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, January 23, 2025 - 9:30 AM – 11:30 AM
Location: Virtual via Microsoft Teams

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2JjY2MyMTAtYTM3YS00Yzk0LWEwZDctMjQ0M2E3NjZkNjI1%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d
Meeting ID: 293 961 648 090; Passcode: dvw2zX

Or call in (audio only)
+1 561-437-3349,,75119019#
Phone Conference ID: 751 190 19##

Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order
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: Review of Agenda for January 16, 2025
V. ACTION: Approval of Minutes from November 21, 2024 **(Handout A)**
VI. Standard Committee Items:
   - **a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category (Handout B)**
   - **b. Minority AIDS Initiative Adhoc Subcommittee Update**

VII. Old Business: None

VIII. New Business

a. **Discussion**: Revise and approve PSRA Policies & Procedures **(Handout C)**
b. **Discussion**: Review and approve Assessment of the Administrative Mechanism **(Handout D1 and D2)**

IX. Recipient Report

X. Data Request(s)

XI. Public Comment

XII. Agenda Items for Next meeting:

a. **Next Meeting Date:** February 20, 2025, at 9:30 a.m. Location: Broward Regional Health Planning Council.

XIII. Announcements

- Quality Improvement Project Presentation on February 25, 2025, at Anne Kolb Nature Center.

XIV. 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.

January 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
			1 	2 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	3	4
5	6 MAI Sub-Committee Meeting 2:00PM– 4:00PM Location: BRHPC/MS Teams	7 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	8 Oral Health 3:00PM-4:15PM	9 Membership/Council Development Meeting (MCDC) 9:30AM – 11:30PM Location: BRHPC/MS Teams Medical Provider 2:30PM-3:34PM In-person Workshop at BRHPC World AIDS Day Memorial Event for Past HIVPC Members	10	11
12	13	14 Behavioral Health 2:00PM-3:15PM	15	16 Priority Setting and Resource Allocation (PSRA) 9:30AM-12:30PM Location: BRHPC/MS Teams Executive Committee Meeting Location: BRHPC/MS Teams 12:45PM – 2:45PM	17	18
19	20  Martin Luther King Jr. Day	21 Quality Management Committee Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	22 Quality Network Meeting (CQM) 9:00AM-10:15AM	23 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	24	25 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
26	27	28	29	30	21	

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network.
Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

Version 04/28/21 Information on this calendar is subject to change.

January 2025

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit HIV Health Service Planning Council for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	Unless otherwise noted on the calendar, all meetings are held at: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét: Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020 Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Priority Setting/Resource Allocations Committee Work Plan FY2024-2025

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 and implement an annual 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 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process			X									
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Service Category			X									
1.3 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 / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. QM Care Continuum measures i. National HIV/AIDS Strategy Goals j. Anticipated changes due to the ACA k. Review 2023 Ryan White program services report (RSR) ***(Two-Day Session June 20 & 21)***				**X**								
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate a Townhall Meeting - Listening Session		**X**										
1.5 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.					**X**							
1.6 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.					**X**							
1.7 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.									**X**			
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.					**X**				**X**			
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Conduct Professional Development of PSRA members	PSRA	Professional Development	Conduct a Training Retreat			**X**									

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Prepare for the 2024 ACA Open enrollment process.	PSRA/ Recipient	Increase ACA enrollment by RWPA clients.	Develop an Action Plan in preperation for the 2024 ACA Open enrollment.												
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	PSRA/ Recipient	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program.												

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism	Staff/ PSRA	Ensure compliance	Receive a presentation on the results of the assessment.												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Review the survey tool and make recommendations to the questionanaire.												

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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Priority Setting and Resource Allocation Committee

Thursday, November 21, 2024 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes (Chair), B. Fortune-Evans, B. Mester, V. Biggs, L. Robertson, R. Jimenez, J. Rodriguez, M. Schweizer (Vice-Chair), A. Machado, S. Tinsley, J. Castillo

PSRA Members Absent: K. Creary

Ryan White Part A Recipient Staff Present: J. Roy, G. James, T. Thompson. C. Evans, T. Currie, R. Pena, B. Baker

Ryan White Part B Recipient Staff Present: S. Cook

PCS/CQM Present: G. Berkley-Martinez, D. Liao, S. Isidore, M. Lacroix

Guests Present: G. Moxey, J. Rivero, K. Blair

1. Call to Order

   The PSRA Chair called the workshop to order at **9:32 AM.**

2. Welcome from the Chair & Public Record Requirements

   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.

3. 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.

4. Action: Review of Agenda for November 21, 2024

   The approval for the agenda of the November 21, 2024, Priority Setting and Resource Allocation Committee meeting was proposed by **V. Biggs**, seconded by **M. Schweizer**, and passed unanimously.

   Motion #1: V. Biggs on behalf of PSRA, made a motion to approve the November 21, 2024, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by M. Schweizer and passed unanimously.

5. Action: Approval of Minutes from July 18, 2024

   The approval for the minutes of the July 18, 2024, meeting was proposed by **M. Schweizer** seconded by **B. Fortune-Evans and** passed unanimously.

   Motion #2: M. Schweizer, on behalf of PSRA, made a motion to approve the July 18, 2024 Priority Setting and Resource Allocation Committee minutes. The motion was seconded by B. Fortune-Evans and passed unanimously.

6. Standard Committee Items

   Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category

   G. James from the Part A office reviewed the FY24-25 Allocations Expenditure/Utilization Report, going through each service category for both Part A and MAI while providing the utilization percentages. He reported that utilization is currently between 58% and 66%, with progress being made toward meeting the 95% utilization requirement. J. Roy from the Part A office mentioned that as they enter the fourth quarter, funds for providers are aligned with program needs. Although a few providers have underutilized funds, they will continue to monitor the situation. All requests were deemed reasonable.

   During **G. James'** review of the Food Services category for Food Vouchers, the PSRA committee briefly discussed the utilization percentage. **B. Mester** suggested that the committee consider reverting the eligibility standards based on the report. **G. James** clarified that the goal was to allocate more funds to core services rather than support services. The Chair**, B. Barnes**, proposed revisiting this discussion in March, or adding it to the January agenda to review potential eligibility changes for food bank services. **R. Jimenez**

mentioned that the number of clients receiving food vouchers remains consistent with the levels prior to the changes in Part A food bank services, whether through Part A or EHE vouchers, and that no one is being turned away from services.

7. Unfinished Business: None
8. Discussion Items
    a. **Action Item:** FY2024 Reallocation/Sweeps – Cycle Two

G. James, from the Ryan White Part A Office, reviewed the FY 2024-2025 Broward EMA Ryan White Part A and MAI Allocations by service category.

Part A Core Services: Sweep From

1. Motion to reallocate $56,600 from AIDS Pharmaceutical Assistance
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee

    1. Motion to reallocate $11,000 for Oral Health Care (Routine)
       Justification: Underutilization in this service category.
       PROPOSED BY: Priority Setting and Resource Management Committee
    2. Motion to reallocate $13,000 for Oral Health Care (Specialty)
       Justification: Underutilization in this service category.
       PROPOSED BY: Priority Setting and Resource Management Committee
    3. Motion to reallocate $88,270 for Medical Case Management (Disease Case Management) FY2024-2025
       Justification: Underutilization in this service category.
       PROPOSED BY: Priority Setting and Resource Management Committee
    4. Motion to reallocate $46,000 for Mental Health Trauma-Informed FY2024-2025.
       Justification: Underutilization in this service category.
       PROPOSED BY: Priority Setting and Resource Management Committee
    5. Motion to reallocate $225,000 for Medical Nutrition Therapy FY2024-2025.
       Justification: Underutilization in this service category.
       PROPOSED BY: Priority Setting and Resource Management Committee
    6. Motion to reallocate $14,000 for Substance Abuse-Outpatient FY2024-2025.
       Justification: Underutilization in this service category.
       PROPOSED BY: Priority Setting and Resource Management Committee

Part A Support Services: Sweep From

1. Motion to reallocate $75,000 for Non-Medical Case Management (Case Management) FY2024-2025.
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
2. Motion to reallocate $107,466 Food Services (Food Voucher) FY2024-2025.
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to reallocate $25,000 for Emergency Financial Assistance
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee

   Motion to approve total sweep from **$659,336 Total Part A Funds FY2024-2025. PROPOSED BY: Priority Setting and Resource Management Committee.**

Part A Core Services: Sweep To

1. Motion to sweep in $335,000 Ambulatory-Integrated Primary Care and Behavioral Health Services FY2024-2025.
   Justification: Requested funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
2. Motion to sweep in $75,000 Oral Health Care (Routine) FY2024-2025.
   Justification: Requested funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to sweep in $37,600 Medical Case Management (Disease Case Management) FY2024-2025.
   Justification: Requested funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee

Part A Support Services: Sweep To

1. Motion to sweep in $186,736 Non-Medical Case Management (Case Management) FY2024-2025.
   Justification: Requested funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
2. Motion to sweep in $25,000 Emergency Financial Assistance FY2024-

2025.
Justification: Requested funds in this service category.
PROPOSED BY: Priority Setting and Resource Management Committee

Motion to approve total sweep **in** of **$659,336 Total Part A Fund FY2024-2025. PROPOSED BY: Priority Setting and Resource Management Committee.**

Part A MAI Funding Support Services: Sweep To

1. Motion to sweep in $75,000 MAI Non-Medical Case Management (Case Management) FY2024-2025.
Justification: Requested funds in this service category.
PROPOSED BY: Priority Setting and Resource Management

Motion to approve total sweep **in $734,336 Total Part A and MAI Funds FY2024-2025. PROPOSED BY: Priority Setting and Resource Management Committee.**

b. **Action Item:** Review and Approve PSRA Workplan for FY2025-2026 **(Handout D)**

PCS reviewed the PSRA Workplan for FY2025-2026. The Chair, **B. Barnes**, highlighted several key changes for the upcoming year, including a shift to a 3-day workshop in June instead of two days, and meetings less frequently, but ensuring that when meetings do occur, they are of higher quality and more relevant. He also noted the success of the Listening Tours this past year and expressed a desire to continue that success with three Listening Sessions for FY2025. Each session will be a collaborative effort with various committees, such as CEC, QMC, and SOC, with a focus on gathering more input from clients. He emphasized the importance of reviewing past efforts to determine what was addressed and what actions have been taken.

Motion #3: S. Tinsley on behalf of PSRA, made a motion to approve the Priority Setting and Resource Allocation Committee workplan for FY2025-2026. The motion was seconded by B. Mester and passed unanimously

c. **Action Item:** Review PSRA Policies & Procedures **(Handout E)**

PCS noted that the PSRA Policies and Procedures were last reviewed in 2017. **B. Barnes** advised committee members to review the Policies and Procedures handout included in the meeting packet. Members are encouraged to email their suggestions to PCS staff and be prepared to vote at the next scheduled PSRA meeting.

9. Recipient's Report

   J. Roy from the Recipient office gave a verbal report, sharing that she was inspired by seeing new faces at the table during the RFP interview process. She expressed that potential applicants for MAI would help strengthen its intent and that it was a valuable learning experience for the team, with many lessons learned. She urged patience with Part A, noting that the RFP process was the highest priority, and acknowledged there is room for improvement.

10. Data Request(s)

None.

11. Public Comment

None.

12. Agenda Items for Next Meeting

    Next Meeting Date: January 16, 2025, at 9:30 a.m. Location: Broward Regional Health Planning Council.

13. Announcements
    - Memorial event on December 5th; 4:30 pm: Honoring and celebrating the lives of HIVPC members who have transitioned; World AIDS Museum.
    - World AIDS Day Proclamation; Board of County Commissioners, 10:00 am at the Governmental Building;115 S Andrews Ave, Fort Lauderdale, FL 33301
    - Part A Office Tabling event on December 10th at the Lobby of the Broward County Human Services Department Governmental Building; 115 S Andrews Ave, Fort Lauderdale, FL 33301; 10 am to 2 pm (may extend to 4 pm). Volunteers to table.
    - Kwanzaa Education & Celebration with the Ujima Men's Collective. Join us for an evening of Kwanzaa education, entertainment, cocktails, and cuisine. The event will take place on Thursday, December 12, 2024, at the L.A. Lee YMCA/Mizell Community Center Black Box Theatre, located at 1409 Sistrunk Boulevard, Fort Lauderdale, FL 33311, from 6:30 PM to 8:30 PM.
    - The Poverello Center offers services including a gym (9 AM - 1 PM), massage therapy, chiropractic care, haircuts, and showers (12 PM - 1 PM, Monday to Friday, with client number required).
    - World AIDS Day Memorial Quilt Opening Ceremony – Compass Center in Lake Worth. December 2, 2024, from 6:00-8:00PM.
    - Enrollment is now open, and there will be no passive enrollment this year!
14. Adjournment

There being no further business, the meeting was adjourned at **11:17AM**

PSRA Attendance for CY 2024

Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	18	C	21	WS 18	30	16	WS 20/21	18	C	C	C	21		
1	Barnes, B., Chair	X	C	X	X	X	X	X	X	C	C	C	X		
2	Fortune-Evans, B.	X	C	X	X	X	X	E	X	C	C	C	X		
3	Mester, B.	X	C	X	X	X	X	X	X	C	C	C	X		
4	Robertson, L.	X	C	X	X	X	X	X	X	C	C	C	X		
5	Rodriguez, J.	X	C	X	X	X	X	E	X	C	C	C	X		
6	Biggs, V.	X	C	X	X	X	X	X	X	C	C	C	X		
7	Jimenez, R.	X	C	A	X	X	X	X	X	C	C	C	X		
8	Schwiezer, M.	X	C	X	A	A	X	X	X	C	C	C	X		
9	Machado, A.	A	C	X	X	X	X	X	X	C	C	C	X		
10	Tinsley, S.				N			X	X	C	C	C	X		
11	Castllo, J.				N			X	X	C	C	C	X		
	Creary, K.				N			A	A	C	C	C	A		R
	Dsouza, E.	X	C	X	X	A	X	X	X	C	C	C	Z		
	Wynn, J.	A	C	A	A	A				R					
	Quorum = 7	9		9	WS	8	10	10	12	C	C	C	11		

	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 – November 21, 2024 Minutes prepared by PCS Staff

HANDOUT B

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 24-25 Allocations

	Service Category	Contract/ Allotted Amount	Expended Amount As of NOV Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)	5,710,139	4,267,720	75%	3043	1,442,419	474,191	5,690,294	-	19,845
	AIDS Pharmaceutical Assistance (2)	5,400	163	3%	21	5,237	18	218	-	5,182
	Oral Health Care Routine (4)	1,762,204	1,421,180	81%	2106	341,024	157,909	1,894,907	-	(132,703)
	Specialty (1)	616,489	435,417	71%		181,072	48,380	580,557	-	35,932
	Medical Case Management Disease Case Management (5)	600,266	457,873	76%	575	142,393	50,875	610,498	4,317	(10,232)
	Mental Health- Trauma-Informed (2)	93,939	61,500	65%	100	32,439	6,833	82,000	-	11,939
	Health Insurance Premium & Cost Sharing Assistance	643,000	306,030	48%	862	336,970	34,003	408,040	-	234,960
	Medical Nutrition Therapy (1)	75,000	33,873	45%	71	41,127	3,764	45,164	-	29,836
	Substance Abuse-Outpatient (1)	123,498	67,712	55%	22	55,786	7,524	90,282	-	33,216
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	294,689	84%	3822	54,689	32,743	392,919	-	(43,541)
	Non-Medical Case Management Case Management (7)	1,571,870	1,193,032	76%	2987	378,838	132,559	1,590,710	18,717	(18,840)
	Food Services Food Bank (1)	934,375	758,879	81%	1944	175,496	84,320	1,011,839	-	(77,464)
	Food Voucher (1)	128,245	95,218	74%	780	33,027	10,580	126,958	-	1,287
	Legal Assistance (1)	129,151	102,348	79%	88	26,803	11,372	136,465	-	(7,314)
	Emergency Financial Assistance (2)	212,872	111,951	53%	153	100,921	12,439	149,268	-	63,604
	Total Part A Funds	**12,955,826**	**9,607,587**	**74%**		**3,348,239**	**1,067,510**	**12,810,116**	**23,034**	**145,710**
	*** One provider has not billed for month of NOV 2024.**									

	Service Category	Contract/ Allotted Amount	Expended Amount As of NOV Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	-	-			-	-	-	-	0
	MAI Mental Health (1)	62,469	18,668	30%	28	43,801	2,074	24,891	-	37,578
	MAI Substance Abuse-Outpatient (1)	277,000	162,294	59%	37	114,706	18,033	216,392	-	60,608
Support Services	MAI Non-Medical Case Management Case Management (2)	216,212	118,179	55%	242	98,033	13,131	157,572	-	58,640
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	524,066	524,010	100%	5270	56	58,223	698,680	4,474	(174,614)
	Total MAI Funds	**1,079,747**	**823,152**	**76%**		**256,595**	**91,461**	**1,097,536**	**4,474**	**(17,789)**
	*** One provider has not billed for month of NOV 2024.**									
	Total Part A and MAI Funding	**14,035,573**	**10,430,739**	**74%**		**3,604,834**	**1,158,971**	**13,907,652**	**27,508**	**127,921**

HANDOUT C

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
Priority Setting & Resource Allocation Committee
Policies and Procedures

The Priority Setting & Resource Allocation (PSRA) Committee prioritizes services and conducts funding allocations. **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established. **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.

Recommendations are submitted to the Broward County HIV Health Services Planning Council (Planning Council). All Council members are involved in the priority setting and resource allocation process, which adheres to Conflict of Interest policies outlined in the Council's By-Laws to prevent perceived conflicts of interest. The Committee may receive data on other Ryan Whites Parts, the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program and the Ending the HIV Epidemic (EHE) initiative. However, the PSRA Committee only sets priorities and allocates funds for the Ryan White Part A and Minority AIDS Initiative (MAI) Programs.

The Planning Council Chair appoints the PSRA Committee Chair and Vice Chair. Prospective community members of the PSRA Committee must complete a Standing Committee application for approval by the Committee Chair and the general body. Committee membership should reflect the local epidemic's demographics. The Committee will include Council members, Ryan White Consumers, frontline HIV workforce members, and community stakeholders to ensure collaboration and coordination across funding streams. People with HIV (PWH) and community members are encouraged to participate in all meetings. The Committee will meet as determined by the Council By-Laws.

The Committee will recommend language to the Planning Council on factors the Recipient should consider when disbursing grant funds to subrecipients. These factors include, but are not limited to, the documented needs of the local HIV-infected population, the service priorities of the local HIV-infected communities, and access to the system of care. The Committee will review any deviations in planned expenditures for possible reallocation and/or reprioritization. Unexpended amounts in any funding category may be reallocated by the Committee in two cycles, with the third reallocation conducted by the Recipient.

Priority and allocation recommendations shall be forwarded to the Planning Council and, if approved, to the Ryan White Part A Recipient. The Recipient Administrator shall submit the recommendations to the Division Director, who will forward them to the Broward County Board of County Commissioners for approval.

Prioritizing Services

The Committee prioritizes the following core and support services of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) as outlined in Policy Clarification Notice 16-02:

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)

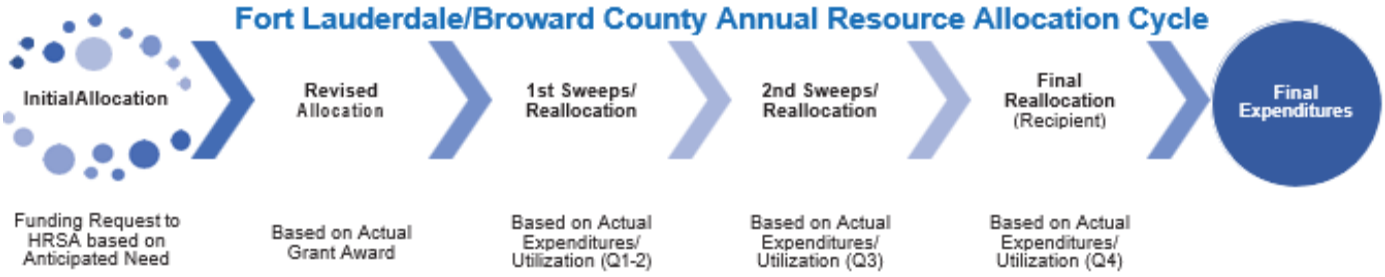
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services

1. Food Bank/Home-Delivered Meals
2. Emergency Financial Assistance
3. Legal Services
4. Non-Medical Case Management
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

Allocation Process

Allocate Funding to Service Categories. The Committee shall first allocate funding to the core services followed by support services.



Estimate Client Need. The Committee shall estimate the number of clients needing each service category based on current service utilization, prevention and surveillance data, unmet medical needs (both aware and not in care), and service gap estimates. This involves determining current Part A service utilization by service category. Estimating the number of new clients needing services, including (a.) Estimating the number of eligible PWHs needing but not receiving services (service gaps and unmet needs). b. Estimating the number of eligible newly diagnosed PWH who will need services.

Other Funding. The Committee should review the availability of other funding sources and resources for similar services and estimate the number of clients likely to be served by these funds. This involves:

1. Estimating the number of clients to be served through other funding for similar services.
2. Subtracting the number of PWH likely to be served through an increase in available other funding.
3. Adding the number of PWHs estimated to need services due to decreases in other available funding.

Revised Allocation (Based on Actual HRSA Ryan White GrantAward)

The following process shall be used to revise allocations based on receiving the final Ryan White Part A grant award that is either greater than or less than the amount that the EMA requested.

Funding Increase: If a funding award exceeds the amount received in the previous year, service categories will be funded at the most recent fiscal year's final expenditure levels, if applicable. The Recipient will then use discretion to allocate any remaining increase to services based on the ranking of service categories and their needs.

Funding Shortages: In the event of funding shortages (i.e., level funding or less), core service categories will be funded at the prior year's final allocation level, minus un-obligated administrative and carryover funds. If this is not feasible or would result in a reduction of 15% or more from the previous year's final expenditure amount allocated to support services, the Recipient's office will convene the committee to revise funding allocations. Deviations in expenditures exceeding 10% in any funding category shall be reviewed by the Committee for possible reallocation, using the same processes outlined above.

Reallocation/Sweeps Process (Based on periodic review of service utilization)

The Committee shall review any deviations in planned expenditures exceeding 10% in any funding category at least twice yearly (bi-annually) for possible reallocation and/or reprioritization. The Recipient's Administrative entity may reallocate unexpended amounts less than 10% in any funding category.

Biannual reallocation: The following process shall be utilized for the biannual reallocation of resources: The Recipient should present the Committee with funding deviation estimates and explanations for the possible causes. Funding should be maintained within the service category. If maintaining the funding within the service category is not feasible, the funding should be moved in ranked order to the next highest-ranked category experiencing a shortfall. The Committee reserves the right to deviate from this process to address the emergent needs of underserved populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justifications for the changes.

Final Reallocation: To ensure complete expenditure of funds by the end of the fiscal year, the Committee authorizes the Recipient to move funds between categories within a service provider's contract. This authority is granted with the understanding that the reallocation process has already occurred, the amount involved is less than 10% of the funding award, and fewer than 120 days remain in the fiscal year.

Data Sources

The Committee participates in data-driven decision-making. Examples of data sources include, but are not limited to:

- PSRA Service Category Scorecards (utilization, expenditures, etc.)
- Community input (through listening sessions, focus groups, CEC rankings, community forums, Integrated Committee forums, etc.)
- Review the status of the Florida and Broward County Integrated HIV Prevention and Care Plans.
- Epidemiology (including incidence, prevalence, co-morbidities, etc.)
- HIV Needs Assessment
- Unmet Need / Early Identification of Individuals with HIV/AIDS (EIIHA)
- Community Empowerment Committee's (CEC)Ranking of Part A Services
- Ryan White, HIV Prevention, EHE, HOPWA funders Reports
- HIV AIDS Bureau (HAB) Health Performance Measures
- Affordable Care Act Updates
- Ryan White Program Services Report (RSR)
- Quality Management Part A Client Health Outcome and Quality Improvement Projects

HANDOUT D1

FY2023-2024 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

March 1, 2023 – February 28, 2024
The full report, Handout D2, is included in your packet.

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented January 16, 2025

PURPOSE

- **The Assessment** of the Part A Administrative Mechanism (Broward County Ryan White Part A Office) for FY 2023-2024 **is to fulfill the federal mandate of the Ryan White Part A program**.

- This requirement is summarized in the HRSA/HAB Ryan White CARE Act Part A Manual:
  - "Assessment of the Administrative Mechanism and Effectiveness of Services 2602(b)(4)(E) requires planning councils to "assess the efficiency of the administrative mechanism in ***rapidly allocating funds to the areas of greatest need within the eligible area***, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."

HIVPC
Broward County HIV Health Services Planning Council

Topics Covered in the Assessment Are

1) The Procurement Process
2) Contracting
3) Reimbursement of Subrecipients
4) Use of Funds, and
5) Recipient's Engagement with the Planning Council

How Does the Assessment of the Administrative Mechanism Affects the HIVPC?

- The Planning Council **is required to complete the assessment annually**.
  - It evaluates how rapidly Part A funds are allocated and made available to provider agencies.
  - The results of the assessment will be used to **make recommendations to improve** the administrative processes of the Ryan White Part-A program.

HIVPC
Broward County HIV Health Services Planning Council

Participation was completed by

PARTICIPANTS	# OF ACTUAL PARTICIPANTS	# OF POTENTIAL PARTICIPANTS
HIVPC Members	13 (52%)	25
Recipient	1 (100%)	1
Providers	12 (100%)	12
Total	26 (68%)	38

Service Category	Agencies
Outpatient Ambulatory Health Services	4 (33.3%)
Minority AIDS Initiative (MAI) OAHS	1 (8.3%)
AIDS Pharmaceutical Assistance	2 (16.7%)
Oral Health Care	4 (33.3%)
Health Insurance Continuation Program (HICP)	1 (8.3%)
Medical Case Management	6 (50.0%)
Mental Health Services	2 (16.7%)
Non-Medical Case Management Central Intake & Eligibility Determination (CIED)	1 (8.3%)
MAI Non-Medical Case Management Services: CIED	2 (16.7%)
Non-Medical Case Management	6 (50.0%)
Food Bank Services	1 (8.3%)
Legal Services	1 (8.3%)
Food Bank (Food Vouchers)	1 (8.3%)
Emergency Financial Assistance	2 (16.7%)

Ryan White Services Represented in the Assessment are

HIVPC Survey Results

The HIVPC Survey focused on communication between the HIVPC and Recipient regarding the allocation and reallocation of funds, and HRSA policies which can affect funding.

The Results of the assessment show:

Efficiency:

- 53.8% (7) strongly agreed and 46.2% (6) agreed that the RW Part A HIVPC is effective as a planning body.

Training/Education:

- 76.9% (10) strongly agreed and 23.1% (3) agreed that they had received enough training/education to understand the structure and process of RW Part A HIVPC.

Communication:

1. How well the Ryan White Part A Office provided the Planning Council with funding information and updates:
   - Good – 30.8% (4)
   - Excellent – 69.2% (9)
2. Level of communication between the RWPA Office and the HIVPC in general:
   - Good - 30.8% (4)
   - Excellent - 69.2% (9)

Recipient Survey Results

The Part A Recipient's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication and technical assistance expenditures and allocations for FY 2023-2024.

- **Award Notification:** The Recipient informed providers of renewal letters and Contract Adjustments exercising the Option Period.
  - Award letters sent to funded agencies – mid-February 2023
  - Final Notification of Award – April 6, 2023
  - Funded agencies uploaded contracted into Provide Enterprise – mid-March 2023
    - Providers are required to enter budgets per service category; billing commences once budgets are approved
- **Due Date For Agencies To Submit Contract Documents:** Five days from receipt of executable contract.
- **Contracts Executed:** Various dated between March 1 - 20, 2023
- **Delays in Executing Contracts:**
  - Recipient: Draft delays involving contract staff and County Attorney.
  - Subrecipients: Execution errors; Bureaucratic processes at provider agencies.

Recipient Survey Results

Continued…

- **Policies Used to Guide the Payment of Invoices/Reimbursements:**
  - Broward County Department of Human Services, Community Partnership Electronic Invoice Processing Guide (Volume: HSCPD – FI104)

- **Provider Reimbursements:** The Recipient's office noted that the average turnaround time for reimbursements was 22-28 days.
  - *Submission for reimbursement started April 28, 2023*
  - *There were **no noted discrepancies** in provider reimbursement during FY2023.*

- **Delays in Provider Reimbursement:**
  - Incorrect invoicing and internal processing delays

- **Communication with provider agencies:**
  - The Recipient **maintained monthly communication with provider agencies to review utilization and expenditures.**
  - **They provided technical assistance to agencies** that were not on target to ensure complete reimbursements and optimal services for clients.
  - The Recipient also noted that it kept all agencies ***'fairly well informed'* and responded to questions and requests for information within *two days*.**
  - The Recipient conducted **annual programmatic and fiscal site visits;** Remedial or Corrective Action Plans were issued.

Provider / Subrecipients' Survey Results

The Provider's survey, included questions pertaining to the execution of contracts, provider reimbursements, communication between the Recipient and Providers regarding utilization and expenditures, technical assistance and requestions for information and other questions.

- **Survey Completion:** The Provider survey was completed by 12 of Ryan White Part A's 12 funded providers, thus increasing the response rate from 92% to 100% compared to last year's submission of the assessment.
- **Notification of Award for FY23-24:** Most agencies were notified by February 2023.
- **Executed Contracts**: 3/1/23, 3/7/23, 3/8/23, 3/17/23, 3/25/23, 4/18/23, 5/1/23, 9/27/23, 2/27/24, 3/22/24, 5/1/24, 7/1/24
- **Satisfaction with the Timeliness of loading Contracts:**
  - Very Satisfied: 25% (3); Satisfied (6); Neutral 25% (3)
- **Provider Reimbursements:** Most providers received their **first reimbursement check** for FY2023 services **between April and May 2023**;
  - 16.7% (2) of respondents received reimbursement within 7 days,
  - 41.7% (5) within 8-14 days.
  - 8.3% (1) within 15-21 days.
  - 25.0% (3) within 36-42 days.
  - 8.3% (1) within 26-42 days.
- **Discrepancies in Reimbursement Checks:** There were none reported.

Provider Survey Results

Continued…

- **Obstacles contributing to the delay in reimbursements were:**
  - PE-related invoice errors
  - Delays on the recipient side due to staffing, scheduling, and other issues in Fiscal and Accounting.
- **Communication/Technical Assistance:**
  - 50.0% (6) of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures.
- **Overall Communication Rating:**
  - Fully well informed - 50.0% (6)
  - Fairly well informed - 41.7% (5)
  - Adequately informed - 8.3% (1)
- **91.7% (11) said that the Recipient responded to their Inquiries within One to two days –**
  - **The Recipients' Office rating in providing agencies with quality management, programmatic, fiscal, technical assistance, or training.**
    - Excellent – 41.7%
    - Good – 41.7%
    - Average – 5.6%, and
    - 11.1% Did not require technical assistance in FY23

Limitations

- The AEAM process faced competition from the County's request for funding proposals.
- Low survey responses from the Planning Council.

1. Timeliness of Processes
   - ❑ Streamline contract execution and reimbursement processes to ensure consistency across providers.
2. Communication Improvement
   - ❑ Provide written updates for all programmatic changes.
   - ❑ Improve data request fulfillment timelines.
   - ❑ Provide clearer fiscal assistance and guidance.
3. Enhance Participation
   - ❑ Increase consumer involvement in the planning process.
   - ❑ Address barriers to PWH participation through targeted outreach and support.
4. Technical Assistance
   - ❑ Conduct more frequent and tailored technical assistance sessions to address fiscal and programmatic challenges.
5. Data-Driven Decisions
   - ❑ Ensure data is available well in advance of decision-making processes, such as PSRA.

The following are recommendations based on the assessment

FY 2023-2024
CONCLUSIONS &
RECOMMENDATIONS

Findings reveal that

The Broward County Ryan White Part A administrative mechanism functioned effectively and efficiently from March 1, 2023, through February 29, 2024.

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HANDOUT D2

Assessment of the Ryan White Program Recipient Administrative Mechanism

March 1, 2023 – February 29, 2024

Final Report

BROWARD COUNTY RYAN WHITE PART A HIV HEALTH SERVICES PLANNING COUNCIL

Broward Regional Health Planning Council
Planning Council Support Team
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Prepared: January 2024

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OUR MISSION

"Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building."

FOR MORE INFORMATION

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Shade-Ann Isidore, MPH – Planning Council Health Planner

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2023-2024 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

Legislative Mandate for the Assessment of the Administrative Mechanism

The legislation that governs the Ryan White Part A Program states that planning councils are required to *"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."*

The Administrative Mechanism

The term 'Administrative Mechanism' describes the process by which the Ryan White Part A Recipient manages contracts and reimburses providers for their services. Planning councils are required to assess this mechanism annually to ensure contracts are executed and providers are reimbursed efficiently and promptly. While the assessment is a council responsibility, the actual management of contracts and reimbursements falls solely on the Recipient[1].

Broward/Fort Lauderdale EMA

Broward County, Florida's second-largest metropolitan area, is home to 1.9 million residents. It qualifies as an Eligible Metropolitan Area (EMA) under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 due to its severe impact from the HIV epidemic. The Ryan White Part A Program has been active in Broward County since 1991. In Fiscal Year (FY) 2023, 8,479 unduplicated clients received Part A-funded core medical and support services, marking a 4% increase in service demand compared to FY2022. The EMA encompasses all 31 municipalities in Broward County, with Fort Lauderdale being the largest. The Fort Lauderdale/Broward EMA manages RWHAP Part A funding to support a comprehensive HIV Care Continuum, providing high-quality services for eligible HIV-positive residents. The EMA aims to maintain a robust system of HIV care, prioritizing core medical and support services to ensure optimal clinical outcomes for HIV-positive residents. The RWHAP funds received by the Broward EMA supported various service categories approved by the HIVPC.

- Outpatient Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Oral Health Care
- Health Insurance Continuation Program
- Medical Nutrition Therapy
- Mental Health Services
- Medical Case Management*/Disease Case Management
- Substance Abuse Outpatient Care
- Non-medical Case Management Services (Centralized Intake and Eligibility Determination (CIED))
- Emergency Financial Assistance
- Food Bank
- Legal Services

[1] Part A Manual (hrsa.gov)

Frequently Used Acronyms

- **AEAM** - Assessment of the Efficiency of the Administrative Mechanism
- **CQM** - Clinical Quality Management
- **EMA** – Eligible Metropolitan Area
- **FY** – Fiscal Year
- **HIVPC** – Broward County HIV Health Services Planning Council
- **HRSA** – Health Resources and Services Administration of the U.S. Department of Health and Human Services
- **MAI** - Minority AIDS Initiative
- **NGA** – Notice of Grant Award
- **NOA** - Notice of Award
- **PCS** – Planning Council Support
- **PWH**- People Living with HIV
- **PSRA** – Priority Setting and Resource Allocation
- **TA** – Technical Assistance
- **TGA** – Transitional Grant Area

2023-2024 ASSESSMENT METHODOLOGY

Methodology

The methodology for the FY 2023-2024 AEAM for the Broward/Fort Lauderdale Eligible Metropolitan Area (EMA) was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and Transitional Grant Areas (TGAs) across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward County HIV Health Services Planning Council (HIVPC) ensures that an Assessment of the Administrative Mechanism is completed annually. Planning Council Support Staff (PCS) worked with the committee to review survey responses and develop or modify the surveys provided to the Part A Recipient, HIVPC Members, and Part A Providers.

Period Assessed

March 1, 2023-February 29, 2024

Timeline

ACTIVITY	*PROPOSED DATE*
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	October 16, 2024
Distribute surveys to HIVPC, Recipient Staff, and funded providers.	October 31, 2024
Deadline to submit completed surveys.	December 13, 2024
Results of the Assessment of the Administrative Mechanism Report presented to PSRA and the HIVPC.	January 16, 2025 January 23, 2025
Assessment of the Administrative Mechanism Report due to Recipient.	February 28, 2025
Quarterly update report (if necessary)	March 31 June 30 September 30 December 31

Data Collection Process

PCS staff utilized the following components to complete the assessment:

a. Surveys through Alchemer.com

b. Data Collection/Analysis

c. Production of a Final Report

Data Collection/Analysis

The primary data collection method was electronic surveys for the HIVPC members, the Recipient Office, and Subrecipients/providers. The survey of providers (subrecipients) revealed their experiences related to procurement, contracting, and reimbursement. The survey consisted of multiple-choice, a rating scale, and a few open-ended questions. The HIVPC survey focused on communication between the HIVPC and Recipient regarding the allocation of funds, reallocation of funds, and HRSA policies, which can affect funding. The Recipient survey included questions regarding award notification, executed contract dates, average reimbursement time, and communication and technical assistance. Surveys were distributed electronically via Alchemer from October 31, 2023, through December 13, 2024. *Note: See the Appendix for master copies of the three surveys.*

As per the RWHAP Part A Manual, topics covered in the AEAM surveys included:

- **The procurement process** – outreach to potential new service providers (officially known as "subrecipients"), dissemination of the Request for Proposal (RFP), number of applications received and funded, the review process including the use of external review panels, and the composition of that panel, and criteria used in the selection of subrecipients as service providers.
- **Contracting** – the time between the Notice of Grant Award to the Recipient and completion of fully executed subcontracts with providers.
- **Reimbursement of subrecipients** – the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider as well as obstacles to timely reimbursement.
- **Use of funds** – whether contracting and expenditure of RWHAP Part A funds are consistent with allocations made by the planning council and the proportion of formula and supplemental RWHAP Part A funds that are expended by the end of the program year.
- **Engagement with the HIVPC in the planning process** –how well the Recipient and council work together to carry out shared and coordinated planning tasks, to meet legislative requirements, the extent to which the HIVPC received the data needed for sound decision-making, and evidence of success in maintaining and strengthening the system of HIV care, to desired performance and standards and clinical outcomes are reached.

The following table represents the total number of individual participants, their respective affiliations, and the methodology used to gather data:

PARTICIPANT	# OF POTENTIAL PARTICIPANTS	# OF PARTICIPANTS COMPLETED SURVEY	SURVEY ADMINISTRATION
HIVPC Members	25	13(52%)	Alchemer.com
Recipient Office	01	01 (100%	
RWPA Subrecipients/Providers	12	12 (100%)	
Total	**38**	**25 (82%)**	

NOTE: The planning council will not be involved in how the administrative agency monitors providers, as this is the Recipient's sole responsibility. [RWHAP Part A Manual, Section VII; p 77].

Limitations

This fiscal year, the AEAM process faced competition from the County's request for funding proposals. The Recipient Office's assistance in contacting subrecipients resulted in a 100% survey submission rate. However, there was a challenge with low survey responses from the planning council, with only 13 out of 25 members completing the survey.

Receiving feedback from provider agencies is critical in the AEAM process, as these sub-recipient/provider agencies have intimate knowledge and can track the timing of notice awards, contracts, and fund distribution from the Part A Recipient. According to the Ryan White Part A Manual, "Grantees (Recipients) are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements."

The HIV Planning Council's feedback on the assessment of the administrative mechanism is essential for maintaining an effective and responsive Ryan White Part A program that meets the community's needs efficiently and transparently. The feedback process promotes accountability and transparency within the program. Through its diverse community members, the council ensures that the recipient is held accountable for managing funds and contracts efficiently, building community trust. Regular assessments and feedback allow for continuous improvement of administrative processes, helping the program adapt to changing needs and challenges and ultimately enhancing the quality of care provided to PWH.

Final Report and Quarterly Updates

The 2023-2024 AEAM report will be submitted to the Recipient by February 28, 2025. Planning Council Support Staff will present the final copy of the report to the PSRA committee and HIVPC during the January 2025 meetings. Any identified issues or areas for improvement will be used as the basis for quarterly progress updates. If the HIVPC requires additional information such as provider follow-up surveys, quarterly reporting will provide and include this component.

QUANTITATIVE AND QUALITATIVE RESULTS

This report summarizes the findings from three key surveys conducted for the FY 2023-2024 Assessment of the Administrative Mechanism (AAM) under the Ryan White Part A program in Broward County. These surveys include the Provider Survey, HIVPC Survey, and Recipient Survey. The data highlights administrative processes, communication effectiveness, and areas for improvement.

Provider Survey Results

Completion Rate: 100% (12 respondents)

Key Findings:

1. Service Provision:
    - Agencies reported providing a range of services including outpatient/ambulatory health services (33.3%) & oral health (33.3%), medical case management (50%), and food bank services (8.3%).
2. Experience and Timeliness:
    - 75% (9) of agencies have been Ryan White Part A providers for 16+ years.
    - Notification of funding varied, with some agencies informed as early as February 15, 2023, while others as late as May 2023.
    - 50% (6) of agencies were satisfied with the timeliness of contract uploads in Provide Enterprise.
3. Reimbursement Process:
    - 16.7% (2) were reimbursed within 7 days; 41.7% (5) of providers reported reimbursement within 8-14 days, while 25% (3) experienced delays up to 22-28 days.
    - No discrepancies in reimbursement checks were reported.
4. Communication:
    - 50% (6) felt the Recipient's Office kept them fully informed; 41.7% (5) felt fairly well informed; while 8.3% (1) were adequately informed.
    - 58.3% (7) agencies indicated that the Recipient's Office contacted them to review utilization or expenditure.
    - 50%(6) noted that the Recipient Office responded to questions and requests within one day; 41.7% (5) received responses within two days.
    - Suggestions for improvement included providing written updates for all programmatic changes.
5. Technical Assistance:
    - Most providers rated the Recipient's Office's programmatic, fiscal, and quality management technical assistance as excellent or good.

Recipient Survey Results

Completion Rate: 100% (1 respondent)

Key Findings:

1. Grant Management:
    - Providers received renewal letters in mid-February 2023, and contracts were uploaded in March 2023.
    - Final Notice of Award was received on April 6, 2023.
2. Contract Execution:
    - Contracts were fully executed between March 8, 2023, through March 20, 2023.
    - Execution delays were attributed to bureaucratic processes and provider errors.
3. Reimbursement:
    - Providers were first able to submit invoices on April 28, 2023, with reimbursement typically occurring within 22-28 days.
4. Monitoring and Assistance:
    - Programmatic and fiscal monitoring included annual subrecipient site visits.

- Corrective action plans were issued when necessary, and monthly engagement with providers was maintained.

5. Expenditure and Allocation:
   - No unexpended formula or supplemental funds were reported.
   - Allocations included 5% for Recipient Administration, 1.6% for Planning Council Support, and 4.79% for Clinical Quality Management.

HIVPC Survey Results

Completion Rate: 92.3% (13 respondents)

Key Findings:

1. Council Performance:
   - 76.9% (10) rated the Planning Council's work as excellent; 23.1% (3) rated the work as good.
   - 53.8% (7) strongly agreed and 46.2% (6) agreed that the HIVPC was effective as a planning body.
2. Training and Education:
   - 76.9% (10) strongly agreed and 23.1% (3) agreed that sufficient training was provided to understand the Council's structure and processes.
3. Ryan White Part A Office Funding Updates:
   - 69.2% (9) rated the funding updates as excellent; 30.8% (4) rated the funding updates as good.
   - One respondent noted that the RWPA office is "always and willing to work with the Planning Council"
4. Ryan White Part A Office Federal Notice of Awards Updates:
   - 69.2% (9) rated the funding updates as excellent; 30.8% (4) rated the funding updates as good.
5. Priority Setting and Resource Allocation (PSRA):
   - 53.8% (7) rated the PSRA process as excellent; 38.5% (5) rated the PSRA process as good.
   - Suggestions for improvement included earlier data analysis reviews, enhanced consumer involvement, and perceived barriers.
6. Participation of Persons Living with HIV (PWH):
   - 69.2% (9) rated PWH participation as good, with membership efforts noted for improvement.
7. Responsiveness and Communication:
   - 46.2% (6) rated the Recipient's responsiveness as excellent, although data request delays were noted.
   - 69.2% (9) rated communication between the Recipient's Office and HIVPC as excellent.

FY 2023-2024 RECOMMENDATIONS & CONCLUSION

Recommendations

Based on the findings, the following recommendations are proposed:

1. Timeliness of Processes:
   - Streamline contract execution and reimbursement processes to ensure consistency across providers.
2. Communication Improvements:
   - Provide written updates for all programmatic changes.
   - Improve data request fulfillment timelines.
3. Enhance Participation:
   - Increase consumer involvement in the planning process.
   - Address barriers to PWH participation through targeted outreach and support.
4. Technical Assistance:

- Conduct more frequent and tailored technical assistance sessions to address fiscal and programmatic challenges.

5. Data-Driven Decisions:
    - Ensure data is available well in advance of decision-making processes, such as the PSRA.

Conclusion

Provider responses indicate overall satisfaction with the procurement process. The HIVPC responses reflect satisfaction with the quality of communication and timely resolutions to issues. Contracts were renewed in time for the new fiscal year. Most invoices were paid within 30 days, as outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (Sections 1-51.6), which guides provider payments and reimbursements.

Challenges during this time were primarily user/technical issues with Provide Enterprise and internal staffing, scheduling, and other Fiscal and Accounting issues. The Recipient employed technical assistance to resolve identified technical, fiscal, and programmatic concerns.

AEAM Status: The administrative mechanism functioned effectively and efficiently from March 1, 2023, through February 29, 2024.

APPENDICES

Appendix A – HIVPC Member Survey

The HIVPC survey was distributed via email, which contained a link to Alchemer for HIVPC members to complete the survey.
Background Information

1) Your Name*
_____

2) In general, how would you rate the work of the Planning Council during Fiscal Year 2023 (March 1, 2023 - February 29, 2024? *
[ ] Excellent
[ ] Good
[ ] Average
[ ] Fair
[ ] Poor
[ ] Comments: _____

3) In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:*
[ ] Strongly Disagree
[ ] Disagree
[ ] Strongly Agree
[ ] Agree
[ ] Comments: _____

4) I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:*
[ ] Strongly Disagree
[ ] Disagree
[ ] Strongly Agree
[ ] Agree
[ ] Comments: _____

5) Rate how well the Ryan White Part A Office provided the Planning Council with funding information and updates during FY2023-2024.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

6) Rate how well the Ryan White Part A Office informed the Planning Council of federal notice of award (s) for Fiscal Year 2023-2024.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent

[ ] Comments:: _____

7) How would you rate Planning Council's FY 2023 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category?*
( ) Excellent
( ) Good
( ) Average
( ) Fair
( ) Poor
( ) I am not familiar enough to rate it

8) Do you have any suggestions for improving future Priority Setting and Resource Allocation (PSRA) processes?*
_____
_____
_____
_____

9) Rate the level of participation by Persons Living with HIV (PWH) in the planning process*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

10)
How would you rate the responsiveness of the Ryan White Part A Office in providing the information requested by the planning council for making informed decisions?
*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

11) How would you rate the level of communication between the Ryan White Part A Office and the Planning Council?*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

12) What other comments do you have on the Planning Council's work? Feel free to comment on the Council's service standards, opportunity for consumer/public input at meetings and needs assessments/integrated health plan, timing/location of meetings, or anything else relevant to the Planning Council's work. Please type N/A if you have no further comments.*

Appendix B – Recipient Survey

Contracts

1) When did the Broward EMA receive its Notice of Grant Award for FY2023 funding to begin the procurement process?*

_____

2) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2023?*
( ) Yes
( ) No

3) If yes, how did that affect the procurement process?

_____
_____
_____
_____

4) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2023 funding?*

_____

5) On what date were award letters sent to funded agencies for FY2023?*

_____

6) How were agencies notified of their award? Please select all that apply.*
[ ] Award Letter (hard copy)
[ ] Award Letter (electronic/e-mail)
[ ] Other - Write In: _____

7) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.*

_____
_____
_____
_____

8) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts. *

_____
_____
_____
_____

9) What was the due date for agencies to submit contract documents for processing?*

_____

10) Describe any Recipient obstacles contributing to delay in executing provider contracts.*

_____
_____
_____

_____

11) Describe any agency/provider obstacles contributing to the delay in executing provider contracts.*
_____
_____
_____
_____

Contracts

12) When did the Broward EMA receive its Notice of Grant Award for FY2023 funding to begin the procurement process?*
_____

13) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2023?*
( ) Yes
( ) No

14) If yes, how did that affect the procurement process?
_____
_____
_____
_____

15) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2023 funding?*
_____

16) On what date were award letters sent to funded agencies for FY2023?*
_____

17) How were agencies notified of their award? Please select all that apply.*
[ ] Award Letter (hard copy)
[ ] Award Letter (electronic/e-mail)
[ ] Other - Write In: _____

18) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.*
_____
_____
_____
_____

19) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts. *
_____
_____
_____
_____

20) What was the due date for agencies to submit contract documents for processing?*
_____

21) Describe any Recipient obstacles contributing to delay in executing provider contracts.*
_____
_____
_____
_____

22) Describe any agency/provider obstacles contributing to the delay in executing provider contracts.*
_____
_____
_____
_____

Service Provider Reimbursements

23) What procedures, documents and policies are used to guide the payment of invoices/reimbursements?
_____1

24) Please provide policies and procedures regarding the payment of invoices/reimbursements, if available.
_____1

25) When (month/date) were providers first able to submit invoices for reimbursement in FY2023?*
_____

26) 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

27) List/describe any obstacle contributing to the delay in reimbursement to providers.*
_____
_____
_____
_____

28) Have there ever been discrepancies in reimbursement checks (checks were more or less than the amount due)? *
( ) Yes
( ) No

29) If yes, how were those discrepancies resolved?*
_____
_____

_____
_____

30) Over the past year (FY2023-2024), has the Recipients' Office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?*
( ) Yes
( ) No

31) If yes, did the Recipient's office provide feedback or solutions to help agencies get back to target utilization and expenditures? Please explain
_____
_____
_____
_____

Recipient Communication & Technical Assistance/Training

32) What is the policy regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?

33) In your experience during FY2023-2024, how would you rate the communication between the Recipient's Office and funded agencies?*
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Comments:: _____

34) How would you rate the Recipients' timeliness in responding to questions and requests for information over the past year?*
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Comments:: _____

35) How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training during FY2023-2024?*
[ ] Excellent
[ ] Good
[ ] Average
[ ] Poor
[ ] Very Poor
[ ] Comments:: _____

36) In the last fiscal year (FY2023), how many Programmatic site visits did each service provider receive? (Please give range and average)*
_____

37) In the last fiscal year (FY 2023), how many fiscal site visits did each service provider receive? (Please give range and average)*

_____

38) What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit (e.g., corrective action plans, additional site visits, requests for reports, funding reductions, etc.)?*

_____
_____
_____
_____

39) In addition to the monitoring, what other technical assistance is provided?*

_____
_____
_____
_____

40) What percentage of the overall award for the last fiscal year was used for Recipient Administration, Planning Council Support, and Clinical Quality Management?*
Recipient Administration: _____
Planning Council Support: _____
Clinical Quality Management: _____

Procurement and Allocation

41) What percent of formula funds were unexpended at the end of FY 2023? Please explain.*

_____
_____
_____
_____

42) What percent of supplemental funds were unexpended at the end of FY2023? Please explain.*

_____
_____
_____
_____

43) Please provide a final expenditure report for FY2023.*
_____1

44) Please provide a final allocation report for FY2023.*
_____1

45) Please provide a list of all Part A-funded service providers in the Broward EMA for FY2023 (including contract information), as well as the categories for which each provider is contacted.*
_____1

Appendix C – Provider Survey

The Provider survey was distributed via email, which contained a link to Alchemer for the funded Providers to complete the survey.

Provider 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 service(s) (select all that apply): *
[ ] Outpatient /Ambulatory Health Services (OAHS)
[ ] Minority AIDS Initiative (MAI) OAHS
[ ] AIDS Pharmaceutical Assistance
[ ] Oral Health Care
[ ] Health Insurance Continuation Program (HICP)
[ ] Medical Case Management
[ ] Mental Health Services
[ ] MAI Mental Health Services
[ ] MAI Substance Abuse Outpatient Care
[ ] Substance Abuse Outpatient Care
[ ] Non-Medical Case Management Services: Centralized Intake and Eligibility Determination (CIED)
[ ] MAI Non-Medical Case Management Services: CIED
[ ] Non-Medical Case Management Services
[ ] Food Bank Services
[ ] Legal Services
[ ] MAI Medical Case Management
[ ] Medical Nutrition Therapy
[ ] Food Bank (Food Vouchers)
[ ] Emergency Financial Assistance

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

4) For the fiscal year (beginning March 1, 2023 to February 29, 2024), on approximately what date was your agency notified that you would be receiving funding for the new fiscal year?
_____

5) How were you notified of your award? Please select all that apply.*
( ) Award Letter (hard copy)
( ) Award Letter (electronic/e-mail)

( ) Other - Write In: _____

6) Approximately what date was your agency notified that the contract(s) were uploaded into Provide Enterprise? *
_____

7) Approximately what date did you receive a fully executed contract for Part A services? *
_____

8) How satisfied are you with the timeliness of the contract loading process in Provide Enterprise for Ryan White Part A subrecipients? *
( ) Very Satisfied
( ) Satisfied
( ) Neutral
( ) Dissatisfied
( ) Very Dissatisfied

9) Please explain if "Dissatisfied" or "Very Dissatisfied" with the contract loading process.
_____
_____
_____
_____

10) What additional comments do you have about the contractual process?
_____
_____
_____
_____

Service Provider Reimbursements

11) Over the past year (FY2023-2024), 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

12) When (month/date) did your agency receive your first reimbursement check for FY2023 services? *
_____

13) Have there ever been discrepancies in your reimbursement checks (checks were more or less than the amount due)? *
( ) Yes
( ) No

14) If yes, how were those discrepancies resolved? *
_____

_____
_____
_____

15) Over the past year (FY2023-2024), 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

16) Did the Recipient offer feedback or solutions to assist your agency in meeting target utilization and expenditure goals? *
[ ] Yes
[ ] No
[ ] Other - Write In: _____

17) What additional comments do you have about the reimbursement process? *
_____
_____
_____
_____

Recipient Communication & Technical Assistance/Training

18) In your experience during the FY2023-2024 period, how would you rate the communication between your agency and the Recipients' Office? *
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Other - Write In: _____

19) How would you rate the Recipients' Office in responding to questions and requests for information during the FY2023-2024 period? *
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Other - Write In: _____

20) How would you rate the Ryan White Part A Office in providing your agency with (1) Programmatic, (2) Fiscal, (3) Quality Management technical assistance (TA) or training during FY 2023 (this may include recommendations from the site visit or a special technical assistance training)? *

	Excellent	Good	Average	Fair	Poor	N/A Agency has not required TA in FY23	N/A Requests for TA during FY23 have not been met	N/A (No site visits/TA during FY23)
Programmatic TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Fiscal TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Quality Management TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

21) Additional comments regarding the communication / technical support of the Ryan White Part A Office.

_____
_____
_____
_____

References

Assessing the Efficiency of the Administrative Mechanism: An Introduction

Part A Manual

Ryan White HIV/AIDS Program Part A Planning Council Primer

END OF REPORT

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.