FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Priority Setting & Resource Allocation Committee Meeting

Thursday, November 30, 2023 - 9:30 AM - 12:30 PM
Location: Broward Regional Health Planning Council and via WebEx Videoconference
Chair: Brad Barnes • Vice Chair: Vacant

This meeting is audio and video recorded.

Quorum for this meeting is 5

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
II. Welcome from the Chair
  a. Meeting Ground Rules
  b. Statement of Sunshine
  c. Introductions & Abstentions
  d. Moment of Silence
III. Public Comment
IV. ACTION: Approval of Agenda for November 30, 2023
V. ACTION: Approval of Minutes from October 19, 2023 **(Handout A)**
VI. Standard Committee Items
  a. **Ryan White Part A Office: Monthly Expenditure/Utilization Report – by service category**
VII. Unfinished Business

None.

VIII. New Business
  a. **Review FY24-25 PSRA Sweeps (Handout B)**
  b. **Review and approve the proposed FY2024-2025 PSRA Workplan (Handout C)**
  c. **Action Plan: Affordable Care Act (ACA) Enrollment**
    1. **What do we know about ACA Enrollment?**
    2. **What are other EMAs doing?**
    3. **A list of questions.**
  d. **Update on Administrative Mechanism Report.**
IX. Recipient Report
X. Public Comment
XI. Agenda Items for Next meeting:

a. **Next Meeting Date:** December 21, 2023, at 9:30 a.m. Location: Broward Regional Health Planning Council.

XII. Announcements

XIII. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at: HIV Planning Council Website

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high-quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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Priority Setting and Resource Allocation Committee

Thursday, October 19, 2023- 9:00 AM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), B. Mester, V. Biggs, E. Dsouza, J. Rodriguez, R. Jimenez, B. Fortune-Evans

PSRA Members Absent: M. Schweizer, L. Robertson

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, W. Cius, T. Thompson, Q. Cowan, R. Pena, B. Miller

PCS/CQM Present: M. Rosiere, D. Liao, M. Patel, N. Del Valle

Guests Present: S. Cook, T. Currie, A. Machado, K. Kirkland-Mobley

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The PSRA Chair called the meeting to order at 9:10 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, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. 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.

3. Meeting Approvals

   The approval for the agenda of the October 19, 2023, Priority Setting and Resource Allocation Committee meeting was proposed by V. Biggs, seconded by B. Mester, and passed unanimously. The approval for the minutes of the August 17, 2023, meeting was proposed by V. Biggs, seconded by B. Mester, and passed unanimously.

   Motion #1: V. Biggs, on behalf of PSRA, made a motion to approve the October 19, 2023, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by B. Mester and passed unanimously.

   Motion #2: V. Biggs, on behalf of PSRA, made a motion to approve the August

17, 2023, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by B. Mester and passed unanimously.

4. Standard Committee Items

   Ryan White Part A Office: Monthly Expenditure/Utilization Report

   G. James and A. Tareq from the Ryan White Part A Office reviewed the Monthly Expenditure/Utilization Report.

5. Unfinished Business

   None.

6. New Business

   Review FY24-25 PSRA Process Timeline

   B. Barnes review the proposed PSRA Timeline. The approval for the FY24-25 PSRA Process Timeline was proposed by B. Mester, seconded by V. Biggs, and passed unanimously.

   Motion #3: B. Mester, on behalf of PSRA, made a motion to approve the FY24-25 PSRA Process Timeline. The motion was seconded by V. Biggs and passed unanimously.

   Discussion: Affordable Care Act (ACA) Enrollment

   Committee members discussed the importance of the ACA Enrollment Plan and how to train case managers to educate their clients on the process. M. Rosiere is to team up with the Part A Office to set up a training for case managers on how to educate clients to enroll to Medicare and transition clients from Ryan White to ACA Care. For the next PSRA Meeting, members will further discuss the ACA Enrollment such as what we know about ACA, what are other EMAs doing regarding ACA, and a list of questions.

   Discussion: Minority AIDS Initiative (MAI) Programs

   Members briefly discussed the Minority AIDS Initiative (MAI) Programs and agreed to further discuss during future meetings.

7. Recipient's Report

   There was no Recipient report for this meeting.

8. 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.

9. Agenda Items for Next Meeting

   The next PSRA meeting will be held on November 30, 2023, at 9:30 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

   Next Meeting Agenda Items
   - PSRA Sweeps
   - ACA Enrollment

10. Announcements

    B. Barnes- AIDS Moral Quilt at Hagen Park. 10AM-4PM on December 1st and 2nd.
    J. Roy- AIDS Proclamation Day on December 12th.
    V. Biggs- Active Aging Expo at the Pride Center on October 21st at 10AM-2PM.

11. Adjournment

    There being no further business, the meeting was adjourned at 10:56 a.m.

PSRA Attendance for CY 2023

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16	16		11	18	22		17		19			
0	1	0	1	Barnes, B., Chair	X	X	X	C	X	X	X	C	X	C	X			
0	0	0	2	Fortune-Evans, B.	X	X	X	C	E	X	X	C	X	C	X			
0	0	0	3	Mester, B.	X	X	X	C	X	X	X	C	X	C	X			
0	1	1	4	Robertson, L.	X	X	X	C	X	X	X	C	X	C	A			
0	0	0	5	Dsouza, E.	X	X	X	C	X	X	X	C	X	C	X			
0	0	0	6	Rodriguez, J.	X	X	X	C	X	X	X	C	X	C	X			
0	1	0	7	Biggs, V.	X	X	X	C	X	X	X	C	X	C	X			
0	0	1	8	Jimenez, R.	X	X	X	C	X	X	A	C	X	C	X			
			9	Schwiezer, M.					X	A	A	C	A	C	A			
				Quorum = 5	8	8	8	C	8	8	7	C	8	C	7			

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

Priority Setting and Resource Allocation Committee Meeting Minutes – October 20, 2023
Minutes prepared by PCS Staff

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 23-24 Allocations

HANDOUT B

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,277,024	3,786,932	72%	1,490,092	473,367	5,680,398	-	(403,374)	657,795	-	476,088	-	476,088	5,753,112
	AIDS Pharmaceutical Assistance (2)	104,590	104,590	100%	-	13,074	156,885	66,276	(52,295)	162,049	(50,000)	110,706	(80,000)	30,706	135,296
	Oral Health Care Routine (4)	1,608,792	1,215,972	76%	392,820	151,996	1,823,958	-	(215,166)	12,898	-	-	-	-	1,608,792
	Specialty (1)	736,489	425,130	58%	311,359	53,141	637,695	-	98,794	-	-	-	-	-	736,489
	Medical Case Management Disease Case Management (5)	770,847	505,426	66%	265,421	63,178	758,139	-	12,708	51,865	(5,706)	51,855	(22,706)	29,149	799,996
	Mental Health- Trauma-Informed (2)	139,939	89,061	64%	50,878	11,133	133,592	-	6,347	-	-	-	-	-	139,939
	Health Insurance Premium & Cost Sharing Assistance	779,279	283,872	36%	495,407	35,484	425,808	-	353,471	-	(135,407)	-	(135,407)	(135,407)	643,872
	Substance Abuse-Outpatient (1)	337,498	28,448	8%	309,050	3,556	42,672	-	294,826	-	(238,000)	-	(298,536)	(298,536)	38,962
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	242,488	135,814	56%	106,674	16,977	203,721	-	38,767	-	-	-	-	-	242,488
	Non-Medical Case Management Case Management (7)	1,581,271	1,042,879	66%	538,392	130,360	1,564,319	-	16,952	100,017	-	99,000	(201,000)	(102,000)	1,479,271
	Food Services Food Bank (1)	950,000	865,297	91%	84,703	108,162	1,297,945	15,920	(347,945)	200,000	-	-	-	-	950,000
	Food Voucher (1)	182,586	182,558	100%	28	22,820	273,837	108	(91,251)	91,251	-	-	-	-	182,586
	Legal Assistance (1)	129,151	94,238	73%	34,913	11,780	141,356	-	(12,205)	-	-	-	-	-	129,151
	Emergency Financial Assistance (1)	115,872	16,569	14%	99,303	2,071	24,853	-	91,019	-	-			-	115,872
	Total Part A Funds	**12,955,826**	**8,776,786**	**68%**	**4,179,040**	**1,097,098**	**13,165,179**	**82,304**	**(209,353)**	**1,275,875**	**(429,113)**	**737,649**	**(737,649)**	**-**	**12,955,826**
	*** Some of the providers have not billed for month of Oct 2023.**														

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2023-24 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Providers' Request	Providers' Return	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	MAI Ambulatory (1)	-	-		-	-	-	-	0	-	-	-	-	-	-
	MAI Medical Case Management (2)	138,283	113,663	82%	24,620	14,208	170,495	28,749	(32,212)	-	-	171,500	-	171,500	309,783
	MAI Mental Health (1)	62,469	40,025	64%	22,444	5,003	60,037	-	2,432	-	-	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	400,000	399,988	100%	12	49,998	599,981	5,900	(199,981)	-	-	60,356	-	60,356	460,356
Support Services	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	483,977	405,433	84%	78,545	50,679	608,149	-	(124,172)	101,221	-	101,221	-	101,221	585,198
	Total MAI Funds	**1,084,729**	**959,108**	**88%**	**125,621**	**119,888**	**1,438,662**	**34,649**	**(353,933)**	**101,221**	**-**	**333,077**	**-**	**333,077**	**1,417,806**
	*** Some of the providers have not billed for month of Oct 2023.**														
	Total Part A and MAI Funding	**14,040,555**	**9,735,894**	**69%**	**4,304,661**	**1,216,987**	**14,603,841**	**116,952**	**(563,286)**	**1,377,096**	**(429,113)**	**1,070,726**	**(737,649)**	**333,077**	**14,373,632**

HANDOUT C

Priority Setting/Resource Allocations Committee Work Plan FY2023-2024																
The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".																
GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums.																
Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.																
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
1.1 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/ PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA												
1.2 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from the SOC committee.												
1.3 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.4 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.5 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.6 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
Objective 2: Assess the Administrative Mechanism.																
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
2.1 Assessment of the Administrative Mechanism training annually.	Staff/ PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.												
2.2 Assessment of the Administrative Mechanism recommendations annually.	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.												

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.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

HIVPC ATTENDANCE POLICIES

BROWARD COUNTY CODE OF ORDINANCES
CHAPTER 1, ARTICLE XII. BOARDS, AUTHORITIES AND AGENCIES GENERALLY

GENERAL REQUIREMENT AND POLICIES

Sec. 1-233. Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum

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Removal based on Attendance

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing for (4) properly noticed meetings in one (1) calendar year.

Excused Absences

Require written notice to the chair of the board prior to the meeting (when practicable). The chair of the board shall determine whether the absence meets the criteria for an excused absence. Members may be excused **ONLY** for the following reasons:

1. Member performing an authorized alternative activity relating to outside advisory board business that directly conflicts with the properly noticed meeting;
2. Death of an immediate family member (spouse, father, mother, stepparent, in loco parentis, child, or stepchild domiciled in member's household);
3. Death of member's domestic partner;
4. Member's hospitalization;
5. Member summoned for jury duty; or
6. Member is issued a subpoena by a court of competent jurisdiction.

Non-excused absences

1. Out of town business.
2. Doing business or attending a meeting for member's company.
3. Attending another meeting as an elected official.
4. Car problems.

Requirements of Appointment

Any advisory board appointee who fails to meet the requirements of his or her appointment, including residency, if required to live in the district, is automatically disqualified, and his or her appointment shall immediately cease and be deemed vacant.

Quorum Rules

Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

Appointees shall notify the board coordinator *at least two (2) business days prior* to the scheduled meeting date as to whether they will or will not attend the meeting. This will allow the cancellation of a meeting due to a lack of quorum prior to the actual meeting date.

If a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meeting, he or she will be marked absent where such failure results in the meeting being cancelled for lack of quorum.

HIVPC ATTENDANCE POLICIES

If a meeting is **scheduled and a sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting:

- Members present will be marked as attending.
- Members who telephone in, will be marked as attending.
- Members not present will be marked absent.
- Members, who did not confirm they were attending and attend, will be marked present.

If a meeting is **scheduled and a sufficient number of members to have quorum DID NOT CONFIRM** that they will be physically present at the meeting, **THE MEETING WILL BE CANCELLED PRIOR TO THE MEETING DATE**:

- Members who intended to telephone in, will be marked absent.
- Members, who did not confirm that they were attending, will be marked absent.
- Members who confirmed they would be attending will be marked *present* and it will be noted on the attendance sheet that the meeting was cancelled.

If a meeting is **scheduled and sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting, **BUT QUORUM WAS NOT PRESENT AT THE MEETING, THE MEETING WILL BE CANCELLED**:

- Members present will be marked as attending but it will be noted that the meeting was cancelled.
- Members not present will be marked absent.
- Members, who telephone in, will be absent.
- Members, who did not confirm that they were attending, and attend, will be marked present.
- Members who did not confirm that they were attending, and do not attend, will be marked absent.

(Ord. No. 79-36, § 1, 6-20-79; Ord. No. 89-19, § 1, 5-9-89; Ord. No. 92-4, § 1, 3-10-92; Ord. No. 92-13, § 1, 5-12-92; Ord. No. 92-46, § 1, 11-10-92; Ord. No. 95-18, § 1, 4-11-95; Ord. No. 1999-06, § 1, 2-23-99; Ord. No. 2001-01, § 1, 1-9-01; Ord. No. 2001-10, § 1, 3-27-01; Ord. No. 2002-10, § 1, 3-18-02; Ord. No. 2003-21, § 1, 6-10-03; Ord. No. 2005-01, § 1, 1-11-05; Ord. No. 2005-16, § 1, 6-28-05; Ord. No. 2006-17, § 1, 6-13-06; Ord. No. 2008-36, § 1, 9-9-08; Ord. No. 2009-39, § 1, 6-23-09; Ord. No. 2012-30, § 1, 10-23-12; Ord. No. 2014-08, § 1, 02-25-14)

End of Packet