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, Florida 33020 954-561-9681 • FAX 954-561-9685

Priority Setting & Resource Allocation Committee Meeting

AGENDA

Date: March 18, 2021 at 9:00 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Lorenzo Robertson **Vice Chair:** Vacant Seat

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

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

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 03/18/2021
   b. Last Meeting Minutes 02/18/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   Monthly Expenditures/Utilization Report- by service category
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
   I. **Assessment of the Efficiency of the Administrative Mechanism Survey (Handout A)**
   ACTION ITEM: Review the HIVPC, Recipient, and Provider AEAM Surveys and approve the inclusion of the Provider Survey.
   II. **PSRA Process Presentation (Handout B)**
   ACTION ITEM: Receive an overview of the PSRA Process presented by Lorenzo

Robertson, PSRA Chair and sign FY2022 PSRA Member Agreement.

III. **Part A Eligibility of Service Categories (Handout C)**
ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for each service category.

8. **Recipient's Report**

9. **Public Comment (10 minutes)**

10. **Agenda Items/Tasks for Next Meeting**

a. Next Meeting Date: April 15, 2021 at 9:00 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

- **Ryan White Funder and Stakeholder Presentations (Part B, C, D, F, and HOPWA)**

11. **Announcements**

12. **Adjournment**

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles 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

Meeting of the

Priority Setting & Resource Allocations Committee

Thursday, February 18, 2021
9:00-11:00 AM
By WebEx Videoconference

M I N U T E S

PSRA Members Present: L. Robertson (Committee Chair), B. Mester, B. Barnes, D. Shamer, K. Shickowski, R. Lopes, B. Fortune-Evans, M. Schweizer, V. Moreno, C. Grant, R. Siclari

Ryan White Part A Recipient Staff Present: G. James, N. Walker, S. Scott, A. Tareq, T. Thompson, K. Giglioli, J. Gonzalez-Charlot

Planning Council Support Staff Present: G. Martinez, V. Oratien, F. Ukpai, W. Saint-Fleur

Guests Present: R. Louis, K. Drummond, S. Cook

Agenda Item #1: Call to Order, Welcome & Public Record Requirements

The *PSRA Chair* called the meeting to order at 9:05 a.m. The *PSRA Chair* welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *PSRA Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #2: Meeting Approvals

The approval for the agenda of the February 18, 2021, Priority Setting & Resource Allocation Committee meeting was proposed by *R. Siclari*, seconded by *R. Lopes*, and passed unanimously. The approval for the minutes of the October 15, 2020 meeting was proposed by *R. Lopes*, seconded by *R. Siclari*, and approved with no further corrections.

Mr. Siclari, on behalf of PSRA, made a motion to approve the February 18, 2021 Priority Setting & Resource Allocation Committee agenda as presented. The motion was adopted unanimously.

Ms. Lopes, on behalf of PSRA, made a motion to approve the October 15, 2020, Priority Setting & Resource Allocation Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #3: Standard Committee Items

A. Tareq, the Part A Recipient Fiscal Manager, reviewed service category expenditures for Part A and MAI service categories. At this point in the fiscal year, service category funding has been mostly underutilized, likely due to the impact of COVID-19. The only categories that have been fully expended are the MAI Substance Abuse-Outpatient and MAI Centralized Intake and Eligibility Determination service categories. Overall, funds are reported to be 71% expended. The Fiscal Manager noted that invoices are still being received for January and February. Some agencies may submit additional invoices prior to the end of the fiscal year.

The *PSRA Chair* cited that two "sweeps" occurred since the last PSRA meeting. The Committee could not achieve quorum for either meeting; therefore, the Recipient's office, with written approval from the HIVPC and PSRA Chairs, carried out reallocation activities on behalf of the HIVPC. *S. Scott* noted that the Part A office requested information from providers and looked at past expenditures to make an informed decision about adjustments for the second round of sweeps.

Agenda Item #4: Meeting Activities/New Business

PCS staff reviewed the FY2020 Work Plan for the PSRA (Handout A on file). The Committee was able to accomplish all of their work plan activities. Because the PSRA Committee was unable to make quorum for the last two reallocation activities, the Recipient's office, with written approval from the PSRA Chair, and HIVPC Chair conducted the sweeps. *D. Shamer* noted that objective 2 of the work plan had no completed activities, and PCS staff reported that it was due to the activities being tied to the Integrated Plan. There has yet to be a defined need, and therefore no action is required from the PSRA. There were no recommendations to change the FY2021 Work Plan, and it was subsequently approved.

The approval for the FY2021 Work Plan was proposed by *D. Shamer,* seconded by *R. Lopes*, and passed unanimously.

Mr. Shamer, on behalf of PSRA, made a motion to approve the FY2021 Work Plan as presented. The motion was adopted unanimously.

PCS staff reviewed the timeline for the FY2022 PSRA Process (Handout B on file), noting dates and locations of extended meetings along with meeting topics. The Committee motioned to approve the PSRA Process and Timeline.

R. Lopes requested a comparison of client service utilization during COVID-19 and service utilization during regular periods. *B. Barnes* also requested a cost-savings analysis to highlight the benefits of enrolling Ryan White clients into Affordable Care Act health insurance plans to analyze its impact on service categories.

The approval for the FY2022 PSRA Process Timeline was proposed by *R. Siclari,* seconded by *R. Lopes*, and passed unanimously.

Mr. Siclari, on behalf of PSRA, made a motion to approve the FY2022 PSRA Process Timeline as presented. The motion was adopted unanimously.

The *PSRA Chair* discussed the open Vice-Chair position and encouraged members to consider stepping into the leadership role. The PSRA Vice-Chair position has been vacant for a few months, and HIVPC leadership strongly encourages participation of members in leadership roles at the committee level. The *PSRA Chair* briefly touched on some of the responsibilities. *B. Barnes* mentioned the Committee's ability to bring the community in to serve in this capacity; *R. Lopes* reiterated the importance of making members of the community feel supported when participating in Planning Council processes.

Agenda Item #5: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #6: Recipient Report

- *The* Ryan White Part A Recipient has received a partial award from HRSA for the Ryan White Part A Grant in the amount of $3,544,462. The full amount will be awarded by early April.
- HRSA site visit for Ending the HIV Epidemic from March 2 and March 3. There will be a community and stakeholder involvement session in which provider agencies will be invited to participate.
- The Recipient office is recruiting for Contracts Grants Administrator Senior and Contracts Grants Administrator positions
- The Community Rightful Center is a newly funded Ryan White provider agency for MAI services in Broward County. The Community Rightful Center will be providing an organizational overview at the HIVPC meeting on Thursday, March 25, 2021.

Agenda Item #7: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

Agenda Item #8: Agenda Items/Tasks for Next Meeting

The next PSRA meeting will be held on March 18, 2021, at 9:00 a.m. via WebEx Videoconference.

Agenda Item #9: Announcements

- V. Oratien will be transitioning over to the Clinical Quality Management team at Broward Regional Health Planning Council.

Agenda Item #10: Adjournment

There being no further business, the meeting was adjourned at 9:53 a.m.

PSRA Attendance for CY 2021

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

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

	Service Category		Allocations	Expended Amount	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2020-21 Projected Expenditures	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		4,868,552	4,565,780	94%	302,772	415,071	4,980,851	224,841
	MAI Ambulatory (1)		100,000	89,855	90%	10,145	8,169	98,023	1,977
	AIDS Pharmaceutical Assistance (3)		872,940	615,428	71%	257,512	55,948	671,375	358,965
	Oral Health Care	*Routine (4)*	1,041,438	1,032,248	99%	9,190	93,841	1,126,089	(16,977)
		Specialty (1)	451,489	451,447	100%	42	41,041	492,487	42
	Medical Case Management	*MAI Medical Case Management (1)*	182,823	171,879	94%	10,944	15,625	187,504	(4,681)
		Case Management (7)	1,759,423	1,664,797	95%	94,626	151,345	1,816,142	84,691
		Disease Case Management (5)	582,020	562,670	97%	19,350	51,152	613,821	10,884
	Mental Health- Trauma-Informed (2)		172,053	142,904	83%	29,149	12,991	155,896	29,149
	MAI Mental Health (1)		62,469	31,386	50%	31,083	2,853	34,239	24,806
	Health Insurance Premium & Cost Sharing Assistance		873,877	714,125	82%	159,752	64,920	779,046	94,831
	Substance Abuse-Outpatient (1)		410,030	356,704	87%	53,326	32,428	389,132	53,326
	MAI Substance Abuse-Outpatient (1)		467,000	466,996	100%	4	42,454	509,450	(42,450)
Support Services	*Case Management*	*Centralized Intake and Eligibility Determination (1)*	582,488	565,822	97%	16,666	51,438	617,261	60,190
		MAI Centralized Intake and Eligibility Determination (1)	290,956	290,954	100%	2	26,450	317,405	(96,983)
	Food Services	*Food Bank (1*	700,000	700,000	100%	-	63,636	763,636	0
		Food Voucher (1)	382,586	-	0%	382,586	-	82,586	382,586
	Legal Assistance (1)		129,151	129,137	100%	14	11,740	140,876	14
	Emergency Financial Assistance (1)		115,872	-	0%	115,872	-	115,872	115,872
	Total Part A Funds		**12,941,919**	**11,501,061**	**89%**	**1,440,858**	**1,045,551**	**12,546,612**	**1,398,414**
	FY19-20 Carryover MAI Fund		**419,000**						**419,000**
	Total MAI Funds		**1,522,248**	**1,051,070**	**69%**	**471,178**	**95,552**	**1,146,621**	**301,668**
	Total Funds		**14,464,167**	**12,552,131**	**87%**	**1,912,036**	**1,141,103**	**13,693,234**	**2,119,082**

Assessment of the Administrative Mechanism FY 2020 – HIVPC Survey

Background Information

1. Your Name *

2. Community needs were evaluated on an ongoing basis effectively: *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments

3. I was given enough notice of HIVPC planned activities and meetings: *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments

4. In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body: *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments

5. I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC: *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Comments

FY2020 Administrative Mechanism- Recipient Survey

Contracts

1. On what date did the Broward EMA receive its notice of grant award for FY2020 funding?

2. On what date were award letters sent to funded agencies for FY2020?

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.

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

Service Provider Reimbursements

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

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

- 0-7 days
- 8-14 days
- 15-21 days
- 22-28 days
- 29-35 days
- 36-42 days
- 42+ days

8. List/describe any obstacle contributing to the delay in reimbursement to providers.

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

- Yes
- No

10. If so, how were those discrepancies resolved?

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

- Yes
- No

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

- Yes
- No
- Comments:

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:

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 FY 2020? Please explain.

19. What percent of supplemental funds were unexpended at the end of FY2020? Please explain.

20. Please provide a final spending report for FY2020

Browse...

21. Please provide a final allocation report for FY2020

Browse...

22. Please provide a list of all Part A-funded service providers in the Broward EMA for FY2020 (including contract information), as well as the categories for which each provider is contacted

Browse...

Assessment of the Administrative Mechanism FY 2020 – Provider Survey

Background Information

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 (OAHS)
- [ ] Minority AIDS Initiative (MAI) OAHS
- [ ] Pharmacy
- [ ] Oral Health Care
- [ ] Health Insurance Continuation Program (HICP)
- [ ] Disease Case Management
- [ ] Mental Health
- [ ] MAI Mental Health
- [ ] MAI Substance Abuse
- [ ] Substance Abuse
- [ ] Centralized Intake and Eligibility Determination (CIED)
- [ ] MAI CIED
- [ ] Case Management
- [ ] Food Services
- [ ] Legal Services
- [ ] 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

Contracts

For the current fiscal year (beginning March 1, 2020), on approximately what date was your agency notified that you would be receiving funding for [question("piped value")]? *

4. How were you notified of your award? Please select all that apply. *

- [ ] Award Letter (hard copy)
- [ ] Award Letter (electronic)
- [ ] Email
- [ ] Other (please explain)

On approximately what date did you receive a fully executed contract for the [question("piped value")]? *

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

Service Provider Reimbursements

6. 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

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

- Yes
- No

8. How were those discrepancies resolved? *

9. Over the past year, has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?) *

- Yes
- No

10. Did the Recipient provide feedback or solutions to help your agency get back to target utilization and expenditures? *

- Yes
- No

Comments

11. What additional comments do you have about the reimbursement process?

Grantee Communication & Technical Assistance/Training

12. In your experience over the past 12 months, how would you rate the communication between your agency and the Recipients' Office? *

- Excellent
- Good
- Average
- Poor
- Very Poor

13. How would you rate the Recipients' Office in responding to questions and requests for information over the past year? *

- Excellent
- Good
- Average
- Poor
- Very Poor

14. Please rate the timeliness of the Recipients' Office in responding to questions or requests for information. *

- Excellent
- Good
- Average
- Poor
- Very Poor

15. How would you rate the Recipients' Office in providing your agency with programmatic and/or fiscal technical assistance or training over the past 12 months? *

- Excellent
- Good
- Average
- Poor
- Very Poor

16. Do you have any additional comments about communication with the Recipient or technical assistance/training?

HANDOUT B

PRIORITY SETTING & RESOURCE ALLOCATION PROCESS PRESENTATION

MARCH 18, 2021

Lorenzo Robertson, PSRA Chair

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

Presented as of March 18, 2021

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

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OVERVIEW

- **HRSA Requirements:** The Planning Council is 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) to **disburse Ryan White Part A funds** in Broward County.
  - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC**.

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.

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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.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award** 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.*

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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

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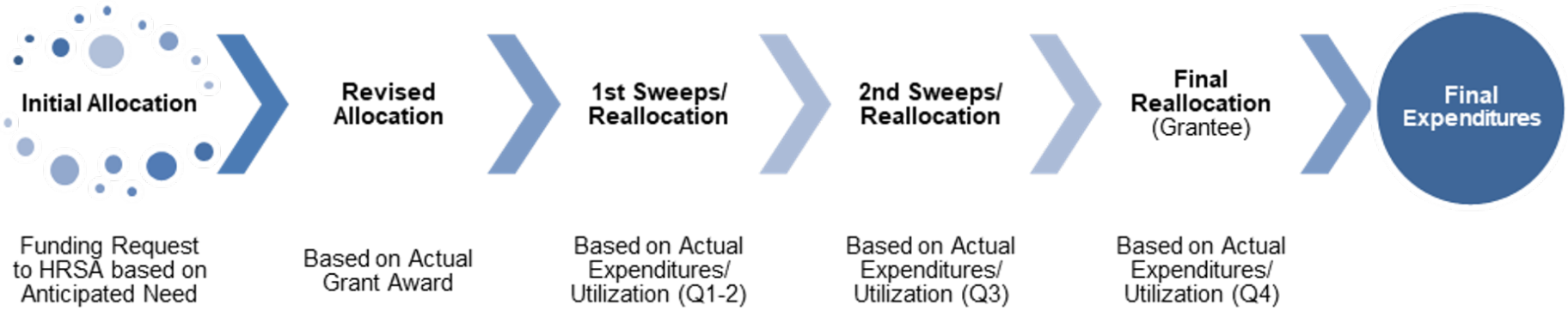
FORT LAUDERDALE/BROWARD COUNTY ANNUAL RESOURCE ALLOCATION/REALLOCATION CYCLE



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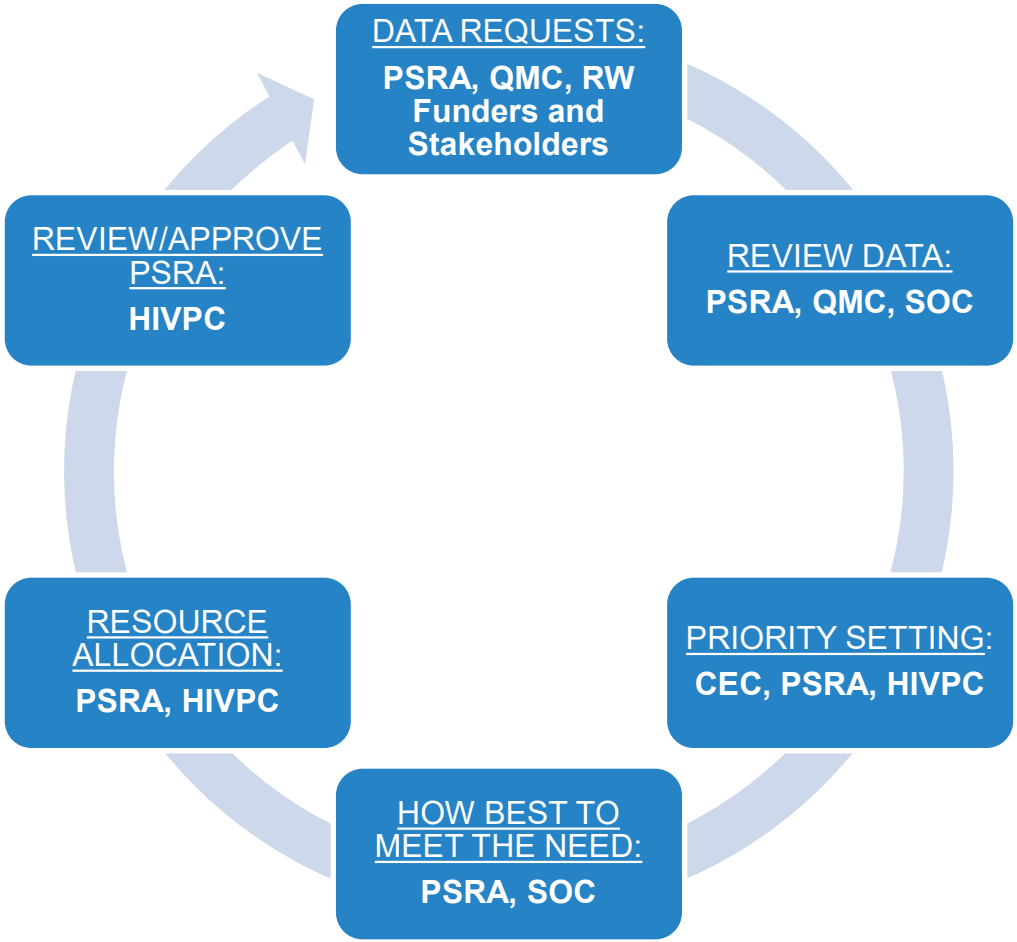
WHO IS INVOLVED?



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PLWHA INVOLVEMENT IN THE PSRA PROCESS

- **PLWHA Serve as Committee Members:**
  - **Community Empowerment Committee - CEC**
    - Data Collection (focus groups/feedback forums) & Presentation
    - Rank Core Services Priorities
    - Rank Support Service Priorities
  - **System of Care Committee – SOC**
    - How Best to Meet the Need
  - **PSRA**
    - Priority Setting & Resource Allocation
  - **HIVPC**
    - Approves All PSRA Decisions
- **Community Feedback Through Needs Assessment Activities:**
  - 2020 Needs Assessment
    - (Considers the needs of PLWHA from differing populations and geographic locations, including those in and out of care.)

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THE PSRA PROCESS

Principles

- Develop PSRA Principles and Criteria
- Clarify Committee, Consumer & Staff Roles and Responsibilities
- Develop PSRA Timeline

Data

- Review HRSA Mandates and Part A PSRA Grant Guidance
- Identify HRSA Identified and Additional Data Sources
- Create User Friendly Data Sets

Decisions

- Committee and Community Data Presentations
- Develop Language On How Best To Meet The Need
- Committee Reviews Data/Factors to Consider & Sets Priorities
- Committee Reviews Data/Factors to Consider & Allocates Resources

REQUIRED PART A GRANT PSRA DOCUMENTATION

The Part A Grant Application requires documentation about the PSRA process annually.

- Questions to be aware of 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 the HIVPC used changes and trends in HIV/AIDS epidemiology data in the PSRA process
  - How the Planning Council used cost data in making funding allocation decisions
  - How the Planning Council used unmet need data 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

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PSRA DATA SOURCE

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

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PSRA DATA SOURCES (CONT'D)

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

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OTHER RESOURCES

- PSRA Policies and Procedures
- FDOH HIV/AIDS Partnership 10 Epidemiological Profile, 2017
- FY2020 Other Funders Table
- FY2020 Part A Scorecards, Expenditures Spreadsheet, and Projections Table
- Needs Assessment Activities Report
- FY2021 CEC Rankings Table
- FY2021 Part A Allocations Table

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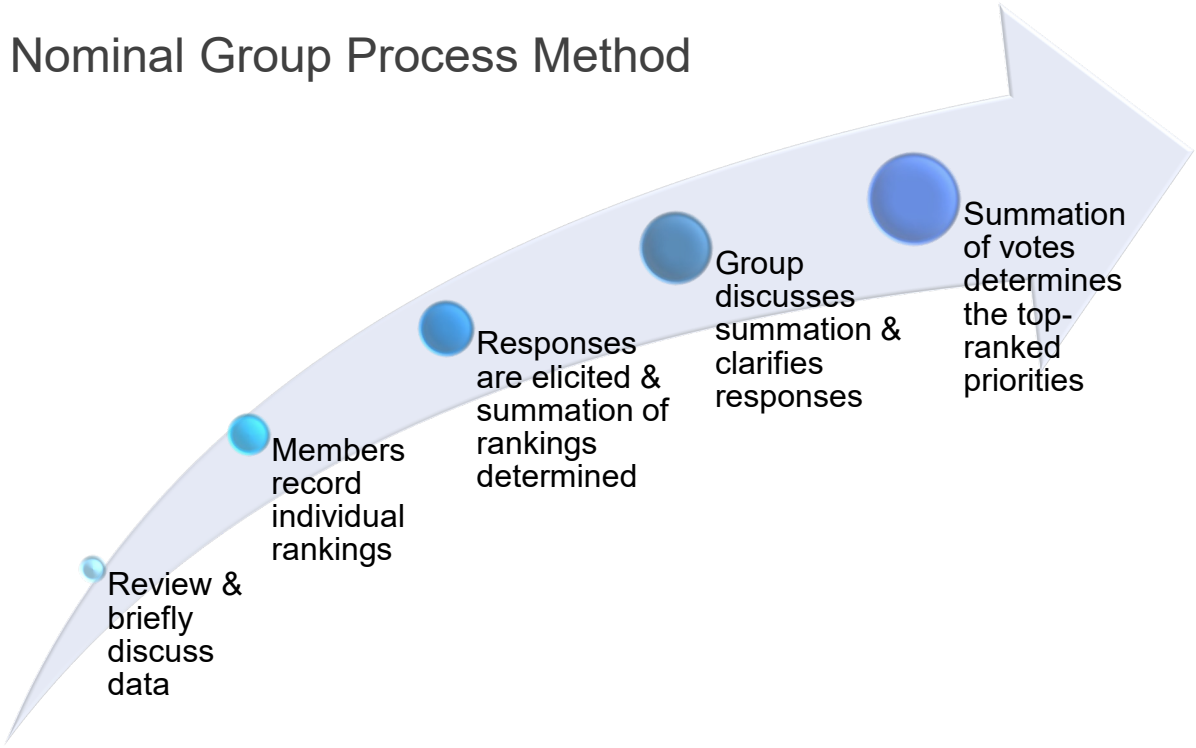
PSRA PROCESS: STEP-BY-STEP

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

*Note: **Bolded** Services are funded by RWPA*

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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

*Note: **Bolded** Services are funded by RWPA*

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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

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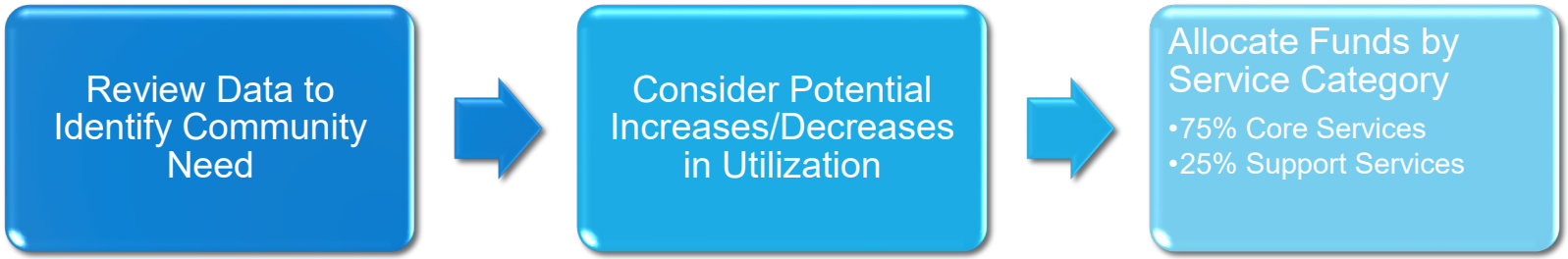
RESOURCE ALLOCATIONS

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



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REALLOCATIONS (SWEEPS)

- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. 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.**
  - **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:** 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 to understand that the reallocation process has occurred before this shifting of funds. The number of dollars involved should be less than 10% of the funding award, and that there are less than 120 days left in the fiscal year.**

**Source: HIVPC Bylaws (October 2018)*
***Source: HIVPC Local Procedure Manual (June 2017)*

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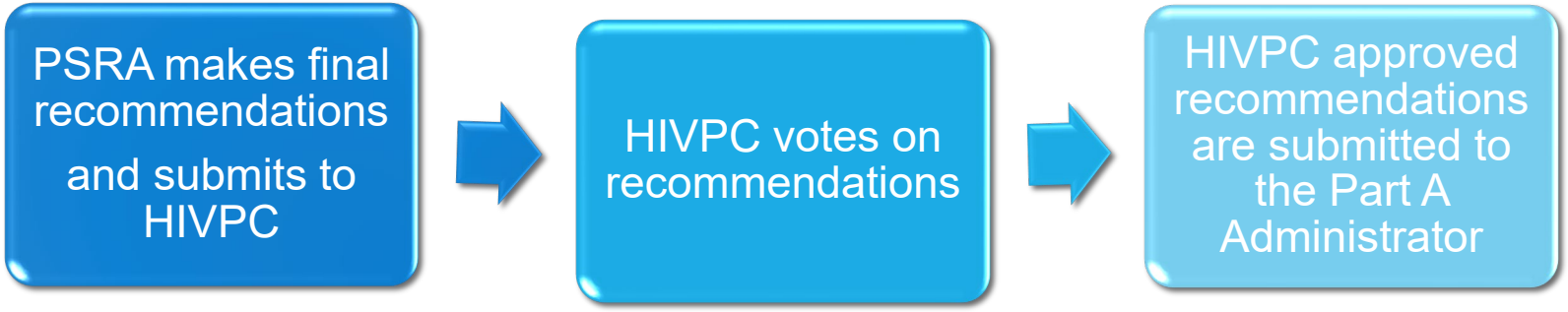
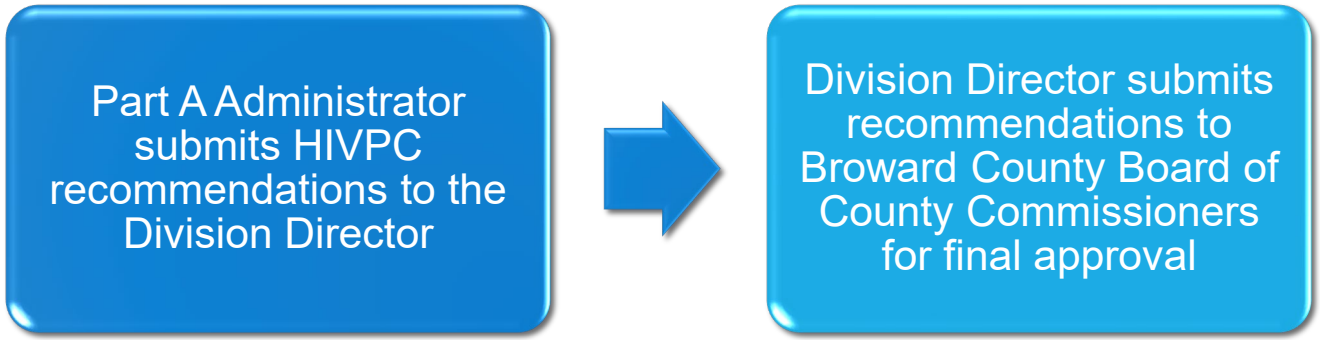
PSRA APPROVAL

- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.



PSRA 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.



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GROUND RULES

- Every member will treat every other member with the courtesy and respect resulting from their 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 their personal position.
- A member will behave in a manner that reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups while considering the overall needs of PLWHA and acting on their behalf, not to for personal benefit.
- 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 for abiding by these rules of conduct personally and for speaking out to assure that all members abide by them.

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PSRA COMMITTEE: WHAT TO EXPECT

- The Planning Council support staff will provide the essential materials needed for all activities. All Committee members will be given a **PSRA resource manual, guided by HRSA PSRA standards, to provide background and support to all presentations for 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 for members to prioritize services and allocate funds, each member is obligated to become familiar with how to read the data being presented and to use the information to make informed decisions.

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HANDOUT B

QUESTIONS?
DISCUSSION

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HANDOUT C

RYAN WHITE PART A ELIGIBILITY OF SERVICE CATEGORIES

PART I & PART II

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Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of March 18, 2021

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 i**ncluding 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.

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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:

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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.

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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.

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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).

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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.

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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.

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DISEASE CASE MANAGEMENT SHALL ASSIST CLIENTS WITH:

Achieving viral suppression

Retention in medical care

Adherence to prescribed medical protocols

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

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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

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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

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HANDOUT C

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.

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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.

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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.

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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.

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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.

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.

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.

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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 retraumatization in treatment, to promote resilience, and to prevent the development of trauma-related disorders.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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

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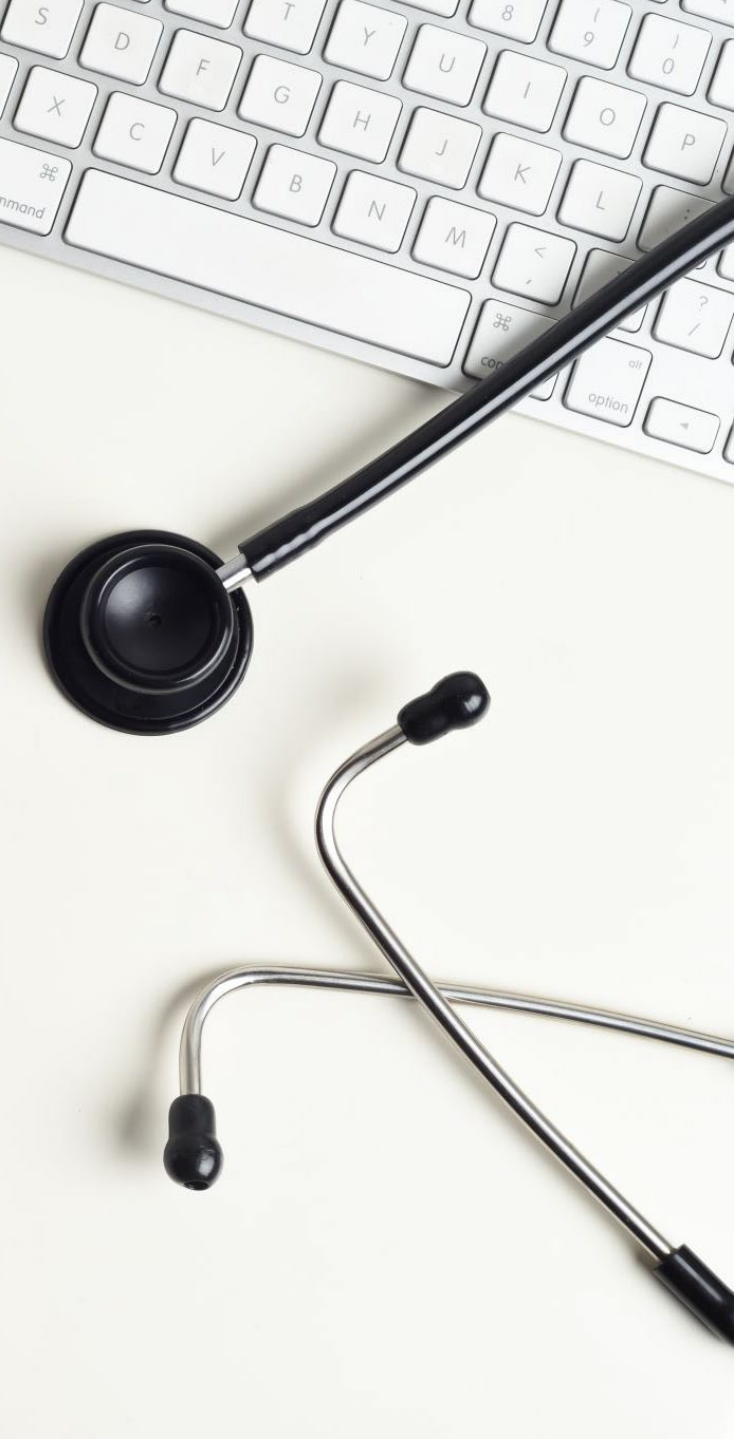

ELEMENTS OF IPCBH

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.

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.

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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.

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PART II

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.

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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).

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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).

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HANDOUT C

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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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.

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.**

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.

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.

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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.

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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;

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.*

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HANDOUT C

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.

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HANDOUT C

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.

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HANDOUT C

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

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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.

HANDOUT C

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).

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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HANDOUT C

QUESTIONS?
DISCUSSION

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