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

Wednesday, June 18, 2025 - 12:00 PM – 2:30 PM
Location: Virtual via Microsoft Teams

Click here to join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmJkZmJhNmEtMTY4Zi00ZTg0LThlOTctMmQ1NWQyYzk0YmFi%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 262 344 748 849
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Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order
II. Welcome from the Chair:
   - **a.** Meeting Ground Rules
   - **b.** Statement of Sunshine
   - **c.** Introductions & Abstentions
   - **d.** Moment of Silence
III. Public Comment:
IV. ACTION: Review of Agenda for June 18, 2025
V. ACTION: Approval of Minutes from May 15, 2025 **(Handout A)**
VI. Standard Committee Items:
   - **a.** Impact of Federal Policy Changes: *Recipient Representative*

b. Minority AIDS Initiative Ad hoc Subcommittee Update: *Chair MAI Subcommittee*

c. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: *Recipient Representative* **(Handout B)**

VII. Discussion Items:

a. **None**

VIII. Old Business:

a. **Update**: Discussion with Subrecipients regarding Ryan White Part A Contracts: *Recipient Representative*

b. **Discussion**: ACA/Medicare/Medicaid/Unknown: *PSRA Chair*

c. **Discussion**: Proposed Change in Priority Setting for 2025-2026: *PSRA Chair*

d. **Update**: SOC and PSRA Listening Session #2: *PCS staff*

IX. New Business

a. **Update:** Eligibility Determination Recommendations: *Recipient Representative*

b. **Discussion:** PSRA Policy and Procedures **(Handout C)**

i. *Purpose: Possible Removal of Funding Source*

X. Recipient Report

XI. Data Request(s)

XII. Public Comment

XIII. Agenda Items for Next meeting:

a. **Next Meeting Date:** July 15, July 16, and July 17, 2025, at 10:00 a.m. Location: Broward Regional Health Planning Council.

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.

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

June 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
1	2	3 **Support Services Network** 9:00AM-10:15AM **Community Empowerment Committee Meeting (CEC)** 3:00PM– 5:00PM Location: BRHPC/MS Teams	4	5 **System of Care Committee Meeting (SOC)** 9:30AM – 11:30AM Location: BRHPC/MS Teams HIV Long-Term Survivors Awareness Day	6	7
8	9	10	11	12	13	14
15	16	17 Minority AIDS Initiative Subcommittee Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	18 **Quality Network Meeting (CQM)** 9:00AM-10:15AM Priority Setting and Resource Allocation Committee Meeting 12:00PM – 2:30PM Location: BRHPC/MS Teams Executive Committee Meeting 3:00PM – 5:00PM Location: BRHPC/MS Teams	19 JUNETEENTH FREEDOM DAY	20	21
22	23	24	25	26 HIV Planning Council Meeting 5:30PM – 7:30PM Locations: Broward Government Center/MS Teams	27 National HIV TESTING Day JUNE 27	28 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A
29	30					

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

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

June 2025

Broward HIV Health Services Planning Council Calendar

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

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

Handout A

FORT LAUDERDALE/BROWARD EMA
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Priority Setting and Resource Allocation Committee

Thursday, May 15, 2025 - 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes (Chair), B. Fortune-Evans, B. Mester, V. Biggs, L. Robertson, J. Rodriguez, M. Schweizer (Vice-Chair), S. Tinsley, J. Castillo, S. Hafley, J. Rogers, Y. Barrientos

PSRA Members Absent: R. Jimenez, A. Machado, K. Schickowski (excused)

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

Ryan White Part B Recipient Staff Present: No representatives

PCS/CQM Present: G. Berkley-Martinez, D. Liao, M. Lacroix, M. Rosiere, J. Beal

Guests Present: C. Williams, J. Hidalgo, P. Falco, T. Currie, L. Arvelo

1. Call to Order

   The PSRA Chair called the workshop to order at **9:33 AM.**

2. Welcome from the Chair & Public Record Requirements

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

3. Public Comment

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

4. Action: Review of Agenda for May 15, 2025

   M. Schweizer proposed the approval of the agenda for the March 20, 2025, Priority Setting and Resource Allocation Committee meeting. The motion was seconded **S. Tinsley.** B. Barnes requested that the committee table the discussion on CEC Rankings and add a discussion regarding MAI funding under New Business. S. Tinsley asked for the rationale behind tabling the CEC Rankings and B. Barnes explained that it be discussed during the Three-Day Data Presentation in July. The committee voted and approved the motion unanimously.

   Motion #1: On behalf of PSRA, M. Schweizer moved to approve the agenda for the March 20, 2025, Priority Setting and Resource Allocation Committee meeting with the changes requested by B. Barnes. S. Tinsley seconded the motion, which was unanimously approved.

5. Action: Approval of Minutes from March 20, 2025

   The approval for the minutes of the March 20, 2025, meeting was proposed by **M. Schweizer,** seconded by **B. Mester**, and passed unanimously.

   Motion #2: M. Schweizer on behalf of PSRA, made a motion to approve the March 20, 2025 Priority Setting and Resource Allocation Committee minutes. The motion was seconded by B. Mester and passed unanimously.

6. Standard Committee Items

   a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category **(Handout B)**

      A. Tareq conducted a detailed overview of the expenditure and utilization of funds for the month of April. V. Biggs asked how many agencies expended 100% of their funds during the last fiscal year and how many went over budget. G. James stated that they do not currently have that information.

      B. Mester was shocked that HICP funding was large. G. James explained they have an issue estimating for this category due to past mistakes. Therefore, they overestimate to prevent underfunding, because underfunding may lead to clients falling out of care. He also noted that it can be difficult for the provider in this

category to predict expenses because they may receive invoices sometime after medical services have been provided.

B. Barnes asked if carryover money would be submitted. A. Tareq answered affirmatively. S. Tinsley asked if the money being left over is being pulled from MAI. B. Barnes explained the source of the funding.

B. Mester recounted the changes to eligibility that the committee voted one the previous year and the committee discussed the reasoning and outcomes of that decision. B. Barnes noted that the process of override request may be useful in helping certain clients receive the services they need. M. Schweizer shared his positive experience with this process. B. Barnes noted that they were able to meet the needs of clients last fiscal year.

G. James announced, for the sake of transparency, that the Recipient Office does not have a utilization report for the current fiscal year because contracted have not been executed.

b. Minority AIDS Initiative Ad hoc Subcommittee Update

M. Schweizer announced that they reviewed the Needs Assessment by the CQM consultants and data provided by Recipient Office. The forthcoming steps will involve examining best practices based on SPNSS, conducting focus groups for MAI, and exploring collaboration with MCM and NMCM to increase client numbers.

He noted that the subcommittee intends to look at African Americans, females, and Haitian because those groups have the worst outcomes for both viral suppression and retention in care. Among all the groups, the Hispanic group demonstrated the best retention in care and viral suppression. There was a discussion between J. Hidalgo and M. Schweizer on how Hispanic clients are classified in PE and how this affects the reporting of data. Additionally, they discussed social and cultural factors that influence care and health outcomes.

J. Hidalgo brought up the absence of genotype testing. Genotype testing is a tool used to help prescribe medication regimens to clients, however the process is expensive. S. Tinsley shared that she had difficulty accessing genotype testing. J. Hidalgo discussed the methods that can be taken to help clients access genotype testing. J. Beal noted that it is the standard of care to genotype test all clients entering care or returning to care. After much discussion regarding Test and Treat protocols, M. Schweizer asked to add genotype testing to the MAI Agenda for June.

c. Impact of Federal Policy Changes

J. Roy announced that the Recipient Office received word on March 22nd that they were granted another partial award of $4,416,336. The committee discussed in detail their concerns about providers not yet receiving funding for the new

fiscal year, the reason behind this situation, how that would impact the delivery of services to clients and debated possible solutions. It was noted that this would have a disproportionately severe impact on smaller agencies. J. Roy emphasized that this is a contractual issue, not a fiscal issue.

J. Hidalgo suggested that each agency be asked to provide a detailed impact report as part of the Administrative Mechanism Report. This would include information about their financial situation with documentation, such as the following:

- if they've had to establish or draw down on those from banks
- if they're incurring substantial corporate credit card charges to pay their bills for basic operational expenses
- if they've had to defer hiring because they cannot afford additional staff
- if there is any change brought on by the federal government that might contribute to the agency's financial situation

B. Barnes agreed with J. Hidalgo's recommendation and suggested that the committee put it to a vote. The committee drafted the following motion as written:

Motion: Administrative Mechanism report should include specific items related to the impact of the current situation

- Documentation of preferred hiring due to inability to pay for new staff
- Any corporate expenses that cannot be charged to the county including lines of credit, use of corporate credits cards, the interest incurred for those costs, deferred service delivery, and whatever mechanism, not just waiting lists, scheduling out patients further into the future than they normally would

B. Mester questioned the practicality of this course of action, noting that it may create a burden to smaller agencies. He also noted that the Administrative Mechanism wouldn't be released until next year. B. Barnes answered that the report will only pertain to occurrences up to that point in the fiscal year. He expresses concern about how a potential discontinuation of service would impact clients. J. Roy stated that the Recipient Office has not receive any reports of providers denying services to clients on account of cost. V. Biggs expressed concern regarding proposed cuts to Medicaid, which would directly impact certain clients.

B. Fortune-Evans asked for clarification regarding the purpose of the motion. B. Barnes explained that the motion will allow the committee to know the financial and fiscal state of the agencies. The committee discussed the delay in contracts and invoicing. Some members expressed doubt about the motion's usefulness and relevance.

J. Hidalgo reminded that committee that this situation is likely to impact the fiscal health of the agencies, as it will significantly impact their capacity to function and hire staff. J. Roy requested that they contact each of their providers and better

understand where they are at fiscally and in terms of capacity to meet clients' needs. She also stated that the Recipient Office would ask providers to put their budgets in, according to B. Mester's suggestion. B. Barnes reiterated the importance of addressing the situation.

Motion #3: S. Tinsley, on behalf of PSRA, made a motion to approve the motion Administrative Mechanism report should include specific items related to the impact of the delayed contracts for Ryan White Part A agencies. The motion was seconded by J. Castillo. In Favor: None. Opposed: S. Tinsley, B. Fortune-Evans, B. Mester, and V. Biggs. The motion died on the floor.

7. Discussion Items:
    a. Review of CEC Rankings of Core and Support Service Categories FY 2026-2027

        The committee tabled this discussion.

        B. Barnes turned the conversation to MAI funding. He asked the committee to consider possible alternate funding streams in case MAI funding is limited. B. Barnes recommended that QMC and SOC come up with a plan and make a possible change to the MAI SDM. B. Mester agrees that MAI funding may disappear.

8. Old Business:
    a. None

9. New Business
    a. **Administrative Mechanism Update:** Loading Subrecipient Contracts

        The committee discussed this topic earlier in this meeting.

    b. **Update**: Priority Setting and Resource Allocation and Community Empowerment Committee Listening Tour Session & Evaluation Surveys

        M. Lacroix discussed the findings from the Listening Tour. There was a total of 8 responses. This survey assessed their satisfaction with the event and the key demographics.

        S. Tinsley wanted to note that we only had 4 clients there; therefore, some agencies did answer. She stated that this result is not a true representation of the community and that it's part of the provider's job to recruit clients to these events. M. Schweizer echoed S. Tinsley's statement. He also believes that the times are not suitable and a clinical setting may deter clients.

        W. Cius has been proactive in identifying roadblocks in client engagement. He has identified provider engagement as a key component in the process, as well the barriers to clients participating in these Listening Sessions. B. Fortune had

suggested including incentives such as gift cards. J. Roy replied that her team is looking into having case managers to recruit clients. S. Tinsley stated that not all of the responsible to recruit should fall on the case managers. B. Barnes wanted to have a Listening Tour to hear the voices of clients since we do have enough client representation.

c. **Update:** Rescheduling of July 17th Listening Tour

Due to a holiday and Broward County time constraints, the Data Presentation Workshops were rescheduled to July 16th, 17th, and 18th. B. Barnes recommended tableting the Listening Tour discussion until the next meeting. M. Schweizer agreed with the sentiment. There was no opposition.

d. **Update:** Progress of "How Best to Meet the Need Language"

B. Barnes explained the process and informed that committee that SOC is working hard to complete the "How Best to Meet the Need Language". J. Castillo is prepared to complete the HBTMN in June.

e. **Update:** Eligibility Determination Recommendations

T. Thompson states there are no recommendations at this time based on funding. B. Barnes stated that this will be tabled for the next meeting.

f. **Update:** Rescheduling of June Data Presentation Workshops

The committee discussed rescheduling the Data Presentation Workshops. As mentioned earlier, the workshops were originally scheduled for June 18th, 19th, and 20th. However, due to a federal holiday and changes to the Broward County Government schedule, those dates are no longer possible. The workshops have been moved to July 16th, 17th, and 19th.

B. Barnes agrees with V. Biggs to have a PSRA meeting in June, which is now possible due to the rescheduled workshops. B. Barnes suggested that the staff send out a Google survey to determine the next date. The dates suggested included the 12th, 13th, 17th, and 18th (afternoon meeting) of July.

10. Recipient's Report
    None.

11. Data Request(s)
    T. Thompson stated that the only data request is FPL and if there is anything else, please let staff know. B. Barnes wanted to know if Medicare and Medicaid cuts can impact clients. J. Hildago stated she can present that potential impact at the next meeting.

12. Public Comment

None.

13. Agenda Items for Next Meeting: To be determined.

    Next Meeting Date: To Be Determined. Location: Broward Regional Health Planning Council.

14. Announcements

    - None

There being no further business, the meeting was adjourned at **11:40AM.**

PSRA Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	16	20	20	C	15								
1	Barnes, B., Chair	X	X	X	C	X								
2	Fortune-Evans, B.	X	X	X	C	X								
3	Mester, B.	X	X	X	C	X								
4	Robertson, L.	X	X	X	C	X								
5	Rodriguez, J.	X	X	X	C	X								
6	Biggs, V.	X	X	X	C	X								
7	Jimenez, R.	X	X	X	C	A								
8	Schwiezer, M.	E	X	X	C	X								
9	Machado, A.	A	E	A	C	A								
10	Tinsley, S.	X	X	X	C	X								
11	Castllo, J.	X	X	A	C	X								
12	Barrientos, Yahaira				N	X								
13	Hafley, Shalisa				N	X								
14	Rogers, Jonathan				N	X								
15	Schickowski, Kara				N	E								
	Quorum = 9	9	10	9	C	12								

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

RYAN WHITE PART A/MAI YEAR-TO-DATE UTILIZATION
ENTERED INTO PROVIDE ENTERPRISE
AS OF JUNE 17, 2025, 1:43 PM

Handout B

	Service Category Allocation	Current Utilization Amount	Current Utilization Percentage	Total Clients Served
AIDS Pharmacy	$336,607.00	$16.14	0.00%	1
Integrated Primary Care	$5,296,953.00	$643,663.54	12.15%	1096
CIED	$349,378.00	$25,810.40	7.39%	373
EFA	$215,000.00	$20,783.55	9.67%	24
Food Bank	$700,000.00	$144,115.00	20.59%	974
Food Voucher	$82,586.00	$0.00	0.00%	0
HICP	$822,465.00	$9,700.13	1.18%	109
Legal	$129,151.00	$42,768.00	33.11%	47
Medical Case Management	$555,303.00	$164,099.20	29.55%	217
Medical Nutrition Therapy	$300,000.00	$44,089.50	14.70%	216
Non-Medical Case Management	$1,239,359.00	$59,900.80	4.83%	177
Oral Health	$2,690,150.00	$164,800.32	6.13%	189
Mental Health	$203,125.00	$0.00	0.00%	0
Substance Use	$380,684.00	$0.00	0.00%	0
CIED MAI	$424,066.00	$76,236.60	17.98%	1188
NMCM MAI	$134,535.00	$0.00	0.00%	0
Integrated Primary Care MAI	$200,000.00	$0.00	0.00%	0
Mental Health MAI	$62,469.00	$0.00	0.00%	0
Substance Use MAI	$300,000.00	$0.00	0.00%	0
TOTALS:	$14,421,831.00	$1,395,983.18	9.68%	

Handout C

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Priority Setting & Resource Allocation Committee

Policies and Procedures (Revised)

Approved by HIVPC: January 23, 2025

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

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

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

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

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

Prioritizing Services

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

Core Services

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (Local)
3. Health Insurance Premium & Cost-Sharing Assistance (HICP)
4. Medical Case Management (Disease)
5. Mental Health Services
6. Oral Health Care (Dental)

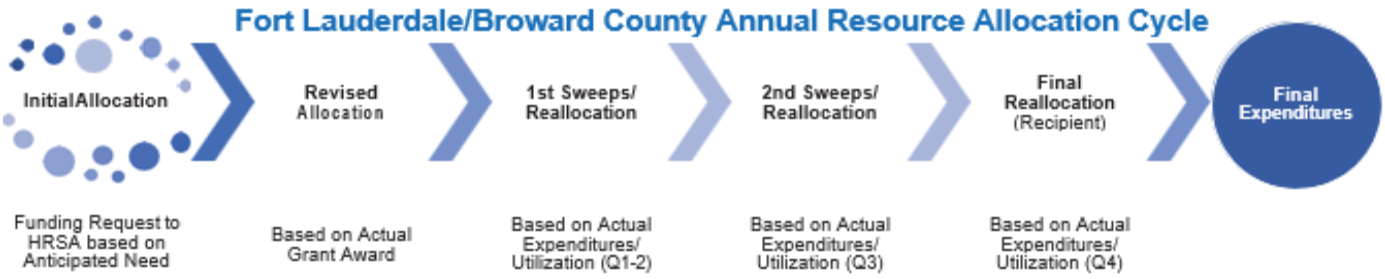
7. Substance Abuse Services – Outpatient
8. AIDS Drugs Assistance Program Treatments (ADAP)
9. Medical Nutrition Therapy
10. Early Intervention Services
11. Home and Community-Based Health Services
12. Home Health Care
13. Hospice Services

Support Services

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

Allocation Process

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



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

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

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

Revised Allocation (Based on Actual HRSA Ryan White Grant Award)

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

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

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

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

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

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

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

Data Sources

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

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

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

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

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

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

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

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

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

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

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

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

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

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.