	370,150	71,455	857,455	(58,578)	95,000	-	75,000	75,000	-
	Substance Abuse-Outpatient (1)		285,030	128,349	45%	156,681	21,391	256,698	28,332	-	-	-	-	-
	MAI Substance Abuse-Outpatient (1)		400,000	233,322	58%	166,678	38,887	466,645	(66,645)	-	-	67,000	67,000	-
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	196,799	34%	385,689	32,800	393,598	188,890	-	-	-	-	-
		MAI Centralized Intake and Eligibility Determination (1)	290,956	145,477	50%	145,479	24,246	290,954	2	-	-	-	-	-
	Food Services	*Food Bank (1)*	700,000	313,316	45%	386,684	52,219	626,632	212,619	-	-	-	-	-
		Food Voucher (1)	82,586	-	0%	82,586	-	82,586	82,586	-	-	-	-	-
	Legal Assistance (1)		129,151	64,556	50%	64,595	10,759	129,111	40	-	-	-	-	-
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	115,872	115,872	-	-	-	-	-
												-		-
	Total Part A Funds		**12,941,919**	**4,077,652**	**32%**	**8,864,267**	**679,609**	**8,155,304**	**5,029,954**	**1,636,821**	**(116,000)**	**-**	**1,221,506**	**(1,221,506)**
	Total MAI Funds		**1,069,850**	**423,739**	**40%**	**646,111**	**70,623**	**847,478**	**240,239**	**-**	**(193,826)**	**-**	**193,826**	**(193,826)**
	Total Funds		**14,011,769**	**4,501,391**	**32%**	**9,510,378**	**750,232**	**9,002,781**	**5,270,192**	**1,636,821**	**(309,826)**	**-**	**1,415,332**	**(1,415,332)**

BROWARD COUNTY HIV
HEALTH SERVICES
PLANNING COUNCIL

RESULTS:
2019 ASSESSMENT OF THE ADMINISTRATIVE MECHANISM

PURPOSE

- 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 is 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."

HOW DOES THE ASSESSMENT OF THE ADMINISTRATIVE MECHANISM AFFECT THE HIVPC?

- The HIVPC is required to complete the assessment annually.
- The HIVPC is responsible for evaluating how rapidly Part A funds are allocated and made available to care.
- Results of the assessment will be used to improve the administration of Ryan White Part-A funds locally.

ASSESSMENT RESULTS

The Recipient has adequately performed its duties.

- The HIVPC allocates funding to services, and the Recipient provides funding to service providers.
- For the FY2019 evaluation, providers were surveyed in addition to the HIVPC & the Recipient.
  - Both the Recipient survey & the Provider survey confirm timely payment.

HIVPC SURVEY RESULTS

THE HIVPC SURVEY FOCUSED ON THE COUNCIL'S EFFECTIVENESS AS A BODY AND ITS COMMUNICATIONS.

HIVPC RESPONDENTS

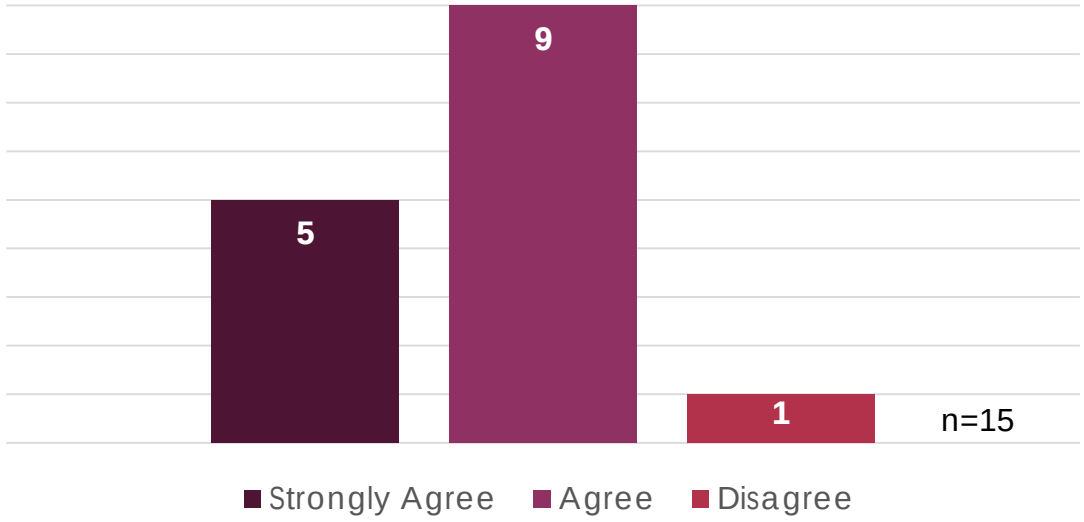
- **71% (15/21)** of the HIVPC completed the survey in June 2020

The survey was disseminated via email to HIVPC members.

NOTABLE HIVPC SURVEY RESPONSES

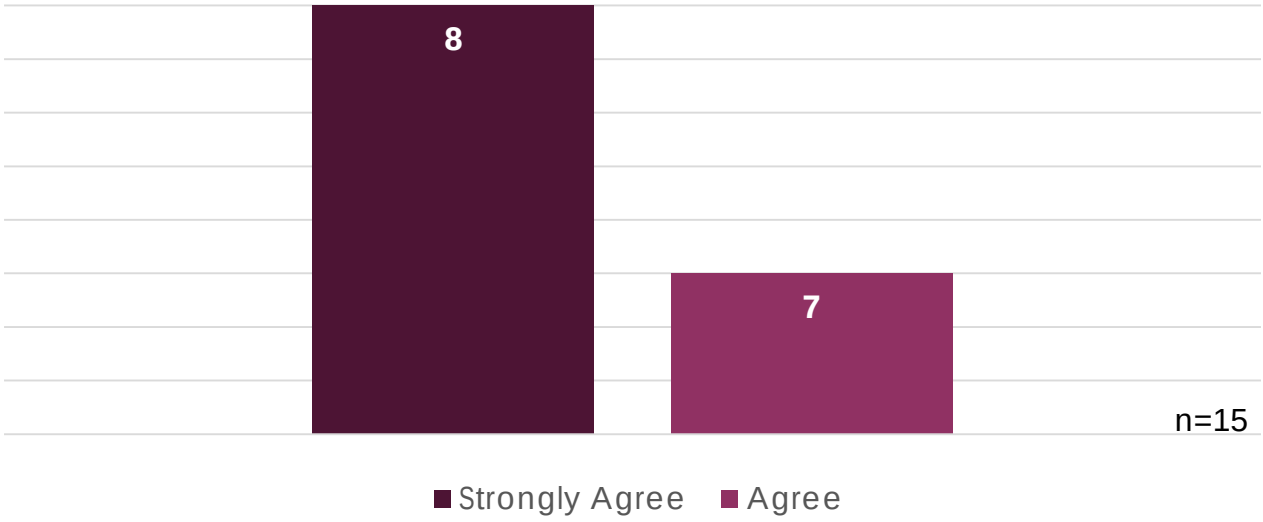
"Community Needs were evaluated on an ongoing basis effectively"

The majority of respondents agreed



"In terms of structure and process, The Ryan White Part A HIVPC is effective as a planning body"

Most respondents strongly agreed



THE RECIPIENT'S SURVEY FOCUSED ON ACCORDANCE WITH THE LOCAL GOVERNMENT PROMPT PAYMENT ACT

RECIPIENT SURVEY RESULTS

ABOUT THE RECIPIENT'S ROLE

- **The Local Government Prompt Payment Act (Florida Statute 218.70)** and **Broward County Ordinance (sections 1-51.6)** state that reimbursements must be made within 30 days of receipt of a clean invoice.

The Recipient's office decreased the turnaround time between submission of an invoice and receipt of reimbursement to **22-28 days**.

The Recipient also reported in FY19 there had been **no discrepancies in reimbursement** of checks.

NOTABLE RECIPIENT SURVEY RESPONSES

“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?”

- 15-21 days

“Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)?”

- No

THE PROVIDER SURVEY FOCUSED ON PROVIDERS' EXPERIENCES

PROVIDER SURVEY RESULTS

PROVIDER RESPONSES

- **5** of Ryan White Part A's **12** funded providers provided responses

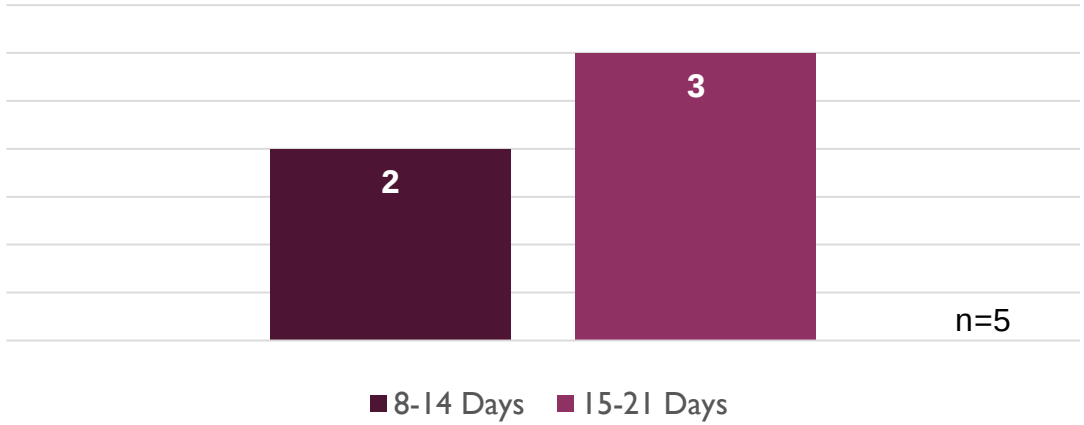
The FY2019 AEAM featured a provider survey component

42% (5/12) Ryan White Part A funded service providers responded to the survey

NOTABLE PROVIDER SURVEY RESPONSES

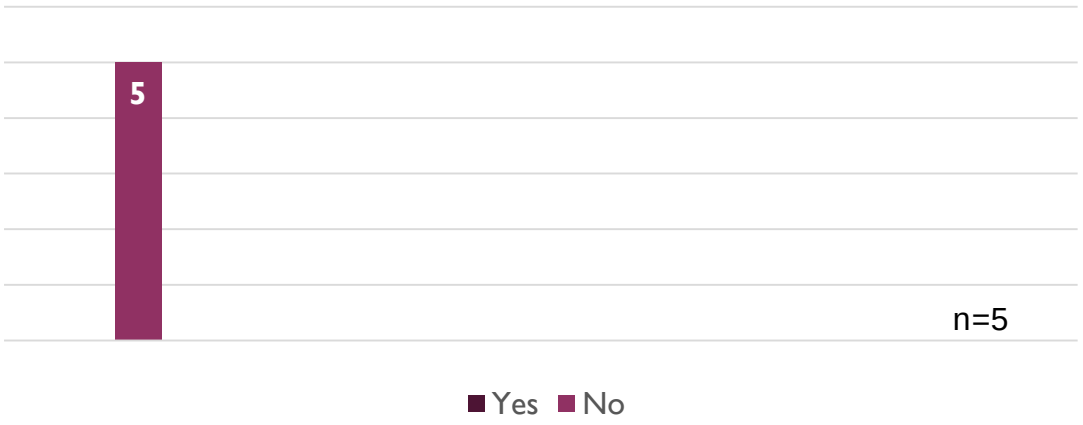
"Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?"

All respondents received reimbursement within 30 days



"Have there ever been discrepancies in your reimbursement checks (checks were more or less than amount due)?"

No respondents reported discrepancies



Questions?