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

Thursday, May 16, 2024 - 9:30 AM - 12:30 PM
Location: Virtual via Microsoft Teams

Click here to join the meeting
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 - 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 and approve of Agenda for May 16, 2024
V. **ACTION:** Review and approve of Minutes from March 21, 2024, and PSRA Emergency Meeting on April 30, 2024. **(Handout A & Handout B)**
VI. Standard Committee Items:
   - **a. Ryan White Part A Office: Monthly Expenditure/Utilization Report – by service category (Handout C)**
VII. Unfinished Business:
   - **a. Discussion:** MAI Action Plan – Develop Purpose, Goals, and Timeline for MAI Subcommittee
   - **b. Discussion: Action Item: Review and Approve:** Food Services Data Presentation from Recipient Part A Office - **(Handout D)**

VIII. New Business:

a. **Discussion:** Feedback from the April 24, 2024, Listening Session Tour Event **(Handout E)**

b. **Discussion:** Eligibility Determination – Reviewing the Federal Poverty Level for each Service Category – led by Recipient Part A Office **(Handout F)**

c. **Discussion:** Overview of the PSRA Process Presentation – **(Handout G/Video)**

d. **Action Item:** Review and Approve: Recommendations from the System of Care Committee on *How Best to Meet the Need* **(Handout H)**

Justification for recommendations with discussion for additional revision to the language

IX. Recipient Report

X. Data Request(s)

XI. Public Comment

XII. Announcements

XIII. Agenda Items for Next Meeting:

PSRA - Broward County HIV Data Presentation Workshop

Date: June 20, 2024 & June 21, 2024, from 11a.m. to 5p.m.

Location: Holy Cross Hospital – Dorothy Mangurian Comprehensive Women's Center - 1000 NE 56th Street Fort Lauderdale, FL 33334, Education Rooms 1 & 2

XIV. Announcements

XV. 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.

"I came here today to ask that this nation with all its resources and compassion not let my epitaph read, He died of Red Tape."
- Roger Gail Lyon,
Washington D.C., August 2, 1983

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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Priority Setting and Resource Allocation Committee

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

DRAFT MINUTES

PSRA Members Present: B. Barnes (PSRA Chair), M. Schweizer (PSRA Vice Chair), B. Mester, V. Biggs, J. Rodriguez, B. Fortune-Evans, E. Dsouza, L. Robertson, A. Machado, Y. Arencibia

PSRA Members Absent: J. Wynn, R. Jimenez

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

Ryan White Part B Recipient Staff Present: S. Cook

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

Guests Present: R. Shore, S. Tinsley-Jackson, J. Sesay, J. Hidalgo, T. Benjamin, J. Charlot, D. Monestime, N. Graham, C. Hayward, K. Drummond, E. Pearson, J. Lucius, L. Lewis

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

The PSRA Chair called the meeting to order at 9:36 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.

1. 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.

2. Meeting Approvals

The approval for the agenda of the March 21, 2024, Priority Setting and Resource Allocation Committee meeting was proposed by V. Biggs, seconded by B. Mester, and passed unanimously. The approval for the minutes of the January 18, 2023, meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously.

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

Motion #2: V. Biggs, on behalf of PSRA, made a motion to approve the January 18, 2023, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by L. Robertson and passed unanimously.

3. Standard Committee Items

Ryan White Part A Office: Monthly Expenditure/Utilization Report

A. Tareq, from the Ryan White Part A Office, reviewed the Monthly Expenditure/Utilization Report by service category.

County Taxonomy Rate Increases. Possible impact Ryan White reimbursement rates.

G. James explained plans for the health insured premium cost sharing program for the fiscal year. May need to increase rates; need more funding to support it. Waiting on the final notice of award for Part A.

Quarterly updates on clients moving into ACA (Updates will start June 2024)

4. Unfinished Business

Action Item: Review and approve the proposed FY2024-2025 PSRA Process Timeline and list of data or reports for the PSRA process.

The committee agreed to include all committees and the community in the PSRA meetings scheduled for June 20 and June 21, 2024.

Action Item: Review and approve the proposed FY2024-2025 PSRA Workplan.

Motion #3: B. Mester, on behalf of PSRA, made a motion to give the Recipient Office a report regarding the Variations by demographics analysis of the Part A Client Health Outcomes Presentation for FY2023-2024. The motion was seconded by L. Robertson. After much discussion, the motion was not passed.

Motion #4: V. Biggs, on behalf of PSRA, made a motion to approve the PRSA Work Plan FY2024-2025. The motion was seconded by B. Fortune-Evans and passed unanimously.

5. New Business

Review FY2023-2024 Workplan and approve the proposed FY2024-2025 PSRA Workplan

After reviewing the FY 2023-2024 PSRA Workplan, B. Barnes requested that the PCS merge PSRA Timeline with the FY2024-2025 PSRA Workplan, and the PCS should email a draft copy to the PSRA Committee Members for review.

Presentation of the Assessing the Administrative Mechanism Report

After G. Martinez presented on Assessing of the Administrative Mechanism Report, B. Barnes requested that data from the survey be extracted. B. Barnes wanted the responses from Chairs & Co-chairs with respect to their relations or communication satisfaction with the Part A Office. The results are to be discussed at the next Executive Committee Meeting.

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 process of ACA Enrollment. B. Barnes stressed the importance of moving clients into the ACA. V. Biggs recommended matching CIED enrollment to ACA enrollment so that clients are certified during ACA enrollment. B. Mester suggested better ways to determine which clients are eligible for ACA and a system to contact them. M. Schwitzer and J. Rodriguiz suggested increased marketing and education services for clients. B. Barnes instructed committee members to draft a motion to address these issues, and to make a subcommittee to come up with a solution and report back to the committee.

Discussion on Minority AIDS Initiative (MAI) Services Program

Guest Speaker, C. Taylor-Bennett, explained the purpose, historical background, and shortcomings of the MAI program. She came to the council in 2002, as a member of PSRA and served as Chair from 2010-2016.

Discussion: April 24th Ryan White Services Listening Session

B. Barnes explained the nature and purpose of this event: to receive feedback and recommendations from consumers.

Data Request

- L. Robertson: data request for how many consumers are currently enrolled with ACA and how many are eligible for ACA.
- M. Schweizer: all Ryan White money spent on retention in care and viral load suppression broken down into groups (race, ethnicity, WICY categories).
- M. Schweizer: Language of MAI funding and spending, to determine what it is intended and used for. What the language says from HRSA. What is allowable for service categories.

6. Recipient's Report

J. Roy announced that the Recipient Office was meeting to plan a comprehensive response to the feedback received from the Administrative Report.

G. James announced that contract adjustments have been signed, that the Recipient Office has supplied PE with the data files needed to adjust the contracts so that providers can enter their

budgets and the office and approve those budgets. The Recipient Office still needs the county to address advanced payments. Once completed, they will be added to the Ryan White contracts.

7. Public Comment

C. Taylor-Bennett advised the committee to increase consumer engagement during the April 24 Listening Tour by having topics to guide the conversation and having the providers listen to feedback from the consumers.

8. Agenda Items for Next Meeting

The next PSRA meeting will be held on April 18, 2024, at 9:30 a.m. at Broward Regional health Planning Council and via Microsoft Teams Videoconference.

Next Meeting Agenda Items

- Continue the ACA Enrollment discussion – mapping out an action plan.
- Continue the discussion surrounding MAI Structure
- Approval of Workplan

9. Announcements
    - B. Mester: Provider in Miami (substance abuse) whose billing person passed away. Needs help.
    - S. Tinsley: HIV Possible and SOS Broward (part of the former). Network empowerment series, Step N Mingle, to address HIV stigma and isolation. Asking for participants, space for mobile vans. Collaboration with Holy Cross. Quarterly Event. Hosted in Hollywood at the America Legion Post 92.
10. Adjournment

There being no further business, the meeting was adjourned at 12:14 p.m.

PSRA Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	18	C												
0	**1**	Barnes, B., Chair	X	C												
0	**2**	Fortune-Evans, B.	X	C												
0	**3**	Mester, B.	X	C												
0	**4**	Robertson, L.	X	C												
0	**5**	Dsouza, E.	X	C												
0	**6**	Rodriguez, J.	X	C												
0	**7**	Biggs, V.	X	C												
0	**8**	Jimenez, R.	X	C												
0	**9**	Schwiezer, M.	X	C												
1	**10**	Machado, A.	A	C												
1	**11**	Wynn, J.	A	C												
		Quorum = 7	9													

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 – March 21, 2024 Minutes prepared by PCS Staff

HANDOUT B

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

Priority Setting and Resource Allocation Committee

Emergency Meeting

Thursday, April 30, 2024- 12:00 PM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

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

PSRA Members Absent: J. Wynn, M. Schweizer (PSRA Vice Chair), E. Dsouza

Ryan White Part A Recipient Staff Present: T. Thompson, B. Miller, G. James, J. Roy, T. Currie, R. Pena, B. Miller, W. Cius, Q. Cowen, C. Evans, L. Gary

Ryan White Part B Recipient Staff Present: S. Cook

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

Guests Present: J. De La Nuez, J. Hidalgo, C. Hayward, R. Hadley, C. Richardson, E. Dudelzak, J. Lucius, J. Shirley, K. Bush, M. Greene, Z. Muneton, D. Shamer, K. Creary, N. Graham, Joey Wynn, K. Saiswick, J. Castillio, E. Davis, K. Drummond

1. Call to Order
   The PSRA Chair called the workshop to order at 12:10 p.m.

2. Welcome from the Chair & Public Record Requirements
   The PSRA Chair welcomed all meeting attendees who 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. The PCS staff led roll calls and introductions for the committee members, Recipient staff, PCS staff, and guests. Lastly, a moment of silence was observed.

3. Public Comment

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   No public comments were made.

4. Action: Review of Agenda for April 30, 2024
   The approval for the agenda of the April 30, 2024, Priority Setting and Resource Allocation Committee meeting was proposed by B. Mester and seconded by B. Fortune-Evans. It passed unanimously.

   Motion #1: B. Mester, on behalf of PSRA, made a motion to approve April 30, 2024, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by B. Fortune-Evans and passed unanimously.

5. Action: Approval of Minutes from March 21, 2024
   Approval for the March 21, 2024 meeting minutes was tabled until the next meeting.

6. Standard Committee Items
   Ryan White Part A Office: Monthly Expenditure/Utilization Report

   G. James, from the Ryan White Part A Office, reviewed the Monthly Expenditure/Utilization Report by service category.

7. Unfinished Business
   Discussion: Food Bank Expenditure/Utilization Report

   J. Roy, G. James, and T. Thompson explained the Food Services Utilization Analysis. The committee discussed various concerns regarding the utilization and quality of food services.

   Part A representatives and providers present recommended food service policy changes.

   Motion #2: B. Mester, on behalf of PSRA, made a motion to vote on Part A and the providers' recommendations as presented at the following PSRA meeting. The motion was seconded by B. Fortune-Evans and passed with three votes in favor and two votes against.

   Discussion: The change in fees associated with the Taxonomy Table (an estimate on the overall impact of changes to the Ryan White Part A Program)

   The committee discussed the changes in fees. J. Hidalgo explained the differences between ACA-approved insurance plans and non-ACA-approved insurance plans. S. Tinsley shared her personal experience of facing financial issues regarding co-payments, including not receiving documents because she had moved. S. Tinsley expressed an interest in CEC holding a community conversation forum regarding insurance co-payments next year.

8. New Business
   Discussion: Insurance Co-payments

   The committee discussed concerns with the handling of co-payments and provider payments. The committee agreed to review HRSA guidelines, what services are currently available, and what the intake is for Broward County.

9. Recipient's Report
   None.

10. Public Comment
    J. Hidalgo told the committee to focus on helping consumers who do not have access to PE insurance and medical care and consumers who do have access to PE but don't know how to access all the necessary services.
11. Data Request(s)
    - The committee made note of three outstanding data requests made during the March meeting.
    - B. Barnes: Match the request for the change in food bank services, with SNAP benefits.
    - B. Barnes: If we changed FPL to 300%, 250%, 200%, and 100%, how much money would we save, and how many clients would be impacted?

12. Agenda Items for Next Meeting
    The next PSRA meeting will be held on May 16, 2024, at 9:30 a.m. at Broward Regional Health Planning Council and via Microsoft Videoconference.

    Next Meeting Agenda Items

    - Continue Food bank services (1 hour)
    - How best to meet the need discussion (1 hour)
    - Presentation about the PSRA process (30 minutes)
    - Eligibility determination discussion, FPL for each level discussion (15 minutes, table until we get a report from the Part A Office)
13. Announcements

    - S. Tinsley: Second portion of the Love, Life, Work, and Play networking meeting on May 11, 8 am-2 pm at the American Legion Hall in Hollywood, FL.

14. Adjournment
    There being no further business, the meeting was adjourned at 3:26 p.m.

PSRA Attendance for CY 2024

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

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 – April 18, 2024, Minutes prepared by PCS Staff

HANDOUT C

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

	Service Category	Contract/ Allotted Amount	Expended Amount As of MAR Invoice	Expended %	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)	5,253,767	186,542	4%	5,067,225	186,542	2,238,502	-	3,015,265
	AIDS Pharmaceutical Assistance (2)	349,916	-	0%	349,916	-	-	-	349,916
	Oral Health Care Routine (4)	1,910,475	263,969	14%	1,646,506	263,969	3,167,630	-	(1,257,155)
	Specialty (1)	736,489	114,321	16%	622,168	114,321	1,371,850	-	(635,361)
	Medical Case Management Disease Case Management (5)	512,117	42,586	8%	469,531	42,586	511,031	-	1,086
	Mental Health- Trauma-Informed (2)	159,939	1,058	1%	158,881	1,058	12,701	-	147,238
	Health Insurance Premium & Cost Sharing Assistance	779,279	15,636	2%	763,643	15,636	187,627	-	591,652
	Medical Nutrition Therapy (1)	300,000	-	0%	300,000	-	-	-	300,000
	Substance Abuse-Outpatient (1)	337,498	-	0%	337,498	-	-	-	337,498
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	-	0%	349,378	-	-	-	349,378
	Non-Medical Case Management Case Management (7)	1,239,359	70,748	6%	1,168,611	70,748	848,981	-	390,378
	Food Services Food Bank (1)	700,000	225,000	32%	475,001	225,000	2,699,994	-	(1,999,994)
	Food Voucher (1)	82,586	60,469	73%	22,117	60,469	725,630	-	(643,044)
	Legal Assistance (1)	129,151	24,048	19%	105,103	24,048	288,572	-	(159,421)
	Emergency Financial Assistance (2)	115,872	-	0%	115,872	-	-	-	115,872
	Total Part A Funds	**12,955,826**	**1,004,377**	**8%**	**11,951,449**	**1,004,377**	**12,052,519**	**-**	**903,307**
	*** Some of the providers have not billed for month of MAR 2024.**								

	Service Category	Contract/ Allotted Amount	Expended Amount As of MAR Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	-	-		-	-	-	-	0
	MAI Medical Case Management (2)	93,212	-	0%	93,212	-	-	-	93,212
	MAI Mental Health (1)	62,469	-	0%	62,469	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	400,000	-	0%	400,000	-	-	-	400,000
Support Services	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	524,066	-	0%	524,066	-	-	-	524,066
	Total MAI Funds	**1,079,747**	**-**	**0%**	**1,079,747**	**-**	**-**	**-**	**1,079,747**
	*** Some of the providers have not billed for month of MAR 2024.**								
	Total Part A and MAI Funding	**14,035,573**	**1,004,377**	**7%**	**13,031,196**	**1,004,377**	**12,052,519**	**-**	**1,983,054**

HANDOUT D

Food Services Data Analysis

Total Spent		
Information on Total Burden between Part A & EHE for Past Fiscal Year (FY) 23 - 24	**Food Bank**	**Food Voucher**
Total Spent Part A and EHE	$1,413,185.12	$542,459.00
Total Spent Part A Only	$863,603.57	$165,962.00
Total Cost of Clients at Federal Poverty Level (FPL) 151+ Part A and EHE	$433,145.42	$142,675.17
Total Cost of Clients at Federal Poverty Level (FPL) 151+ Part A Only	$268,993.07	$43,491.09

Clients Served & FPL Information/Impact at FPL ≤ 150%		
Projection & Analysis based on FY 23-24 Data PART A ONLY	**Food Bank**	**Food Voucher**
Total Clients Served Last FY	1946	954
Number of Clients that will be served with FPL Change	1339	704
Number of Clients Impacted Federal Poverty Level (FPL) 151+	607	250
Percentage of Clients Impacted Federal Poverty Level (FPL) 151+	31%	26%
ESTIMATED Cost Saved Annually FPL Change ONLY	$268,933.07	$43,491.09

SNAP & FPL Change Analysis		
Projection & Analysis based on FY 23-24 Data PART A ONLY	**Food Bank**	**Food Voucher**
All FPL Levels of Clients Receiving $250 or More in SNAP that also Receive Food Services	189	143
ESTIMATED Cost Saved Annually FPL Change & Snap Change	$352,808.24	$68,367.99

Unit Limitation/FPL/Snap Estimations		
Projection & Analysis based on FY 23-24 Data PART A ONLY	**Food Bank**	**Food Voucher**
ESTIMATED Cost Saved Annually FPL Change & Unit limitation to 1	$387,919.07	$76,389.09
ESTIMATED Cost Save Annually FPL Change, Unit Limitation, & SNAP Change	$471,794.24	$101,265.99

Notes: Not all clients receive exactly 2 units of Food Bank/Voucher a month. The information on limitation to one unit was pulled from an aggregate of unit average by client. Part A did not fund the full service year last fiscal year, as such the data is reported on cost savings annually as opposed to monthly. The total burden EHE shouldered was $926,078.55. Between Bank & Voucher.

Part A and Provider's Recommendation for Food Services:

1 unit Part A

- <150%FPL
- <$250/month SNAP

2 units from EHE (no changes at the moment, later changes may occur)

1 unit =1 weeks worth of food

Emergency Situation = 3 units available based on need and documented by a RW case manager

Tentative Date of July 1, 2024

2st week of the month =1 unit RW Part A

3rd and 4th week of the month = EHE

1st Week of the month = SNAP

Cost Savings Report July to February (estimate)

- # of clients impacted

Sample Motion: I _____ move to change Food Bank Services eligibility, clients from 0 – 150% FPL will be eligible for one unit per month. The one unit can be food voucher or food bank – Client Choice. Clients receiving food stamp – SNAP greater than $250 per month are not eligible for Part A food services. This motion does not impact EHE food bank Services.

HIVPC
April 24, 2024: 3 PM-5 PM
Listening Session Minutes

B. Barnes, Chair of the PSRA Committee, began the event at 3:15 PM by welcoming the guests and explaining the event's purpose.

E. Davis, the moderator for the event, introduced herself and explained to the audience what types of concerns the PSRA and CEC Committees are interested in.

Accessing HIV Care

- Client 1 stated that he had been diagnosed with HIV 25 years ago and began using Part B and HOPWA services two years ago due to circumstances resulting from the COVID-19 pandemic.
    - The Two agencies made the process of receiving services strenuous and he faced several barriers to assistance.
    - Agencies are overly bureaucratic, unethical, and duplicitous.
    - Agencies should be mindful that money is for the client services, not the agencies.
    - Client 1 felt micromanaged by the two agencies.
    - The client felt that the facilities operated on erroneous assumptions based on exterior factors such as skin color.
    - The client expressed a lack of feeling heard by physicians: *Client 1 recounted an incident in which he requested a medical test. The physician denied him the test based on his lab results without addressing the symptoms he was experiencing at the time. According to Client 1, the AIDS Healthcare Foundation told him his insurance did not cover the requested test. He became angry with AHF for contacting his insurance provider without his knowledge or consent.*
        - Deflecting blame onto clients: Client 1 stated that agencies must stop deflecting blame onto clients when issues arise and take accountability when clients do not receive the services they need.
    - Client 1 felt that the Palm Beach EMA system operates more effectively than the Broward County and Miami-Dade County EMAs.
- Client 2 began by informing the audience that she had been a member of the HIV Planning Council in the 2000s but stepped back for personal reasons. Since returning to Broward County, she has noticed that the situation has stayed the same for consumers.
- Client 3 described negative experiences with facilities that were supposed to be covered by Ryan White funding. He stated that the bills were not paid on time, leaving him with debts he doesn't believe should be his responsibility. He has been denied service and asked to produce a credit card because providers were unsure if they would be reimbursed.

Provider Sensitivity/Responsiveness when giving an HIV Diagnosis

- Client 2 described an incident during a medical visit, overhearing a conversation between another patient who had recently been diagnosed with HIV and a provider.

- Client 2 stated that this person received no guidance, comfort, or emotional support from the provider: She went on to recount the mental and emotional hardship she experienced when she learned of her own HIV diagnosis and implored providers to be more *sensitive and responsive* to consumers' mental and emotional needs. She said, *"Once you lose your empathy, compassion, and professionalism, it's time to find a new job."*

Fear of filing a complaint

- Client 3 reported that consumers are referred to specialists for Ryan White Part B, who are supposed to take co-payments. However, after the third referral, the specialists find an excuse not to continue seeing the consumer.
  - Consumers don't report these incidents for fear of retaliation, such as denied access to services.

Case Management Referral process

- According to Client 3, private clinics are willing to see consumers but need more help referring them to specialists.
  - Client 3 complained he had to jump through hoops to see a specialist.
  - Client 3 expresses discontent with case managers because he has had negative experiences with, in his words, "divas."
  - He later elaborated that case managers' body language puts consumers off.
  - He said he was not aware of peer specialists.

Lack of Continuity in Care

- Client 1 said that when he was a client at Care Resources, he could see his preferred physicians.
- When he switched to AHF, he was instructed to change his insurance and physician, and it took him three months to find a case manager.
- Client 1 reported that case managers have acknowledged the shortcomings of case management. He stated that Palm Beach County's Ryan White services are better, while Broward County and Miami-Dade County are seeing increased HIV cases.
- He firmly believes that AHF must focus on providing medication, not case management. - - Client 1 expressed interest in joining the PSRA committee to be part of the financial decision-making process for the program.

Provider Empathy / Listening to Clients

- Client 3 says that agencies must listen to the consumers first and stop "putting [their] issues onto the clients."
- This also applies to case management. Case managers must be patient and empathetic toward clients because only some consumers are communication savvy.
- Client 3 stated that physicians don't listen to clients and that clients need to be empowered to advocate for their needs.

- Client 3 said that consumers are seen mainly by nurse practitioners, who may not have all the necessary information to treat the consumers' conditions appropriately.

Consumer Literacy

- Client 2 stressed the importance of making resources available to consumers who are not tech-savvy or who may need to be literate. She explained that it may take ten years for a consumer to learn about the available resources, which she found unacceptable.
- Client 2 raised the issue of consumer literacy, stating that consumers who cannot read are unwilling to disclose this information to providers due to stigma.
    - Agencies must be mindful that clients might sign things they need help understanding.
    - Agencies and providers must spend time ensuring that consumers truly understand how their case is being handled and what they agree to.

Other Health Issues

- Client 4 reported that she has neuropathy in her feet, but her physicians do not show much concern as long as she remains undetectable.
- Client 3 stressed that complications of HIV are a critical issue that must be addressed. Neuropathy, one of these complications, has a detrimental effect on a consumer's quality of life and can develop into something worse.

Support groups for HIV Positive Heterosexual Men and Women

- Client 4 states that there is a lack of mental health services and support groups for heterosexual consumers.
    - She describes having negative experiences when trying to talk to her family because of prejudice and ignorance.
    - People think HIV is a "gay disease" and don't realize that women and heterosexual people can get HIV.
    - She also stated that black men, such as her late husband, face unique struggles when managing their mental health and coping with HIV stigma.
    - Client 4 and her late husband attended an HIV support group, but the group no longer meets following COVID-19.
    - According to Client 4, there are no support groups for black men or for people who don't have family.

Loneliness and Aging

- Client 4 explains that she was alone over Easter and did not reach out to her church for fear of judgment over her HIV status.
    - Consumers go home without support after outreach events such as this Listening Session.

Housing / Possible Homelessness/ Substance Abuse

- Client 1 pointed out that many people in the county who are experiencing homelessness, relying on soup kitchens, or struggling with substance abuse are already taking Ryan White services but have not seen an improvement in their circumstances.
- Client 1 stated that Broward House and Poverello have been stable entities in his experience as a consumer.
- Client 1 recounted an incident in which Care Resource, responsible for providing his housing, did not pay his rent. He also stated that he had to leave his housing because of a mold infestation.
- Client 2 described an incident in which she was evicted from her home even though Care Resources paid the landlord $1800. The eviction harmed her credit report. She sought assistance from Legal Aid because no Social Security lawyers would take her case. However, Legal Aid did not respond to her calls for three weeks. Client 2 called Coast to Coast, who provided her with assistance.
- Client 4 stated that after working at Broward House and retiring, she was at risk of homelessness. She is 20 years sober, but many of the other consumers in Ryan White-funded housing are on drugs.
- She cannot afford to move to regular housing because her health issues impede her efforts to find a job.
- Client 4 describes the circumstance of a friend who cannot move out of Ryan White-funded housing but has not been provided adequate living space for herself, her husband, and her niece, all of whom are disabled and cannot work.
- Client 4 stated that homeless consumers go to agencies for a place to spend the day where they know they will not be kicked out. But after these agencies close for the night, the homeless consumers are out on the street because there is an inadequate number of shelters.
- Client 4 addressed a new law set into effect on October 1, which would permit police to arrest unhoused clients and jail them for the night.
- Many clients can't find full-time work or go back to school and need assistance doing either. Some consumers need to make more money to qualify for the services they need.
- Client 6 said her housing was through HOPWA during the pandemic and had a bug infestation. She lost her material possessions and coped with substance abuse.
    - Code enforcement wouldn't come because it was too dangerous, so Client 6 was forced to remain in the bug-infested housing for two months until her lease expired.
    - She states that HOPWA should have put her in a hotel when she reported the infestation. Client 6 received assistance from other people in the HIV community.

Assistance to the Haitian Community

- Client 5, who was present over Zoom, asked what was done for the Haitian community.
- Client 6 said there needs to be more funding for Haitian Creole resources and more funding for case managers. Client 6 says that she has insight into Ryan White's services, but many consumers don't. She emphasizes that the county needs to check on agencies receiving grants and keep better track of how the funding is being spent.

- Client 1 reports that he has also dealt with housing issues. His housing had mold, which negatively impacted his health. He repeated Client 6's sentiment that there needs to be more accountability regarding how the funding is spent.

Client Empowerment / Stigma/ Education on Ryan White Services

- Clients need to take back the power.
- Client 1 states that he faces two barriers: being black and gay.
    - He said agency leaders must be replaced because they are not doing their jobs.
    - He believes the agencies must change their protocols to ensure consumers receive the necessary resources. "To erase stigma, make sure that clients can fight the good fight."

Access to mental health services

- Client 7 asked where to access mental health services.
    - I. Franco, a representative from Broward House, provided a detailed explanation of the mental health services provided by Broward House and how consumers can access them. He also acknowledged that consumers from marginalized groups experience barriers to accessing mental health and need providers who understand their unique needs.
    - J. Roy provided additional information regarding resources available through Part A and how these resources can be accessed.
- Client 6 said that Part A funding should be cut because they are receiving funding for services they are not providing.

Wrap Up

B. Barnes said it has been too long since agencies and providers have listened to clients. He explained that public comment is available for the public to share their concerns during committee and council meetings. He quoted Goger Gail Lyon who said, don't let my epitaph read, " He died of Red Tape."

E. Davis said that according to the Zoom chat, there need to be more Haitian Creole-speaking mental health providers.

Client 2 said that the problem is not the agencies themselves but rather some of the people who work there. She said that the agencies need to empower and educate consumers. She said, "We can only help the client by giving them what they need."

S. Tinsley asked consumers to bring more people to the following sessions so that they could share their experiences and concerns. All consumers are invited to the HIV Planning Council.

E. Davis adjourned the event at 4:55 PM.

Federal Poverty Level (FPL) by Service Category

HANDOUT F

	APA	IPCBH	CIED	MCM	Food Bank	Food Voucher	HICP	Legal	Mental Health	NMCM	OH	SA
0-49	112	1366	2554	446	574	334	67	28	85	1079	463	36
50-100	21	406	1425	136	443	223	91	18	17	538	327	13
101-150	18	333	1143	98	322	147	101	25	21	382	306	4
151-200	12	320	967	89	236	95	134	14	22	340	309	0
201-250	8	245	806	65	170	82	150	15	16	280	272	0
251-285	9	135	433	27	66	27	70	3	6	141	131	1
286-299	0	33	162	7	29	13	42	1	3	53	64	0
300-349	3	120	389	26	66	24	68	0	5	99	114	0
350-399	2	88	308	13	40	9	74	1	1	69	101	0
400	0	5	40	2	0	0	4	1	1	4	9	0

Data pulled from FY 23 - 24 reports. May be some duplication between Part A & MAI Clients and services.

HANDOUT G

PRIORITY SETTING & RESOURCE ALLOCATION PROCESS PRESENTATION

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Prepared by Planning Council Support Staff: May 2024

PRESENTATION OUTLINE

- Overview
- PSRA Goals and Guiding Principles
- Priority Setting
- Resource Allocation
- Entities Involved
- Data Resources
- PRSA Process: Step-By-Step
- Core & Support Services
- Ground Rules
- What to Expect

OVERVIEW

- **HRSA Requirements:** The Planning Council is required by HRSA to "set priorities and allocate resources for service categories and provide guidance (directives) to the Part A Recipient on how best to meet these priorities."
  - The Priority Setting & Resource Allocation (PSRA) Committee shall **recommend priorities** and **resource allocations** to the Broward County HIV Health Services Planning Council (HIVPC) to **disburse Ryan White Part A funds** in Broward County.
  - Priority Setting and Resource Allocation to service categories **involves all members of the HIVPC**.

PSRA GOALS AND GUIDING PRINCIPLES

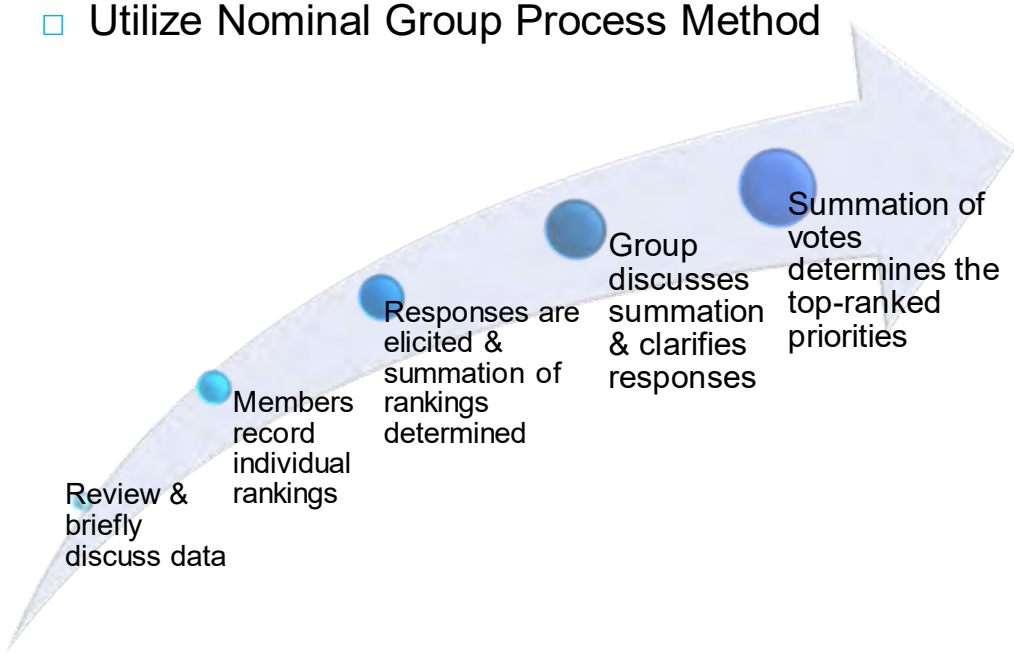
Provide	Provide access to high-quality HIV services for PWHA in Broward County
Optimize	Optimize the HIV Care Continuum's impact
Develop	Develop an integrated PSRA process using data with input from stakeholders and consumer forums
Maintain	Maintain a commitment to ending health disparities
Provide	Provide client centered and coordinated services
Integrate	Integrate Prevention and Care
Maintain and require	Maintain and require collaborative partnerships among service providers
Encourage	Encourage early and meaningful involvement from PLWHA in the development, implementation, and evaluation of service delivery
Engage	Engage continuous training, capacity building, and leadership development
Provide	Provide culturally and linguistically appropriate services

PRIORITY SETTING

- **Priority setting** is the process of deciding which HIV/AIDS services are the most important according to the criteria your EMA/TGA has established.

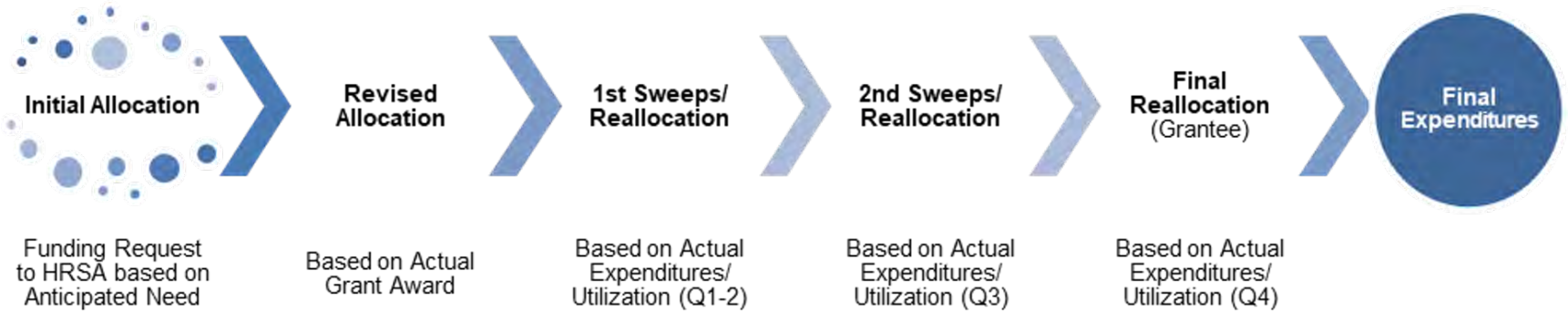
PSRA PRIORITY/ RANKING PROCESS:

- Prioritize all service categories included in Ryan White Part A Legislation
- Utilize CEC priority rankings, consumer feedback, and other PWHA data provided
- Utilize Nominal Group Process Method



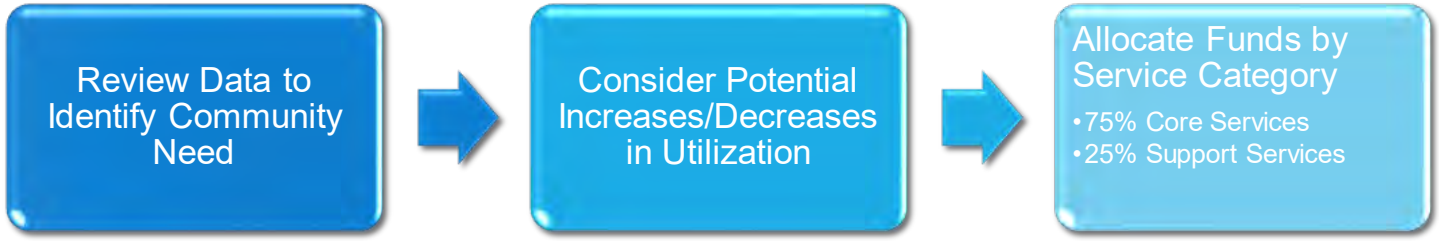
RESOURCE ALLOCATIONS

- **Resource allocation** is the process of distributing available Ryan White Part A program funds for your EMA/TGA across the prioritized service categories.
- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. This may occur **right after grant award** and **during the program year** when funds are underspent in some service categories and additional needs exist in other service categories.
- *The planning council must approve such reallocations.*



FORT LAUDERDALE/BROWARD COUNTY ANNUAL RESOURCE ALLOCATION/REALLOCATION CYCLE

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



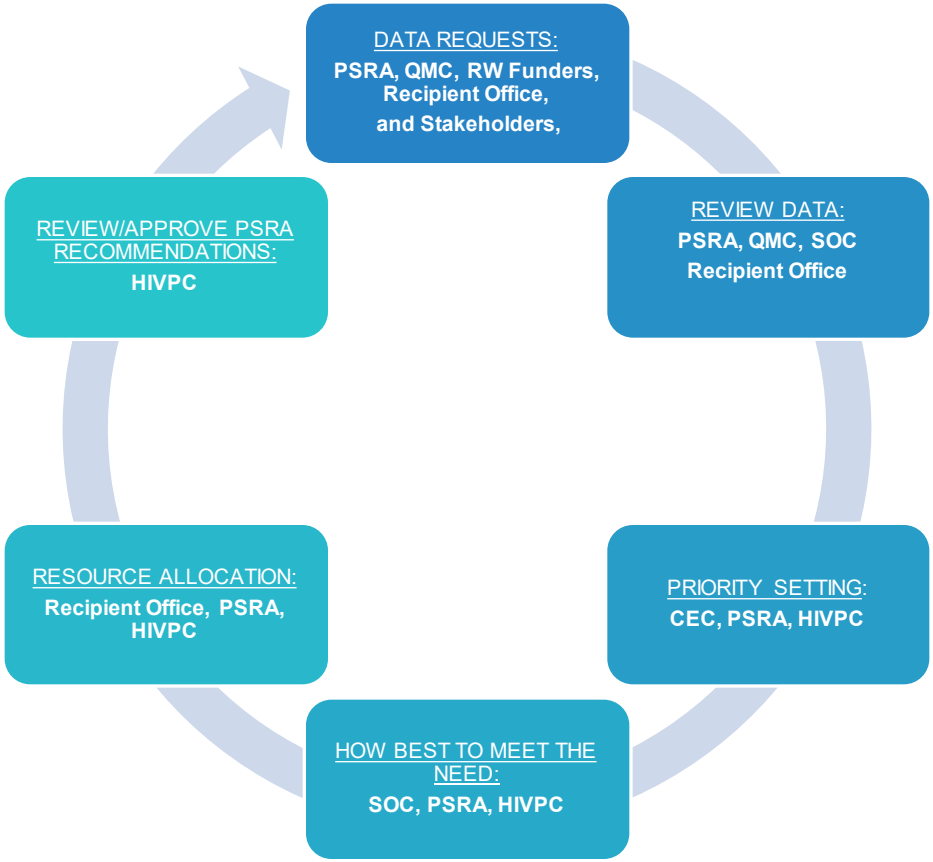
RESOURCE ALLOCATIONS

REALLOCATIONS (SWEEPS)

- **Reallocation** is the process of moving program funds across service categories after the initial allocations are made. The PSRA Committee shall **review, at least quarterly, any deviations in planned expenditures exceeding 10%* in any given funding category for possible reallocation and/or reprioritization.**
  - **Periodic Reallocation:** The Part A Recipient will present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible.
  - **Final Reallocation:** To fully expend funds at the end of the fiscal year, the PSRA Committee authorizes the Part A Recipient to move funds between categories within a service provider's contract. This authority is given to understand that the reallocation process has occurred before this shifting of funds. The number of dollars involved should be less than 10% of the funding award, and there are less than 120 days left in the fiscal year.**

**Source: HIVPC Bylaws (October 2024)*
***Source: HIVPC Local Procedure Manual (June 2019)*

ENTITIES INVOLVED



PWH INVOLVEMENT IN THE PSRA PROCESS

- **PWH Serve as Committee Members:**
  - **Community Empowerment Committee - CEC**
    - Data Collection (focus groups/feedback forums) & Presentation
    - Rank Core Services Priorities
    - Rank Support Service Priorities
  - **System of Care Committee – SOC**
    - How Best to Meet the Need
  - **PSRA**
    - Priority Setting & Resource Allocation
  - **HIVPC**
    - Approves All PSRA Recommendations
- **Community Feedback Through Needs Assessment Activities**

PSRA DATA SOURCE

Priorities and allocations are data -based. **Decisions are based on the data**, not on personal preferences.

The PSRA Committee will have access to information to enhance their efforts in the decision-making process.

The data collected includes:

- HIV Continuum of Care
- Epidemiological Data
- Fiscal and Service Utilization Data
- Needs Assessment Data
- Other Funder's (RW Parts B,C, D, F, HOPWA) Data/Presentation

PSRA DATA SOURCES (CONT'D)

Other factors to consider are:

- Insurance coverage (Medicaid, Medicare, Affordable Care Act
- Developing capacity for HIV services in historically underserved communities
- Priorities of Ryan White Consumers
- Changes in legislative requirements
- National HIV/AIDS Strategy

PRIORITY SETTING: CORE SERVICES

1. **Outpatient/Ambulatory Health Services**
2. **AIDS Pharmaceutical Assistance (Local)**
3. **Health Insurance Premium & Cost-Sharing Assistance (HICP)**
4. **Medical Case Management (Disease)**
5. **Mental Health Services**
6. **Oral Health Care (Dental)**
7. **Substance Abuse Services – Outpatient**
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. **Medical Nutrition Therapy**
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

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

HIVPC
Broward County HIV Health Services Planning Council

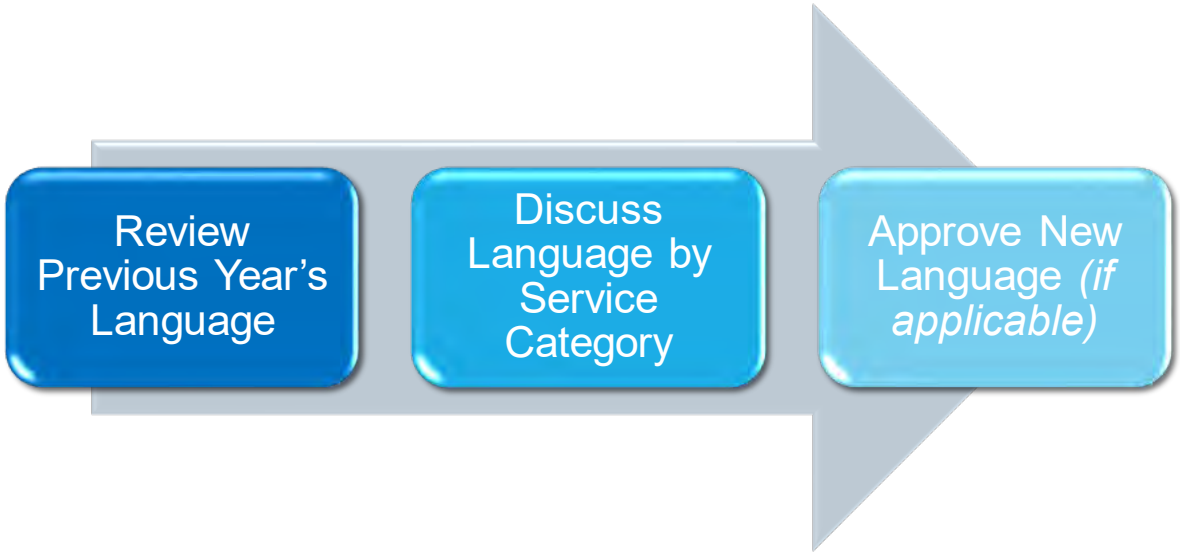
PRIORITY SETTING: SUPPORT SERVICES

1. **Food Bank/Home-Delivered Meals**
2. **Emergency Financial Assistance**
3. **Legal Services**
4. **Non-Medical Case Management and Centralized Intake Eligibility Determination (CIED)**
5. Housing Services
6. Medical Transportation Services
7. Substance Abuse Services - Residential
8. Psychosocial Support Services
9. Outreach Services
10. Health Education/Risk Reduction
11. Referral for Health Care/Supportive Services
12. Linguistics Services (Integration and Translation)
13. Other Professional Services
14. Child Care Services
15. Rehabilitation Services
16. Permanency Planning
17. Respite Care

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

HIVPC
Broward County HIV Health Services Planning Council

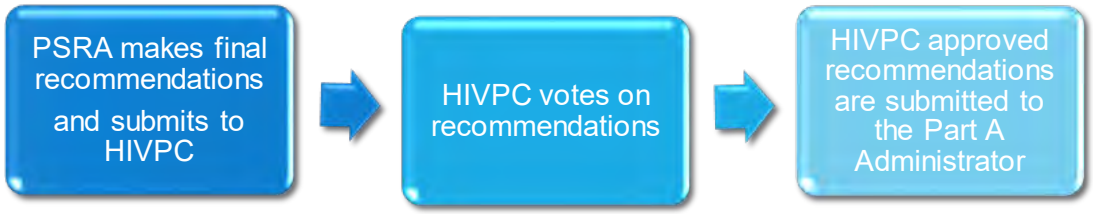
Directives to the Part A Recipient on how best to contractually meet the needs of the prioritized services:



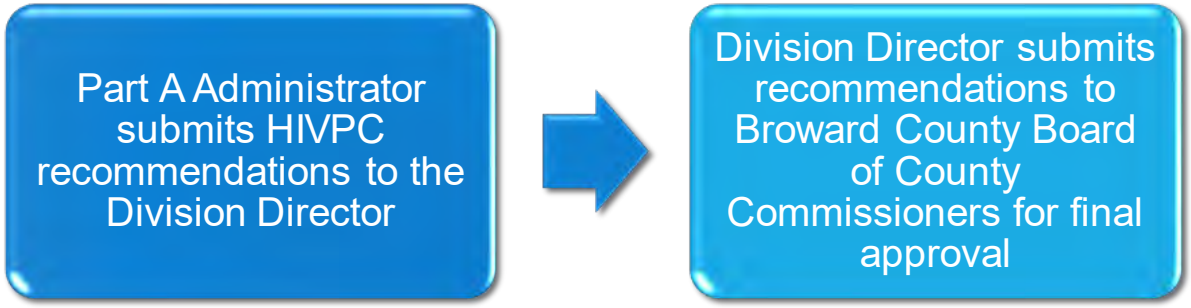
LANGUAGE ON HOW BEST TO MEET THE NEED

PSRA APPROVAL

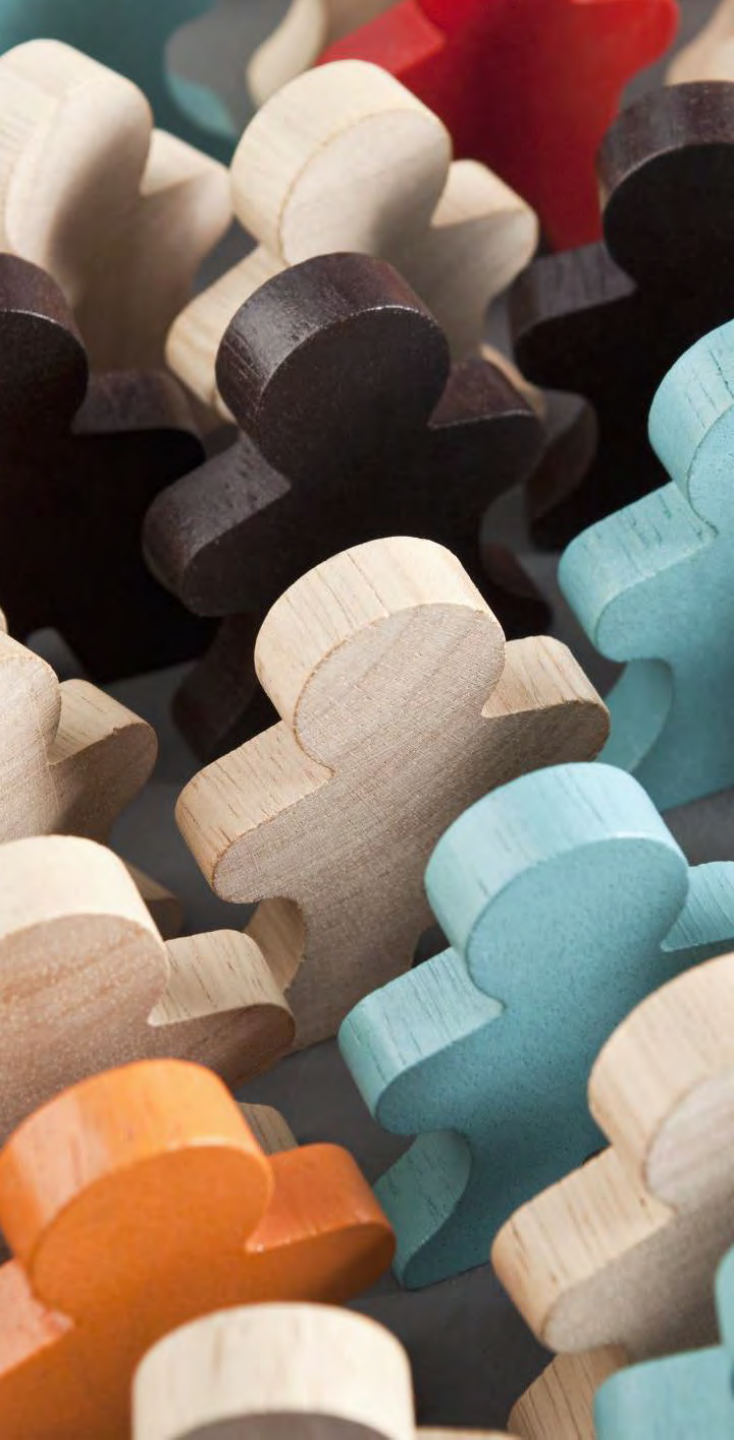
- The PSRA Committee forwards all recommendations to the HIV Planning Council for approval.



- The Grant Administrator (Part A Recipient) submits the Planning Council's PSRA recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for approval.



PSRA APPROVAL



GROUND RULES

- Every member will treat every other member with the courtesy and respect resulting from their legitimate right to be part of discussions and decision making. All members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- There will be no personal attacks, and disagreements will focus on issues, not upon individuals.
- Once decisions are made, every member of the Committee will support the decision, regardless of their personal position.
- A member will behave in a manner that reflects recognition of their responsibility to present and consider the concerns of specific communities or population groups while considering the overall needs of PLWHA and acting on their behalf, not to for personal benefit.
- Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Recipient outside of the meeting.
- Every member will take responsibility for abiding by these rules of conduct personally and for speaking out to assure that all members abide by them.

PSRA COMMITTEE: WHAT TO EXPECT?

- The Planning Council support staff will provide the essential materials for all activities. All Committee members will be given a **PSRA resource manual, guided by HRSA PSRA standards, to provide background and support to all presentations for an informed decision-making process.**

- **An immense amount of information will be distributed and presented within a short period:** Since a tremendous amount of information needs to be considered for members to prioritize services and allocate funds, each member is obligated to become familiar with how to read the data being presented and to use the information to make informed decisions.

QUESTIONS? DISCUSSION

HANDOUT H

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE NEED LANGUAGE"
System of Care Committee Review and
Recommendations to PSRA for FY 2025-2026

SOC meeting, May 2, 2024: FY 2025-2026 Recommendation under All Services, item 19 is in bold font.

ALL SERVICES
Recommended Language
1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).
2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations).
3. Ensure collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care. (2021-2022 Broward County HIV Community Needs Assessment).
4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)
5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems to help clients address all their needs.
6. Provide Care Coordination across multiple service categories.
7. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed.
8. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
9. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age
10. Integrate care collaboration with members of the client's service providers.
11. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.
12. Ensure that client-level data entered in the designated HIV Management Information System (MIS) are verified and accurate.
13. When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS.
14. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
15. Co-locate services where applicable, to facilitate a medical home for Part A clients.

16. Inform appropriate parties that coverage of services is contingent on available funds.
17. Ensure that subrecipients have a plan to address payment of services when funds are low.
18. Providers will follow HHS guidelines for newly diagnosed clients that are not virally suppressed until virally suppressed.
19. **Ensure that effort is made and documented in the HIV Management Information System (Provide Enterprise - PE) that eligible clients are oriented about Private Insurance/ Affordable Care Act (ACA) options and that clients either opt in or out.**

CORE MEDICAL SERVICES

Outpatient Ambulatory Health Services (OAHS)

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
    a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ Affordable Care Act (ACA) Options.
3. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
4. Test and Treat and the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provision of services.
5. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
6. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
7. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
8. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
9. Care Coordinators will monitor the delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
10. Provide after-hours services availability to include Crisis Intervention.
11. Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services.
12. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).
13. Incorporate prevention messages into the medical care of PLWHA.
14. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026. 2. Drugs used for Test and Treat. 3. Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.
Oral Health Care (OHC)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Make provision for the increased demand for services due to an increase in service locations. 3. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals. 4. Increase Oral Health Care collaboration with mental health providers. 5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.
Health Insurance Continuation Program (HICP)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Increase in clients with access to health insurance. 3. Develop materials for clients to use as quick references. 4. Provide assistance with prior authorizations and appeals process. 5. Maintain routinized payment systems to ensure timely payments of premiums, deductibles, and co-payments.
Mental Health Service (MH)
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services. 3. Integrated service may be impacting utilization in this service category.

4. Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.
5. Provide after-hours availability to include Crisis Intervention.

Medical Case Management (Disease Case Management)

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services. (2021-2022 Broward County HIV Community Needs Assessment).
3. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)
4. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
5. Report changes in viral load status as clients progress through the program.

Substance Abuse/Outpatient

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).

SUPPORT SERVICES

Case Management (Non-Medical)

Services Criteria: (≤ 400% FPL)

FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
    a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and

c. Private Insurance/ACA Options.

3. Implementation of test and treat increases demand for more services.
4. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc.
5. Provide education to reduce fear and denial and promote entry into primary medical care.
6. Educate clients on the importance of remaining in primary medical care.
7. At least 30% of Non-Medical Case Management funded personnel to be dedicated to Peers.
8. Incorporate prevention messages into the medical care of PLWHA.
9. Educate consumers on their role in the case management process.
10. Provide initial/ongoing training and development for HIV peer workers.
11. Overview of health care plan summary benefits (coverage and limitations).
12. Educate the client on the different types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).

Case Management Non-Medical
Centralized Intake and Eligibility Determination (CIED)

Services Criteria: HIV+ Broward County Resident (All Clients)
FY2025-2026 FPL To Be Determined

Recommended Language

1. **No recommended language for FY2025-2026**
2. Educate clients about:
   a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
   b. Social Security Disability Insurance (SSDI) and potential Medicare and or Medicaid benefits that are effective within 48 months of a client receiving SSDI, and
   c. Private Insurance/ACA Options.
3. Participate in future Part A/B dual eligibility determination.
4. Ensure the locations and service hours target historically underserved populations that HIV disproportionately impacts.
5. Maintain collaborative agreements with treatment adherence programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.
6. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and include the following:
   a. Client rights and responsibilities,
   b. Names of providers complete with addresses and phone numbers, and
   c. Grievance procedures.
7. Always offer a dedicated live operator phone line during normal business hours.
8. Ensure that intake data collected for transgender clients are sufficient to make full use of transgender-related categories in PE.
9. Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

Emergency Financial Assistance
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Drugs used for Test and Treat. 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (FPL as of 10/1/2023) The FPL for Food Bank Services to 0 – 200 FPL with 2 units per month The FPL for Food Bank Services to 201 – 300 FPL with 1 unit per month FY2025-2026 FPL To Be Determined
Recommended Language
1. No recommended language for FY2025-2026 2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. 3. Increase communication with the client's primary care physicians and nutrition counselors to ensure client's nutrition needs are being met. 4. Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to the management of their health.
Legal Services
Services Criteria: (≤ 400% FPL) FY2025-2026 FPL To Be Determined
Recommended Language
No recommended language for FY2025-2026

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.

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.