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 18, 2024 - 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 January 18, 2024
V. ACTION: Approval of Minutes from November 30, 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 the FY2023-2024 PSRA Workplan (Handout B1)
  b. Approve the proposed FY2024-2025 PSRA Workplan (Handout B2)
  c. Presentation on the Assessing the Administrative Mechanism Report (Handouts C1 & C2)
  d. Discussion Affordable Care Act (ACA) Enrollment
  e. Discussion Minority AIDS Initiative (MAI) Evaluation
IX. Recipient Report
X. Public Comment
XI. Agenda Items for Next meeting:
  a. **Next Meeting Date:** February 15, 2024, 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.

January 2024

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 http://www.brhpc.org for updates.					
	1 **New Year's Day** 	2	3 **Oral Health Network Meeting** **3:00PM-4:15PM**	4	5 **South Florida AIDS Network Meeting (SFAN)** **9:30AM**	6
7	8	9 **Behavioral Health Network Meeting** **2:00PM-3:15PM** **Community Empowerment Committee Meeting (CEC)** **3:00PM– 5:00PM** **Location: BRHPC/WebEx**	10	11 **Membership/Council Development Committee Meeting** **9:30AM – 11:30AM**	12	13
14	15	16 **Quality Management Committee Meeting** **11:30AM– 2:30PM** **Location: BRHPC/WebEx**	17 Adhoc - By Laws Committee 2:00 PM-3:00PM	18 **Priority Setting & Resource Allocation Committee Meeting** **9:30AM -12:30PM** **Executive Committee Meeting** **12:45PM – 2:45PM**	19	20
21	22	23 **Integrated Planning Work Group** **1:00PM– 4:00PM**	24 **Quality Network Meeting** **9:00 AM – 10:15 AM**	25 **HIV Planning Council Meeting** **9:30AM – 11:30AM** **Locations: BRHPC/Webex**	26	27
28	29	30	31			

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.

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**.

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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(954) 561-9681 • FAX (954) 561-9685

Priority Setting and Resource Allocation Committee

Thursday, November 30, 2023- 9:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx

DRAFT MINUTES

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

PSRA Members Absent: E. Dsouza,

Ryan White Part A Recipient Staff Present: A. Tareq, T. Thompson, R. Pena, B. Miller

PCS/CQM Present: G. Berkley-Martinez, D. Liao, M. Patel, N. Del Valle

Guests Present: D. Shamer, C. Ingram, R. Labissiere, K. Drummond, M. Gousse, Y. Arencibia

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

   The PSRA Chair called the meeting to order at 9:37 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 November 30, 2023, Priority Setting and Resource Allocation Committee meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the October 19, 2023, meeting was proposed by M. Schweizer, seconded by V. Biggs, and passed unanimously.

   Motion #1: V. Biggs, on behalf of PSRA, made a motion to approve the November 30, 2023, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by L. Robertson and passed unanimously.

Motion #2: M. Schweizer, on behalf of PSRA, made a motion to approve the October 19, 2023, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by V. Biggs and passed unanimously.

4. Standard Committee Items

   Ryan White Part A Office: Monthly Expenditure/Utilization Report

   B. Barnes decided to combine the Ryan White Part A Office: Monthly Expenditure/Utilization Report with today's PSRA Reallocations/Sweeps to avoid any duplication of information.

5. Unfinished Business

   None.

6. New Business

   Review FY24-25 Sweeps

   Part A Recipient's Office staff, T. Thompson, provided a line-by-line overview of the basis for the recommended allocations. After some discussion, the members voted on funding allocations for FY2023-2024.

   - **V. Biggs made a motion to reallocate $80,000 from AIDS Pharmaceutical Assistance for FY2023-2024. M. Schweizer seconded the motion. The motion was adopted unanimously.**

   - **V. Biggs made a motion to reallocate $22,706 from Disease Medical Case Management for FY2023-2024. M. Schweizer seconded the motion. The motion was adopted unanimously.**

   - **V. Biggs made a motion to reallocate $135,407 from Health Insurance Premium & Cost Sharing Assistance for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted with one rejected vote.**

   - **V. Biggs made a motion to reallocate $298,536 from Substance Abuse-Outpatient FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**

   - **V. Biggs made a motion to reallocate $201,000 from Non-Medical Case Management FY2023-2024. M. Schweizer seconded the motion. The motion was adopted unanimously.**

     Total Reallocation/Sweeps from Core & Support Services = ($737,649)

   - **L. Robertson made a motion to approve the total $737,649 reallocation/Sweeps from Core & Support Services FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**

   - **B. Mester made a motion to reallocate $476,088 to Ambulatory- Integrated Primary Care and Behavioral Health Services for FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.**

   - **V. Biggs made a motion to reallocate $110,706 to AIDS Pharmaceutical Assistance for FY2023-2024. R. Jimenez seconded the motion. The motion was adopted unanimously.**

- **V. Biggs made a motion to reallocate $51,855 to Disease Case Management for FY2023-2024. R. Jimenez seconded the motion. The motion was adopted unanimously.**

- **V. Biggs made a motion to reallocate $99,000 to Non-Medical Case Management for FY2023-2024. B. Miller seconded the motion. The motion was adopted unanimously.**

Total Reallocation/Sweeps to Core & Support Services = ($737,649)

- **V. Biggs made a motion to approve the total $737,649 reallocation/Sweeps to Core & Support Services FY2023-2024. L. Robertson seconded the motion. The motion was adopted unanimously.**

- **V. Biggs made a motion to reallocate $171,500 to MAI Medical Case Management for FY2023-2024. J. Rodriguez seconded the motion. The motion was adopted unanimously.**

- **V. Biggs made a motion to reallocate $60,356 to MAI Substance Abuse-Outpatient for FY2023-2024. B. Fortune-Evans seconded the motion. The motion was adopted unanimously.**

- **M. Schweizer made a motion to reallocate $101,221 to MAI Non-Medical Case Management (CIED) for FY2023-2024. L. Roberston seconded the motion. The motion was adopted unanimously.**

Total Reallocation/Sweeps to MAI Core & Support Services = ($333,077)

- **V. Biggs made a motion to approve the total $333,077 reallocation/Sweeps to MAI Core Medical & Support Services FY2023-2024. M. Schweizer seconded the motion. The motion was adopted unanimously.**

Review and approve the proposed FY2024-2025 PSRA Workplan

B. Barnes decided to continue the review of the FY2024-2025 PSRA Workplan for the next PSRA meeting in December with the corrected title and the necessary information filled in appropriately.

Action Plan: Affordable Care Act (ACA) Enrollment

Committee members briefly discussed what they know about the ACA Enrollment. Furthermore, members discussed the topic of what other EMAs are doing regarding the ACA Enrollment. Members requested J. Roy and the Part A Office to research Miami-Dade and Houston on what they've done with the ACA and how they educate their consumers. Lastly, members decided to develop a list of questions regarding the ACA Enrollment such as how are alerts on PE addressed and by whom and what agency. Discussion on the ACA Enrollment will continue during the next PSRA meeting in December.

Update on Administrative Mechanism Report

Chair, B. Barnes, discussed with members that the report will be shared during the next PSRA meeting in December.

Data Request

B. Barnes suggested discussing the topic of data requests during the Executive Committee Meeting.

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 December 21, 2023, at 9:30 a.m. at Broward Regional health Planning Council and via WebEx Videoconference.

   Next Meeting Agenda Items
   - ACA Enrollment
   - Administrative Mechanism Report

10. Announcements
    B. Barnes- AIDS Moral Quilt at Hagen Park. 10AM-4PM on December 1st and 2nd.
    V. Biggs- World Aids Day at the Galleria Mall @ 8:30AM.
    T. Thompson- Tabling at the Government Center at 1:00PM
11. Adjournment

    There being no further business, the meeting was adjourned at 11:34 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	30		
0	1	0	1	Barnes, B., Chair	X	X	X	C	X	X	X	C	X	C	X	X		
0	0	0	2	Fortune-Evans, B.	X	X	X	C	E	X	X	C	X	C	X	X		
0	0	0	3	Mester, B.	X	X	X	C	X	X	X	C	X	C	X	X		
0	1	1	4	Robertson, L.	X	X	X	C	X	X	X	C	X	C	A	X		
0	0	1	5	Dsouza, E.	X	X	X	C	X	X	X	C	X	C	X	A		
0	0	0	6	Rodriguez, J.	X	X	X	C	X	X	X	C	X	C	X	X		
0	1	0	7	Biggs, V.	X	X	X	C	X	X	X	C	X	C	X	X		
0	0	1	8	Jimenez, R.	X	X	X	C	X	X	A	C	X	C	X	X		
			9	Schwiezer, M.					X	A	A	C	A	C	A	X		
			10	Machado, A.	N- newly appointed											X		
			11	Wynn, J.	N- newly appointed											X		
				Quorum = 7	8	8	8	C	8	8	7	C	8	C	7	10		

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

HANDOUT B1

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			X	X								
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.				X								
1.3 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.				X								
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.				X								
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.						X						
1.6 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities						X						

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 Conduct the annual Assessment of the Administrative Mechanism.	PCS Staff/ PSRA	Ensure compliance	Receive a report of the assessment results, with required components and purpose.											X	
2.2 Provide recommendations for the Assessment of the Administrative Mechanism annually.	PSRA	Ensure compliance	Recommend survey questions for the Assessment of the Administrative Mechanism.											X	

HANDOUT B2

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 integrated PSRA process using data with input from stakeholders and consumer forums.

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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 Conduct the annual Assessment of the Administrative Mechanism.	Staff/ PSRA	Ensure compliance	Receive a report of the assessment results, with required components and purpose.												
2.2 Provide recommendations for the Assessment of the Administrative Mechanism annually.	PSRA	Ensure compliance	Recommend survey questions for the Assessment of the Administrative Mechanism.												

HANDOUT C1

FY2022-2023 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

March 1, 2022 – February 28, 2023

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented January18, 2024

1

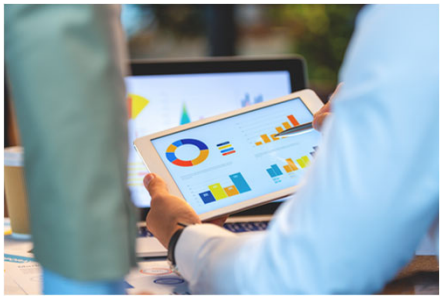
PURPOSE

- The Assessment of the Part A Administrative Mechanism (Broward County Ryan White Part A Office) for FY 2022-2023 is to fulfill the federal mandate of the Ryan White Part Aprogram.
- 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."

2

Topics Covered

1) The Procurement Process
2) Contracting
3) Reimbursement of Subrecipients
4) Use of Funds
5) Engagement with the HIVPC



3

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

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

4

Participation

PARTICIPANTS	# OF ACTUAL PARTICIPANTS	# OF POTENTIAL PARTICIPANTS
HIVPC Members	16 (80%)	20
Recipient	1 (100%)	1
Providers	11 (92%)	12
	28	34

5

Service Category	Agencies
Outpatient Ambulatory Health Services	5 (45.5%)
AIDS Pharmaceutical Assistance	2 (18.2%)
Oral Health Care	3 (27.3%)
Health Insurance Continuation Program (HICP)	1 (9.1%)
Medical Case Management	5 (45.5%)
Mental Health Services	3 (27.3%)
Substance Abuse- Outpatient Care	1 (9.1%)
Non-Medical Case Management Central Intake & Eligibility Determination (CIED)	1 (9.1%)
Non-Medical Case Management	6 (54.5%)
Food Services	2 (18.2%)
Legal Services	1 (9.1%)

Ryan White Services Represented

6

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.

Notice of Grant Award (NGA):

- 81.3% (13) believed the Recipient was diligent in providing the HIVPC with effective communication about the federal NGA.
- 87.6% (14) responded that funding information and updates were provided in a timely manner.

Communication:

1. How well the planning council received the information it requested on a timely basis to make informed decisions:

- Good - 56.25% (9)
- Excellent - 25% (4)
- Fair - 18.75% (3)

2. Communication between the RWPA Office and the HIVPC

- Good' - 68.8% (11)
- Excellent - 12.5% (2)
- Fair – 6.1% (1)
- Unsure -12.5% (2)

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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 2022-2023.

- **Award Notification:** The Recipient informed providers of funding and contracts through an electronic copy of the award letter.
  - Partial NGA by HRSA to Recipient – January
  - Notification to Providers – February
  - Executed Contracts – March 8-20, with one May 26th
    - The Recipient office noted that the legal process, staffing, unidentifiable signatures, requirement of new authorities, and re-execution contributed to delays in executing a provider contract.
  - Full NGA by HRSA – April
- **Provider Reimbursements:** The Recipient's office noted that the average turnaround time for reimbursements was between 15-21 days.
  - *There were **no noted discrepancies** in provider reimbursement during FY2022.*
- The Recipient noted that **delays in provider reimbursement** during FY2022 were due to
  - incorrect invoices caused by user errors or errors with PE.
  - Recipient office process delays due to staffing, scheduling, or other issues in Fiscal or Accounting.
- **Communication with provider agencies**
  - The Recipient maintained monthly communication with provider agencies to review utilization and expenditures.
  - The Recipient 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'*, responding to questions and requests for information within *two days*.

8

Provider 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 11 of Ryan White Part A's 12 funded providers, thus increasing the response rate from 58% to 92% compared to last year's submission of the AEAM.
- **Provider Reimbursements:** Most providers received their **first reimbursement check** for FY2022 services **between April and June**;
  - 18.2% (2) of respondents received reimbursement within 7 days,
  - 45.5% (5) within 22-28 days;
  - One (1) provider received reimbursement within 29-35 days, and another within 36-42 days.
- **Obstacles contributing to the delay in reimbursements.** The Recipient noted:
  - PE-related invoice errors
  - Delays on the recipient side due to staffing, scheduling, and other issues in Fiscal and Accounting.

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Provider 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.

- **Communication/Technical Assistance:**
  - 72.7% (8) of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures,
  - 54.5% (3) achieved improved utilization and expenditures.
- **Overall Communication Rating:**
  - Fully well informed - 45.5% (5)
  - Fairly well informed - 36.4% (4)
  - Adequately informed -18.2% (2)
- **Recipient Response Rate to Providers' Inquiry:**
  - One to two days - 90.9% (10)
- **The Recipients' Office rating in providing agencies with quality management, programmatic, fiscal, technical assistance, or training.**
  - Excellent – 36.4%
  - Good – 33.3%
  - Average – 3%
  - Did not require technical assistance in FY22 - 27.3%

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Limitations

- The inability to attain timely survey responses from some Provider Agencies caused a delay in completing the assessment report.
  - PCS Staff had to make several attempts at acquiring the information from agencies over several months.
  - **How PCS addressed the limitation:**
    - PCS Staff asked for further assistance from the Recipients' Office in contacting providers.
    - PCS Staff also extended the deadline to submit surveys from August 28, 2023, to October 3, 2023, which resulted in 11 surveys being completed.

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FY 2022-2023
CONCLUSIONS &
RECOMMENDATIONS

Review or restructure the contracting process to alleviate the challenges associated with late billing.

Provide ongoing technical assistance on PE to reduce user error and improve service delivery for PWH in Broward County.

Educate the sub-recipients/provider agencies on the AEAM and its role in the process.

Include the survey completion as a future contractual requirement since the assessment is a legislative requirement of the Ryan White Part A Program.

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Findings

The administrative mechanism functioned effectively and efficiently from March 1, 2022, through February 28, 2023.

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QUESTIONS?

DISCUSSION

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HANDOUT C2

2022-2023 ASSESSMENT OF THE ADMINISTRATIIVE MECHANISM REPORT

March 1, 2022-February 28, 2023

BROWARD COUNTY RYAN WHITE PART A
HIV HEALTH SERVICES PLANNING COUNCIL

200 Oakwood Lane Hollywood, FL 22020
P: 954-561-9681 F: 954-561-9651

Prepared: December 2023

The creation of this document is 100% funded by a federal Ryan White HIV/AIDS Part A grant received by Broward County and sub-granted in part to a consultant agency.

The findings and conclusions in this document are those of the authors, who are responsible for its contents; the content does not necessarily represent and should not be construed as the views of positions of Broward County, the Broward County Board of County Commissioners, or the U.S. Department of Health and Human Services.

HIVPC
Broward County HIV Health Services Planning Council

Broward Regional Health Planning Council
BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS
www.brhpc.org

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

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

Website: https://brhpc.org

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200 Oakwood Lane, Suite 100
Hollywood, FL 33020

Phone: 954-561-9681

Fax: 954-561-9685

E-mail: hivpc@brhpc.org

This document was created by the Planning Council Support Staff, employed by Broward Regional Health Planning Council.

Active PCS personnel during the reporting period:

Gritell C. B. Martinez, Ph.D., Director, Planning & Quality Management

Maunika Patel, MPH – Planning Council Health Planner

Nelhil Del Valle, MPH – Planning Council Health Planner

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2022-2023 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' refers to the process by which the Ryan White Part A Recipient executes contracts and reimburses providers for services rendered. Assessing the administrative mechanism is a mandated responsibility of planning councils that must be conducted annually. Assessing the administrative mechanism helps ensure that contracts are executed, and providers are reimbursed efficiently and in a timely manner. Apart from this assessment, contract management, and reimbursement are solely the responsibility of the Recipient[1].

Broward/Fort Lauderdale EMA

Broward County is Florida's (FL) second-largest metropolitan area, with 1.9 million residents. Broward qualifies under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 as an Eligible Metropolitan Area (EMA) severely impacted by the HIV epidemic. The Ryan White Part A Program has existed in Broward County since 1991. The Part A Program is one of the most extensive HIV/AIDS programs in the County and served 8,016 clients in fiscal year (FY) 2020-2021, a 1.63% decrease from FY2019-2020. The EMA serves all 31 of Broward County's municipalities, the largest of which is Fort Lauderdale. The Fort Lauderdale/Broward EMA coordinates the RWHAP Part A funding to support a comprehensive HIV Care Continuum of high-quality services for eligible HIV-positive (+) Broward residents. The EMA strives to sustain a system of HIV care with high-priority core medical and support services that ensure HIV+ Broward residents obtain optimal clinical outcomes. RWHAP funds received by the Broward EMA provided support for the following service categories approved by the HIVPC.

- Outpatient Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Oral Health Care
- Health Insurance Continuation Program
- 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
- **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

2022-2023 ASSESSMENT METHODOLOGY

Methodology

The methodology for the FY 2022-2023 AEAM for the Broward/Fort Lauderdale EMA was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and 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, 2022-February 28, 2023

Timeline

ACTIVITY	*PROPOSED DATE*
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	March 17, 2022 March 24, 2022
Surveys Distributed to HIVPC, Recipient Staff, and funded providers.	July 18, 2023
Deadline to submit completed surveys.	August 28, 2023
Assessment of the Administrative Mechanism Report due to Recipient.	February 29, 2024
Results of the Assessment of the Administrative Mechanism Report presented to PSRA and the HIVPC.	January 2024
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, and subrecipients/providers. The survey of providers (subrecipients) revealed their experiences related to procurement, contracting, and reimbursement. The survey consisted of a combination of multiple-choice, rating-scale questions 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 the notification of award, executed contract dates, average reimbursement time, and communication and technical assistance. Surveys were distributed electronically via Alchemer from July 18, 2023,

through October 3, 2023. *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 PARTICIPANTS	# OF POTENTIAL PARTICIPANTS	SURVEY ADMINISTRATION
HIVPC Members	16 (80%)	20	Alchemer.com
Recipient	1 (100%	1	Alchemer.com
RWPA Providers	11 (92%)	12	Alchemer.com
	28 (82%)	34	

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

Limitations

One major limitation of the AEAM process is the inability to attain timely survey responses from most provider agencies. Data collection for this reporting period resulted in the submission of 11 out of 12 surveys, representing an increase in the response rate from 58% to 92%. This increase occurred due to extending submission deadlines and assistance from the Recipient's Office.

Receiving feedback from provider agencies is critical in the AEAM process as the sub-recipient/provider agency has more intimate knowledge and can track the timing of notice awards, contracts, and distribution of funds from the Part A Recipient. Based on 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"[2].

Final Report and Quarterly Updates

The 2022-2023 AEAM report will be submitted to the Recipient by February 29, 2024. Planning Council Support Staff will present the final copy of the report to the PSRA committee and HIVPC during the January 2024 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 follow-up surveys from providers, this component will be provided and included through quarterly reporting.

[2] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/manual-part.pdf;

QUANTITATIVE AND QUALITATIVE RESULTS

Analysis of the surveys reveals that the administrative mechanism functions effectively and efficiently, and no substantial problems were identified through its assessment. Results by response group are included below.

The HIVPC Member Survey

The HIVPC survey was completed by 16 of the 20 HIVPC members, decreasing the response rate from 100% to 80% compared to last year's submission of the AEAM.

Notice of Grant Award (NGA): The majority of HIVPC respondents (81.3%) believed the Recipient was diligent in providing the HIVPC with effective communication about the federal notice of awards and 87.6% responded that funding information and updates were provided in a timely manner.

Communication: Respondents were asked to rate the Recipients' Office on how well the planning council received the information it requested on a timely basis to make informed decisions, 56.3% (9) responded 'good' 25% (4) – 'excellent', and 18.8% (3) "fair." Communication between the RWPA Office and the HIVPC was rated as 'good' by 68.8% (11) respondents; 12.5% (2) felt that communication was 'excellent'; one member considered communication to be fair, while two members were unsure about the level of communication.

The Recipient Survey

Recipient staff also completed a survey, which included questions about the execution of contracts, provider reimbursements, communication, and technical assistance, expenditures, and allocations for FY 2022.

Notice of Grant Award (NGA): At the start of FY2022, the number of funded RWHAP Part A providers remained at 12 total providers. There were no new requests for proposals for FY2022. The Broward EMA received its partial notice of grant award (NGA) for FY2022 funding on January 23. The NGA's timing did not affect executing provider contracts as the Recipient informed providers of funding and contracts through an electronic award letter on February 17. The Recipient office received the full Notification of Award from the federal government for FY2022 funding, on April 6, 2022.

Contracts: RWHAP Part A Providers were required to submit contract documents for processing by March 10. The Recipient's office noted that executed contracts were uploaded between March 8-20th with one upload on May 26. The Recipient noted that the legal process, staffing, unidentifiable signatures, requirement of new authorities, and re-execution contributed to delays in executing a provider contract.

Provider Reimbursements: Providers submitted invoices for FY2022 reimbursements starting April 2022. The Recipient tracked clean invoices for payment, and reimbursement checks were mailed via USPS. The Recipient's office noted that the average turnaround time for FY2022 was between 15-21 days. The Recipient endeavored to follow the procedures and policies outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and Broward County Ordinance (Sections 1-51.6[3]) to guide provider payments and reimbursements. The statute and accompanying ordinance state that reimbursements must be made within 30 days of receiving a clean invoice. The Recipient noted that delays in provider reimbursement during FY2022 were due to incorrect invoices caused by errors with PE and staffing, scheduling, or other issues in Fiscal or Accounting. There were no noted discrepancies in provider reimbursement during FY2022.

[3] § 1-51.6. Prompt payment policy., Division 1. GENERALLY, Article IV. FISCAL AFFAIRS, Chapter 1. ADMINISTRATION, Code of Ordinances, Broward County (elaws.us)

Communication/Technical Assistance: Throughout FY22, the Recipient's Office 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 keeps all agencies 'fairly well informed', responding to questions and requests for information within two days. These comments coincide with the providers' responses of a two-day turnaround response. Over the last fiscal year, the Recipient rated themselves 'good' at providing agencies with programmatic and fiscal technical assistance or training.

The Provider Survey

The Provider survey was completed by eleven of the 12 Ryan White Part A funded providers, reflecting an increased response rate from 58% to 92% compared to last year's submission of the AEAM. Among the respondents, contracted Ryan White Part A services included Outpatient Ambulatory Health Services (OAHS), AIDS Pharmaceutical Assistance, Oral Health Care, Disease Case Management, Mental Health Services, Centralized Intake and Eligibility Determination (CIED), Health Insurance Continuation Program, Medical Case Management, Non-Medical Case Management, Food Services, Legal Services, and Substance Abuse-Outpatient Care. Nine (81.8%) agencies reported serving as a Ryan White Part A provider for over 16 years.

Notice of Grant Award (NGA): For the last fiscal year, Respondents noted that the Recipient's office notified them between January and March of 2022 that they would receive funding for the fiscal year beginning March 1, 2022.

Contracts: Respondents reported receiving notification of when contracts were uploaded into Provide Enterprise (PE) between March through July 2022. Additionally, most respondents received a fully executed contract for FY22-23 between March 2022 through May 2022. Comments from the respondents stated that there is good collaboration between the Recipient and Part A Providers. In contrast, others shared that the contracting process creates fiscal challenges when services are billable in May or June, partial funding is difficult to manage for budgeting purposes, and others stressed the importance of monitoring the PE system regularly.

Provider Reimbursements: Most providers received their first reimbursement check for FY2022 services between April and June; 18.2% (2) of respondents received reimbursement within 7 days, 45.5% (5) within 22-28 days; one provider received reimbursement within 29-35 days, and another within 36-42 days. When asked to describe any obstacles contributing to the delay in reimbursement to providers, the Recipient noted PE-related invoice errors and delays on the recipient side due to staffing, scheduling, and other issues in Fiscal and Accounting. Providers noted that there were no reported discrepancies with reimbursement checks.

Communication/Technical Assistance: Approximately 72.7% (8) of respondents reported receiving guidance from the Recipient's Office regarding utilization and expenditures, and 54.5% (3) achieved improved utilization and expenditures. Overall, 45.5% (5) of respondents rated the communication between their agency and the Recipients' Office as 'fully well informed', 36.4% (4) as 'fairly well informed,' and 18.2% (2) as 'adequately informed'. Despite this, 90.9% (10) of respondents reported receiving responses to questions and requests for data within one to two days. Respondents were asked to rate the Recipients' Office in providing their agency with quality management, programmatic, fiscal, technical assistance, or training. Most respondents (69.7%) rated the Recipients' office as 'excellent' or 'good'; 27.3% of respondents reported that they did not require technical assistance in FY22, and one reported that the Fiscal TA received in FY22 was average.

FY 2022-2023 CONCLUSIONS & RECOMMENDATIONS

Recommendations

Comments from the HIVPC, Recipient, and Provider surveys prompted the following recommendations for future actions to make the funding process even more effective.

1. Review or restructure the contracting process to alleviate the challenges associated with late billing.
2. Provide ongoing technical assistance on PE to reduce user error and improve service delivery for PWH in Broward County.
3. Educate the sub-recipients/provider agencies on the AEAM and their role in the process.
4. Include the survey completion as a future contractual requirement since the assessment is a legislative requirement of the Ryan White Part A Program.

Conclusion

Provider responses indicate overall satisfaction with the procurement process. The HIVPC responses reflect satisfaction with the high quality of communication and timely resolutions to issues. Contracts were renewed in time for the new fiscal year, and there was one significant delay in execution. 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 with the user/technical issues with Provide Enterprise and internal staffing, scheduling, and other issues in Fiscal and Accounting. The Recipient employed technical assistance to resolve identified technical, fiscal, and programmatic concerns.

The administrative mechanism functioned effectively and efficiently from March 1, 2022, through February 28, 2023.

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) Community needs were evaluated on an ongoing basis effectively:
   - Strongly Disagree
   - Disagree
   - Agree
   - Strongly Agree

   Comments:

3) I was given enough notice of HIVPC planned activities and meetings:
   - Strongly Disagree
   - Disagree
   - Agree
   - Strongly Agree

   Comments:

4) In general, how would you rate the work of the Planning Council during FY 2022?
   - Excellent
   - Good
   - Average
   - Fair
   - Poor

   Comments:

5) In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:
   - Strongly Disagree
   - Disagree
   - Agree
   - Strongly Agree

   Comments:

6) I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:
   - Strongly Disagree

- Disagree
- Agree
- Strongly Agree

Comments:

7) Rate how well the Ryan White Part A Office provided the planning council with funding information and updates.
   - Don't Know
   - Poor
   - Fair
   - Good
   - Excellent

   Comments:

8) Rate how well the Ryan White Part A Office informed the planning council of federal notice of award (s) for Fiscal Year 2022-2023.
   - Don't Know
   - Poor
   - Fair
   - Good
   - Excellent

   Comments:

9) How would you rate Planning Council's FY 2022 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category for FY22?
   - Excellent
   - Good
   - Average
   - Fair
   - Poor
   - I am not familiar enough to rate it

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

11) Rate the level of participation by Persons Living with HIV (PLWH) in the planning process.
   - Don't Know
   - Poor
   - Fair
   - Good
   - Excellent

   Comments:

12) Rate how well the planning council received the information it requested on a timely basis to make informed decisions.
    - Don't Know
    - Poor
    - Fair
    - Good
    - Excellent

    Comments:

13) Rate the level of communication between the Ryan White Part A Office and the Planning Council.
    - Don't Know
    - Poor
    - Fair
    - Good
    - Excellent

    Comments:

14) 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?

Appendix B – Recipient Survey

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

Contracts

1) On what date did the Broward EMA receive its notice of grant award for FY2022 funding to begin the procurement process? _____
2) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2022
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 2022 funding?
5) On what date were award letters sent to funded agencies for FY2022?
6) How were agencies notified of their award? Please select all that apply.
    - Award Letter (hard copy)
    - Award Letter (electronic/e-mail)
    - Other (please explain): _____
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 executive provider contracts.
11) Describe any agency/provider obstacles contributing to the delay in executive provider contracts.

Service Provider Reimbursements

12) What procedures, documents and policies are used to guide the payment of invoices/reimbursements?
13) Please provide policies and procedures regarding the payment of invoices/reimbursements, if available.
14) When (month/date) were providers first able to submit invoices for reimbursement in FY2022
15) 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
16) List/describe any obstacle contributing to the delay in reimbursement to providers.
17) Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)? Yes___ No__

18) If yes, how were those discrepancies resolved?

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

20) 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 and Technical Assistance/Training

21) 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?

22) Over the past 12 months, how would you rate the communication between the Recipient's Office and funded agencies?

- Keeps agencies fully informed
- Keeps agencies fairly well informed
- Keeps agencies adequately informed
- Gives out only a limited amount of information
- Doesn't communicate much at all about what is going on
- Comments: _____

23) How would you rate the Recipient's 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: _____

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

- Excellent
- Good
- Average
- Poor
- Very Poor
- Comments: _____

25) In the last fiscal year (FY 2022), how many Programmatic site visits did each service provider receive? (Please give range and average)

26) In the last fiscal year (FY 2022), how many fiscal site visits did each service provider receive? (Please give range and average)

27) 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.)?

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

Procurement and Allocation

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

30) What percent of formula funds were unexpended at the end of FY 2022? Please explain.

31) What percent of supplemental funds were unexpended at the end of FY2022? Please explain.

32) Please provide a final expenditure report for FY2022.

33) Please provide a final allocation report for FY2022.

34) Please provide a list of all Part A-funded service providers in the Broward EMA for FY2022 (including contract information), as well as the categories for which each provider is contacted.

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.

Background Information

1) Please provide the following contact information:
   Agency: _____
   Phone Number: _____
   Email: _____

2) My agency was contracted to provide the following Ryan White Part A services (select all that apply):
   - Outpatient Ambulatory Health Services (OAHS)
   - Minority AIDS Initiative (MAI) OAHS
   - Pharmacy
   - Oral Health Care
   - Health Insurance Continuation Program (HICP)
   - Disease Case Management
   - Mental Health
   - MAI Mental Health
   - MAI Substance Abuse
   - Substance Abuse
   - Centralized Intake and Eligibility Determination (CIED)
   - MAI CIED
   - Case Management
   - Food Services
   - Legal Services
   - MAI Medical Case Management
3) How long has your agency been a Ryan White Part A provider?
   - This is my agency's first year as a provider
   - 2-3 years
   - 4-9 years
   - 10-15 years
   - 16+ years

Contracts

4) For the last fiscal year (beginning March 1, 2022), on approximately what date was your agency notified that you would be receiving funding for [question ("piped value")]?
   _____
5) How were you notified of your award? Please select all that apply.
   - Award Letter (hard copy)

- Award Letter (electronic/e-mail)
- Other (please explain): _____

6) On approximately what date was your agency notified that the contract(s) were uploaded into Provide Enterprise [question ("piped value")]? _____

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

8) What additional comments do you have about the Ryan White Part A contracting process? _____

Service Provider Reimbursements

9) 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

10) When (date or month) did your agency receive your first reimbursement check for FY2022 services?

11) Have there ever been discrepancies in your reimbursement checks (checks were more or less than amount due)? Yes__ No __

12) How were those discrepancies resolved? _____

13) Over the past year, has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures? Yes__ No __

14) Did the Recipient provide feedback or solutions to help your agency get back to target utilization and expenditures? Yes__ No__
Comments:

15) What additional comments do you have about the reimbursement process?

Recipient Communication & Technical Assistance/Training

16) In your experience over the past 12 months, 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
- Comments: _____

17) How would you rate the Recipients' Office 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_____

18) How would you rate the Ryan White Unit in providing your agency with (1) programmatic, (2) fiscal, (3) Quality Management technical assistance (TA) or training during FY 2022 (this may include recommendations from the site visit or a special technical assistance training? For each of the following.

	Excellent	Good	Average	Fair	Poor	N/A Agency has not required TA in FY22	N/A Requests for TA during FY22 have not been met	N/A (No site visits/TA during FY22
Programmatic TA								
Fiscal TA								
Quality Management TA								

Comments: _____

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

PWH: People with HIV

PWHA: People 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