FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
A 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 Agenda

Thursday, January 15, 2026 - 9:30 AM

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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 9

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 ITEM:** Review of Agenda for January 15, 2026

V. **ACTION ITEM:** Approval of Minutes from November 20, 2025 **(Handout A)**

VI. Standard Committee Items:

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

VII. **New Business**

- **a. Discussion:** Review and approve Assessment of the Administrative Mechanism FY24-25 Report; *PCS Staff* **(Handout C1, C2)**
- **b. Discussion:** AIDS Drugs Assistance Program (ADAP) Changes
  - **1)** What we know about the changes to the ADAP; *PSRA Chair* **(Handout D1, D2)**
  - **2)** Current Action Steps; *Recipient Office*
  - **3)** Impact of Changes on Client Services; *Parts A-F and FQHCs*
  - **4)** Local Pharmacy Advisory Ad-Hoc Committee (LPAC)[1] **(Handout E)**
  - **5)** Review Roles and Responsibilities of the Planning Council related to Priority Setting and Resource Allocation **(Handout F)**
  - **6)** FY26-27 Allocation Update*; Recipient Office*

[1] Parking Lot Item for Executive Committee

7) PRSA Policies and Procedures and FY26-27 Ranking **(Handout G1, G2)**

c. **Discussion:** PSRA Meetings, February 12th, 19th, 26th, and March 5th *PRSA Chair*

VIII. **Old Business**

a. **Discussion:** Recommendations based on Minority AIDS Initiative Subcommittee Findings Reports; *PSRA Chair* **(Handout H)**

IX. Public Comment

X. Recipient Report

XI. **Next Meeting Date:** Feb 12, 2026, 9:30AM to 11:30AM. Location: **Microsoft Teams and BRHPC**

a. Agenda Items for Next Meeting:

i. **Presentation:** PSRA Overview

ii. **Discussion:** Core Medical Services Waiver for FY2026

iii. **Discussion:**

iv.

XII. Announcements

i. **HIVPC Retreat:** February 26, 2026, from 10:00 AM to 4:00 PM, at Anne Kolb Nature Center. The retreat will center on reviewing critical data and community needs assessment findings to guide and strengthen strategic planning for the 2027–2031 HIV Prevention and Care Plan.

ii. **Community Response to the ADAP Crisis:**

a. AIDS Healthcare Foundation

XIII. Adjournment

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

Please complete your meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

January 2026

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  **BRHPC Office Closed**	2	3
4	5	6 System of Care Committee Meeting (SOC) **9:30AM – 11:30AM** **Location: BRHPC/MS Teams**	7 Oral Health Network **3:00PM-4:15PM**	8 Membership/Council Development Committee Meeting (MCDC) **9:30AM – 11:30AM** **Location: BRHPC/MS Teams** Medical Provider Network **2:30PM-3:45PM**	9	10
11	12 Quality Management Meeting (QMC) **12:30PM– 2:30PM** **Location: BRHPC/MS Teams**	13 Behavioral Network **2:00PM-3:15PM**	14	15 Priority Setting and Resource Allocation Committee Meeting **9:30AM – 11:30AM** Executive Committee Meeting **12:45PM – 2:45PM** Executive Committee Meeting Election Certification **2:45PM – 3:15PM** HIV Planning Council Meeting **3:30PM – 5:00PM**	16	17
18	19  **BRHPC Office Closed**	20	21 Quality Network Meeting (CQM) **9:00AM-10:15AM**	22	23	24
25	26	27 Integrated Planning Workgroup **1:00PM – 4:00PM** **Location: BRHPC/MS Teams**	28	29	30	31 GET CARE BROWARD TREAT HIV | BEAT HIV

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.

January 2026

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
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 and Resource Allocation Committee

Thursday, November 20, 2025 – 9:30AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes (Chair), B. Fortune-Evans, B. Mester, J. Rodriguez, Dr. M. Schweizer (Vice-Chair), S. Tinsley, S. Hafley, R. Jimenez, A. Machado, K. Schickowski, Y. Barrientos, J. Rogers, L. Robertson
PSRA Members Absent: V. Biggs, M. Patterson, J. Castillo,
Recipient Part A Staff Present: G. James, T. Thompson, B. Spaulding, J. Roy, G. Moxey, A. Tareq, R. Pena, R. Baker, W. Cius
Recipient Part B Staff Present: S. Cook
PCS/CQM Present: G. Berkeley-Martinez, D. Liao, M. Lacroix, M. Rosiere, S. Isidore, D. Cestaro-Seifer
Guests Present: J. Hidaldo, R. Campbell, J. Saboe-Rodriguez, T. Currie, F. Young, H. Singh

Call to Order

The PSRA Chair called the meeting to order at **9:34 AM.**

1. Welcome from the Chair & Public Record Requirements

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

2. Public Comment

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

3. Action Item: Review of Agenda for November 20, 2025
   MOTION #1: On behalf of PSRA, L. Robertson moved to approve the agenda for the November 20, 2025, Priority Setting and Resource Allocation Committee meeting. S. Tinsley seconded the motion, which was unanimously approved.

4. Action Item: Approval of Minutes from October 16, 2025
   MOTION #2: S. Tinsley, on behalf of PSRA, made a motion to approve October 16, 2025, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by K. Schickowski and passed unanimously.

5. Standard Committee Items

   a. Minority AIDS Initiative Ad hoc Subcommittee Update

      Dr. M. Schweizer provided a brief overview of the November 12, 2025, meeting. The MAI Subcommittee will provide detailed findings during the PSRA meeting on December 18th, 2025.

   b. Impact of Federal Policy Changes

      J. Roy reported that HRSA is reevaluating the methodology used to determine the Part A funding formula. The agency is considering shifting from using the place of diagnosis to the CDC's model based on current residence. Public comments are being accepted until December 10, and the Recipient Office is preparing a formal submission.

      If HRSA adopts the current residence approach, G. James shared HRSA's projected awards for Broward through 2030. PCS staff confirmed they will distribute the link with the relevant details to the committee.

   c. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report
      This item was moved to "New Business-item a" the FY2025 Reallocation/Sweeps – Cycle Two.

6. Discussion Items
   a. None.

7. Old Business:
   a. **Update:** Core Medical Services Waiver Update

      B. Barnes reminded the committee that, per HRSA guidelines, 75% of funds must be allocated to core services and 25% to support services. The Broward EMA plans to apply for a waiver to prevent penalties if these percentages fluctuate due to allocation changes.

      G. James reported that since the October PSRA meeting, the waiver has been submitted for the upcoming fiscal year. The HRSA Project Officer confirmed that the October PSRA meeting satisfied the public discussion requirement for the waiver.

8. New Business
   a. **Action Item:** FY2025 Reallocation/Sweeps – Cycle Two, PSRA Chair
      B. Barnes outlined the reallocation process and emphasized the committee's responsibility to act in the best interests of clients. G. James explained how the Recipient Office developed its reallocation recommendations. The current request for additional funds exceeds the amount offered for return, which is under $1 million.

      Regarding the 75%/25% rule (referenced above), the system is currently out of balance by 3%. As a result, the Recipient Office recommends shifting funds into core services rather than support services. There are concerns about meeting client needs while ensuring compliance

with HRSA requirements, as noncompliance could lead to penalties such as returning funds to HRSA. G. James noted that some invoices remain unprocessed, but the figures are based on Provide Enterprise (PE) data. All questions and concerns were addressed.

1. **Part A Core Services: To Sweep From**

   i. **MOTION #3:** On behalf of PSRA, S. Tinsley moved to reallocate $185,000 from the Ambulatory (Integrated Primary Care and Behavioral Health) Services. The motion was seconded by M. Schweizer. The motion passed unanimously.
   ii. **MOTION #4:** On behalf of PSRA, M. Schweizer moved to reallocate $11,425 from AIDS Pharmaceutical Assistance. The motion was seconded by B. Mester. The motion passed with three (3) abstentions.
   iii. **MOTION #5:** On behalf of PSRA, S. Tinsley moved to reallocate $60,000 for Medical Case Management (Disease Case Management). The motion was seconded by M. Schweizer. The motion passed unanimously.
   iv. **MOTION #6:** On behalf of PSRA, M. Schweizer moved to reallocate $25,000 for Mental Health Trauma-Informed. The motion was seconded by S. Tinsley. The motion passed unanimously.
   v. **MOTION #7:** On behalf of PSRA, M. Schweizer moved to reallocate $131,000 for Health Insurance Premium and Cost Sharing Assistance. The motion was seconded by S. Tinsley. The motion passed unanimously.
   vi. **MOTION #7:** On behalf of PSRA, B. Mester moved to reallocate $45,000 for Medical Nutrition Therapy. The motion was seconded by B. Mester. The motion passed with one (1) abstention.

2. **Part A Support Services: To Sweep From**

   i. **MOTION #8:** On behalf of PSRA, S. Tinsley moved to reallocate $40,000 for Non-Medical Case Management. The motion was seconded by L. Robertson. The motion passed unanimously.
   ii. **MOTION #9:** On behalf of PSRA, B. Fortune-Evans moved to reallocate $55,000 for Food Services (Food Bank). The motion was seconded by S. Tinsley. The motion passed with two (2) abstentions.
   iii. **MOTION #10:** On behalf of PSRA, B. Mester moved to reallocation $18,000 for Food Services (Food Voucher). The motion was seconded by J. Rogers. The motion passed with two (2) abstentions.
   iv. **MOTION #11:** On behalf of PSRA, B. Mester moved to reallocate $3,600 for Emergency Financial Services. The motion was seconded by Y. Barrientos. The motion passed with three (3) abstentions.
   v. **MOTION #12:** On behalf of PSRA, M. Schweizer moved to approve the **total sweep** from Part A Core and Support Services of **$574,025**. The motion was seconded by J. Rogers. The motion passed unanimously.

3. **Part A Core Services: To Sweep To**

   i. **MOTION #13:** On behalf of PSRA, M. Schweizer moved to sweep in $329,000 for Ambulatory (Integrated Primary Care and Behavioral Health Services. The motion was seconded by B. Fortune-Evans. The motion passed unanimously.
   ii. **MOTION #14:** On behalf of PSRA, L. Robertson moved to sweep in $144,925 for Oral Health Care (Routine). The motion was seconded by J. Rogers. The motion passed unanimously.
   iii. **MOTION #15:** On behalf of PSRA, Y. Barrientos moved to sweep in $60,000 for Medical Case Management (Disease Case Management). The motion was seconded by L. Robertson. The motion passed unanimously.
   iv. **MOTION #16:** On behalf of PSRA, Y. Barrientos moved to sweep in $10,000 for Mental Health – Trauma Informed. The motion was seconded by J. Rogers. The motion passed unanimously.

v. **MOTION #16:** On behalf of PSRA, S. Tinsley moved to sweep in $30,000 for Substance Abuse – Outpatient. The motion was seconded by Y. Barrientos. The motion passed unanimously.

vi. **MOTION #11:** On behalf of PSRA, B. Mester moved to approve the **total sweep from** Part A Core Services of **$574,025**. The motion was seconded by J. Rogers. The motion passed unanimously.

4. **Part A Support Services: To Sweep To**

   i. None

5. **MAI Core and Support Service: To Sweep From**

   i. **MOTION #16:** On behalf of PSRA, Y. Barrientos moved to reallocate $65,000 for MAI Ambulatory. The motion was seconded by J. Rogers. The motion passed with one (1) abstention.

   ii. **MOTION #17:** On behalf of PSRA, M. Schweizer to reallocate $19,500 for MAI Non-Medical Case Management (Case Management). The motion was seconded by Y. Barrientos. The motion passed unanimously.

   iii. **MOTION #18:** On behalf of PSRA, B. Mester moved to approve the **total sweep from** MAI Core and Support Services of **$84,500**. The motion was seconded by S. Tinsley. The motion passed unanimously.

6. **MAI Core and Support Service: To Sweep To**

   i. **MOTION #16:** On behalf of PSRA, Y. Barrientos moved to sweep in $84,500 for MAI Substance Abuse-Outpatient. The motion was seconded by Y. Barrientos. The motion passed with one (1) abstention.

   ii. **MOTION #16:** On behalf of PSRA, S. Tinsley moved to approve **total sweep** to MAI Core and Support Services of $84,500. The motion was seconded by M. Schweizer. The motion passed unanimously.

G. James stated that the reallocations/sweeps letter will be distributed to subrecipients following the December 4 HIVPC meeting.

b. **Discussion:** Affordable Care Act (ACA) and Health Insurance Continuation Program (HICP) Eligibility

B. Barnes reviewed recent changes to ACA and HICP coverage impacting clients. New members are no longer eligible for ACA through ADAP, though current clients remain unaffected. Rising insurance costs have reduced available funding. Clients must submit 2024 taxes now and 2025 taxes in the summer to maintain eligibility.

The committee discussed whether to adjust HICP eligibility standards, the $10,000 annual out-of-pocket cap, and ACA enrollment challenges—particularly for new and undocumented clients. ACA Open Enrollment ends in three weeks. G. James expressed concern about the limited HICP funds for premiums, while B. Mester noted existing underfunding for OAHS could worsen without coverage.

Questions arose about noncompliant clients and re-enrollment. W. Cius highlighted that insured clients show better viral suppression and retention, making ACA enrollment a strong investment. Palm Beach EMA's success was cited as an example. Currently, 1,300 of 8,600 clients are enrolled in ACA.

G. James noted HICP spending has never exceeded $8,500 despite the high cap. T. Thompson calculated average costs at $600–$700 per client. G. James suggested discontinuing pharmacy funding due to low billing, as ADAP covers most medication costs.

The committee agreed to table the discussion pending additional information.

c. **Presentation:** Florida Department of Health Broward Update of Epidemiological Data (High-Level)
J. Hidalgo presented Broward County epidemiological data from 2021–2024, noting some COVID-19 impacts. The Palm Beach/Broward/Miami-Dade metro area continues to have higher HIV incidence than other U.S. metros and has not met reduction goals. She reviewed trends in HIV incidence, prevalence, AIDS prevalence, mortality, and care continuum data, highlighting underreporting of HIV-related deaths and significant variation in out-of-care rates by subpopulation.

In response to a question on age breakdown for individuals newly diagnosed with HIV and AIDS, J. Hidalgo stated that data were unavailable, and sample sizes were too small for meaningful analysis.

d. **Action Item:** Approval of PSRA 2026-2027 Workplan

B. Barnes conducted an overview of the next fiscal year's workplan. He noted that the Listening Tour has been removed. He also reminded the committee that the workplan can be modified throughout the year as needed.

MOTION #18: M. Schweizer, on behalf of PSRA, made a motion to approve the PSRA 2026-2027 with the amendment to move Activity 1.10 from November 2026 to March 2026. The motion was seconded by L. Robertson and passed unanimously.

e. **Presentation:** Listening Tour Session #3: Voices of the Community Insights & Outcomes
S. Isidore presented a summary of Listening Tour Session #3 survey results and key discussion points, concluding with QMC's recommendations for improving future sessions.

B. Fortune-Evans expressed concern about the overrepresentation of providers and limited client participation, emphasizing the need for providers to actively engage clients. The committee discussed strategies to increase client involvement. L. Robertson suggested that the location of the third session may have been inconvenient and recommended hosting sessions where clients are already present to address transportation barriers.

S. Tinsley announced that CEC will assume responsibility for conducting the Listening Tour. She and D. Liao shared their experience assisting clients at NSU with completing surveys and resolving issues related to Ryan White services.

9. Recipient's Report
A detailed report will be provided during the HIVPC meeting on December 4th.

10. Data Request(s)
None.

11. Public Comment
None.

12. Agenda Items for Next Meeting
    a. Minority AIDS Initiative Subcommittee Findings

Next Meeting Date: Thursday, December 18, 2025, at 9:30 AM Location: Microsoft Teams.

13. Announcements

- **L. Robertson:** Light Up Sistrunk on December 5th, Sistrunk Boulevard, Fort Lauderdale, 5:00 PM to 8:00 PM
- **J. Roy:** World AIDS Day Proclamation on December 9th, 10:00 AM at the Broward County Governmental Center, 115 S Andrews Ave, Fort Lauderdale, FL 33301

There being no further business, the meeting was adjourned at **12:07 PM.**

PSRA Attendance for CY 2025

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	16	20	20	C	15	18	17	21	C	16	20		
0	1	Barnes, B., Chair	X	X	X	C	X	X	NQX	X	C	X	X		
0	2	Fortune-Evans, B.	X	X	X	C	X	X	NQX	X	C	X	X		
0	3	Mester, B.	X	X	X	C	X	X	NQX	X	C	X	X		
1	4	Robertson, L.	X	X	X	C	X	X	NQX	X	C	A	X		
0	5	Rodriguez, J.	X	X	X	C	X	X	NQX	X	C	X	X		
1	6	Biggs, V.	X	X	X	C	X	X	NQX	X	C	X	A		
1	7	Jimenez, R.	X	X	X	C	A	X	NQX	X	C	X	X		
0	8	Schwiezer, M.	E	X	X	C	X	X	NQX	X	C	X	X		
3	9	Machado, A.	A	E	A	C	A	X	NQX	X	C	X	X		
0	10	Tinsley, S.	X	X	X	C	X	X	NQX	X	C	X	X		
2	11	Castllo, J.	X	X	A	C	X	X	NQX	X	C	X	A		
	12	Barrientos, Yahaira				N	X	E	NQX	X	C	X	X		
	13	Hafley, Shalisa				N	X	X	NQX	X	C	X	X		
	14	Rogers, Jonathan				N	X	X	NQX	A	C	X	X		
	15	Schickowski, Kara				N	E	X	NQA	X	C	X	X		
	16	Patterson, M.									N	X	A		
		Quorum = 9	9	10	9	C	12	14	14	14	C	15	13		

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

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 25-26 Allocations

Handout B

	Service Category	Contract/ Allotted Amount	Expended Amount As of DEC Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,394,590	4,327,233	80%	2929	$1,477.38	1,067,357	432,723	5,192,679	82,156	201,911
	AIDS Pharmaceutical Assistance (3)	4,652	2,821	61%	5	$564.18	1,831	282	3,385	-	1,267
	Oral Health Care Routine (4)	2,314,053	2,109,774	91%	2126	$1,132.18	204,279	210,977	2,531,729	44,367	(217,676)
	Specialty (1)	346,964	297,245	86%			49,719	29,724	356,694	-	(9,730)
	Medical Case Management Disease Case Management (9)	843,978	713,479	85%	512	$1,393.51	130,499	71,348	856,175	52,648	(12,197)
	Mental Health- Trauma-Informed (4)	125,000	82,280	66%	99	$831.12	42,720	8,228	98,736	4,215	26,264
	Health Insurance Premium & Cost Sharing Assistance	691,465	368,084	53%	1176	$313.00	323,381	36,808	441,701	-	249,764
	Medical Nutrition Therapy (1)	355,000	236,179	67%	279	$846.52	118,821	23,618	283,415	-	71,585
	Substance Abuse-Outpatient (1)	160,684	130,678	81%	33	$3,959.93	30,006	13,068	156,813	35,735	3,871
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	406,454	363,075	89%	4104	$88.47	43,379	36,307	435,690	-	(29,236)
	Non-Medical Case Management Case Management (10)	1,453,184	1,388,030	96%	2787	$498.04	65,154	138,803	1,665,636	61,156	(212,452)
	Food Services Food Bank (2)	620,000	502,300	81%	1463	$343.34	117,700	50,230	602,760	-	17,240
	Food Voucher (3)	34,586	31,629	91%	286	$110.59	2,957	3,163	37,955	-	(3,369)
	Legal Assistance (1)	129,151	112,498	87%	77	$1,461.01	16,653	11,250	134,998	-	(5,847)
	Emergency Financial Assistance (3)	216,872	145,593	67%	118	$1,233.84	71,279	14,559	174,712	-	42,160
	Total Part A Funds	**13,096,633**	**10,810,898**	**83%**			**2,285,736**	**1,081,090**	**12,973,077**	**280,276**	**123,556**
	*** Some of the providers have not billed for month of DEC 2025**										

	Service Category	Contract/ Allotted Amount	Expended Amount As of DEC Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	10,000	-		0		10,000	-	-	-	10,000
	MAI Mental Health (1)	62,469	49,186	79%	24	$2,049.40	13,283	4,919	59,023	-	3,446
	MAI Substance Abuse-Outpatient (1)	441,318	347,522	79%	65	$5,346.49	93,796	34,752	417,026	-	24,292
Support Services	MAI Non-Medical Case Management Case Management (4)	281,967	250,062	89%	400	$625.15	31,905	25,006	300,074	8,047	(18,107)
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	510,431	510,429	100%	4960	$102.91	2	51,043	612,514	35,744	(102,083)
	Total MAI Funds	**1,306,185**	**1,157,197**	**89%**			**148,988**	**115,720**	**1,388,637**	**43,791**	**(82,452)**
	*** Some of the providers have not billed for month of DEC 2025**										
	*** Carryover amount of $254,837 included in calculations.**										
	Total Part A and MAI Funding	**14,402,818**	**11,968,095**	**83%**			**2,434,723**	**1,196,809**	**14,361,714**	**324,067**	**41,104**

Handout C1

FY2024-2025 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

Reporting Period: March 1, 2024 - February 28, 2025

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: January 2026

PURPOSE

The Assessment of the Part A Administrative Mechanism (AAM) (Broward County Ryan White Part A Office) for FY 2024-2025 is to **fulfill the federal mandate of the Ryan White Part A program.**

This requirement is summarized in the HRSA/HAB Ryan White CAREAct Part A Manual:

- Section 2602(b)(4)(E) of the PHS Act requires a planning council to *"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council (PC), assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs[1]"*

TOPICS COVERED IN THE ASSESSMENT

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

HOW DOES THE AAM AFFECT THE HIVPC?

The Planning Council is **required to complete the assessment annually.**

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

SURVEY WAS COMPLETED BY

Participant	# OF POTENTIAL PARTICIPANTS	# OF PARTICIPANTS COMPLETED SURVEY	SURVEY ADMINISTRATION
HIVPC Members	25	22 (88%)	Alchemer.com
Recipient Office	01	01 (100%)	
RWPA Subrecipients/Providers	12	12 (100%)	
Total	**38**	**35 (92%)**	

HIVPC SURVEY RESULTS

- The survey evaluated the effectiveness of the Planning Council's structure, processes, and collaboration with the Ryan White Part A Office, focusing on **award notifications, contract progress, reimbursements, procurements, and responsiveness to requests.**
- **Survey Completion:** 95.5% completion rate, with 22 responses (21 complete and 1 partial).

HIVPC SURVEY RESULTS (CONT.)

Planning Council Self-Assessment:

- **Overall Performance:** 61.9% (13) rated Excellent, 33.3% (7) Good. *Comments noted strong leadership and effective decision-making.*
- **Structure and Processes:** 47.6% (10) strongly agreed, and 42.9% (9) agreed that the Council's structure and processes are effective.
- **PWH Participation:** 52.4% (11) rated participation as Good, 14.3% (3) as Excellent. *Comments suggest continuing outreach to increase engagement.*
- **Training & Education to understand HIVPC structure and operational processes:** 47.6% (10) strongly agreed, and 42.9% agreed that they received sufficient training, while 9.5% (2) strongly disagreed

HIVPC SURVEY RESULTS (CONT.)

Ryan White Part A Recipient Assessment:

- **Funding Information:** 61.9% (13) rated the Ryan White Part A Office as Good and 38.1% (8) as Excellent in providing updates.
- **Communication on Notices of Award:** 57.1% (12) rated Excellent, 38.1% (8) Good.
- **Communication on Subrecipient Contracts:** 47.6% (10) Good, 38.1% (8) Excellent.
- **Responsiveness to Data Requests:** 57.1% (12) Good, 33.3% (7) Excellent
- **Overall Communication:** 47.6% (10) Good and 47.6% (10) Excellent.

RECIPIENT SURVEY RESULTS

The survey focused on **award notification, contract execution dates, average reimbursement time, and communication and technical assistance.**

RECIPIENT SURVEY RESULTS (CONT.)

- **Award Notifications**
  - Initial Notice of Grant Award received: January 12, 2024
  - Final award received: May 16, 2024
  - Partial notifications issued; no impact on procurement due to prior-year allocation estimates

- **Contract Execution**
  - Award letters issued: February 9, 2024
  - Contracts executed: February–June 2024
  - Contracts uploaded to Provide Enterprise: March 6, 2024

- **Challenges**
  - Delays related to legal review and agency-level DocuSign issues

- **Recommendations**
  - Continue early contract drafting
  - Strengthen coordination with the County Attorney's Office to reduce delays

HIVPC
Broward County HIV Health Services Planning Council

RECIPIENT SURVEY RESULTS (CONT.)

Invoicing and Reimbursement

- Providers began submitting invoices: March 2024
- Average reimbursement timeframe: 15–21 days
- No discrepancies reported
- HSCPD-FI014 Electronic Invoice Processing Policy submitted via email (document size limitation)

Fiscal and Programmatic Monitoring

- Each provider received:
  - One programmatic site visit
  - One fiscal site visit during FY 2024
- Corrective action plans implemented when necessary
- Ryan White Part A Monitoring Standards shared via email

RECIPIENT SURVEY RESULTS (CONT.)

Communication & Technical Assistance

- Communication rated as keeping agencies fairly well informed
- Provider inquiries addressed within two business days
- Technical assistance rated as good
- *Key Strategies:*
  - Monthly provider meetings to review utilization and quality management issues
  - Ongoing technical support to maintain compliance
  - Timely identification and resolution of emerging challenges

RFP Contractual Corrective Actions

- Plan to draft initial contracts early following the RFP process
- Allows adequate time for County Attorney's Office legal review

SUBRECIPIENT SURVEY RESULTS

- The survey focused on **procurement, contracting, reimbursement, and communication with the RWPA Recipient.**
- **Survey Completion:** 100% completion rate (12 agencies)

SUBRECIPIENT SURVEY RESULTS (CONT.)

Service Provision

- **Most Common Services**
  - Non-Medical Case Management: 66.7% (8)
  - Medical Case Management: 58.3% (7)
- **Other frequently provided services:**
  - Integrated Primary Care & Behavioral Health: 41.7% (5)
  - Oral Health Care – Routine: 33.3% (4)
- **Additional services include:**
  - AIDS Pharmaceutical Assistance
  - Emergency Financial Assistance
  - Mental Health Services
  - Food Services

SUBRECIPIENT SURVEY RESULTS (CONT.)

Agency Tenure

- 91.7% (11) of agencies partnered with RWPA for 16+ years
- 8.3% (1) of agencies reported 4–9 years
- Reflects strong stability and continuity of services within the Broward EMA

Contracting and Award Notifications

- **Award notifications issued electronically:** 91.7%
- **Satisfaction with contract loading in Provide Enterprise:**
    - Very Satisfied: 33.3%
    - Satisfied: 25%
    - 16.6% reported dissatisfaction
- **Feedback indicated:**
    - Delays often outside the Recipient's Office control
    - Delays still impacted provider planning efforts

SUBRECIPIENT SURVEY RESULTS (CONT.)

Communication & Responsiveness

- **Communication ratings:**
  - Fully informed: 66.7%
  - Fairly well informed: 33.3%
- **Responsiveness ratings:**
  - Excellent (within 1 day): 58.3%
  - Good (within 2 days): 41.7%
- **Provider feedback:**
  - “Extremely helpful”
  - “A valued partner”
  - “Among the best at communicating and supporting agencies”

Technical Assistance

- Overall technical assistance rated as effective
- **Programmatic technical assistance:**
  - Excellent: 66.7%
- **Fiscal and quality management assistance:**
  - Rated positively
  - Opportunity for more hands-on fiscal TA
- **Suggested improvements:**
  - Continue monthly provider meetings
  - Offer additional training opportunities

HIVPC
Broward County HIV Health Services Planning Council

LIMITATIONS

- Planning Council Support follow-up increased HIVPC member participation to 88%
  - Improved from 52% in FY 2023

RECOMMENDATIONS

Recommendations to the Recipient Office

1. **Improve Contract Loading Timeliness**
    - Continue early drafting and coordination with the County Attorney's Office to minimize delays.
    - Explore automation or streamlined workflows in Provide Enterprise to reduce bottlenecks.
2. **Maintain and Monitor Reimbursement Timeliness**
    - Continue meeting the 15–21-day reimbursement window.
    - Implement a tracking dashboard for invoice processing times to identify and address delays proactively.
3. **Enhance Fiscal Technical Assistance**
    - Provide more hands-on training for fiscal processes, complementing documentation-based support.
    - Offer quarterly workshops focused on invoice accuracy and compliance.
4. **Strengthen Communication and Transparency**
    - Maintain responsiveness within two business days.
    - Document and share technical assistance provided for HRSA reporting.
    - Continue monthly provider meetings to address emerging issues and share best practices.

HIVPC
Broward County HIV Health Services Planning Council

RECOMMENDATIONS (CONT).

1. **Standardize Award Notification SOPs**
    - Develop and disseminate clear procedures for communicating award notifications and contract timelines to subrecipients.
2. **Expand Training Opportunities**
    - Offer onboarding sessions for new subrecipient staff.
    - Include modules on contract management, reimbursement processes, and compliance requirements.
3. **Preparation for Contract Awards Following a New RFP Process**
    - The Recipient should establish a clear definition of what constitutes “early drafting” of contracts and integrate this standard into its official Standard Operating Procedures (SOPs).

Recommendations to Planning Council Support

1. 1. **Expand Training Opportunities**
    - Incorporate AEAM and HIVPC structure and operational processes training annually.

FINDINGS

The Broward County Ryan White Part A administrative mechanism functioned effectively and efficiently from March 1, 2024, through February 28, 2025.

QUESTIONS?

Discussion

Handout C2

Assessment of the Ryan White Administrative Mechanism

March 1, 2024 - February 28, 2025

FINAL REPORT

BROWARD COUNTY RYAN WHITE PART A HIV HEALTH SERVICES PLANNING COUNCIL

Broward Regional Health Planning Council
Planning Council Support Staff
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Hollywood, FL 33020
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Prepared: December 2025

OUR MISSION

"Broward Regional Health Planning Council is committed to developing and providing innovative technology and service solutions at the national, state and local level through planning, direct services and evaluation."

FOR MORE INFORMATION

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*This document's creation is 100% funded by a federal Ryan White HIV/AIDS Part A grant received by Broward County and sub-granted in part to B*roward Regional Health Planning Council *a consultant agency. The findings and conclusions in this document are those of the authors, who are responsible for its contents; the content does not necessarily represent and should not be construed as the views or positions of Broward County, the Broward County Board of County Commissioners, or the U.S. Department of Health and Human Services.*

This document was created by the following Planning Council Support Staff (PCS):

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ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

Legislative Mandate for the Assessment of the Administrative Mechanism

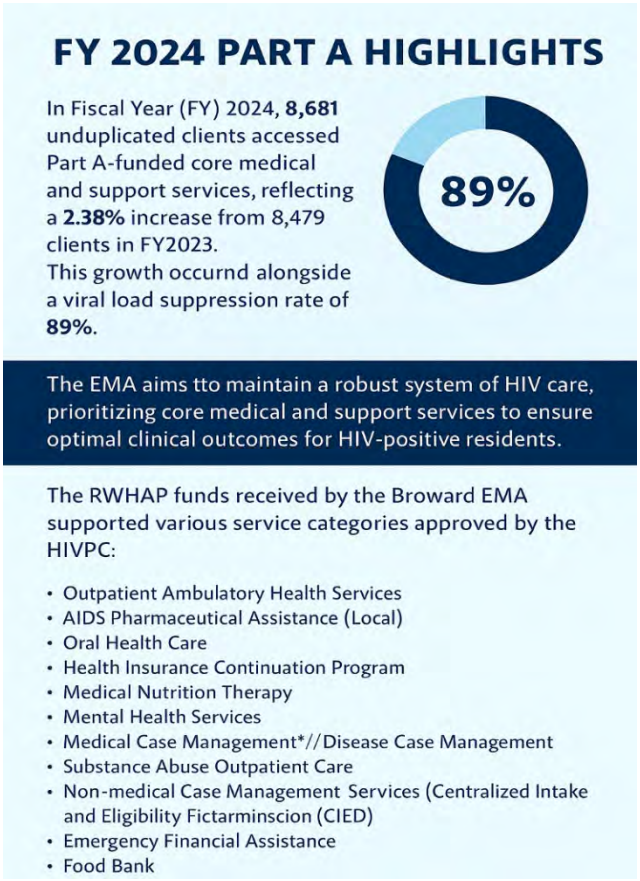
Section 2602(b)(4)(E) of the PHS Act requires a planning council to "assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council (PC), assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs[1]."

The Administrative Mechanism

The Administrative Mechanism is the Community Partnerships Division within the Broward County Department of Human Services, serving as the Recipient responsible for administering the Ryan White Part A (RWPA), Minority AIDS Initiative (MAI), and Ending the HIV Epidemic (EHE) programs.

The Role of Planning Councils

The assessment is conducted by the Broward County HIV Health Services Planning Council (HIVPC), which evaluates the RWPA Recipient's performance in provider selection, contract management, reimbursement processing, communication, and delivery of technical assistance (TA) to subrecipients. Oversight of the AEAM rests with the Priority Setting and Resource Allocation Committee, with final approval granted by the HIVPC general body. While the council is responsible for conducting the assessment, the RWPA Recipient retains sole responsibility for subrecipient monitoring and oversight.



Broward/Fort Lauderdale EMA

Broward County, Florida—the state's second-largest metropolitan area—has a population of 1.9 million. It is designated as an Eligible Metropolitan Area (EMA) under the Ryan White HIV/AIDS Treatment Extension Act of 2009.

In Fiscal Year (FY) 2024, 8,681 unduplicated clients accessed Part A-funded core medical and support services, reflecting a 2.38% increase from 8,479 clients in FY2023. This growth occurred alongside a viral load suppression rate of 89%. The EMA aims to maintain a robust system of HIV care, prioritizing core medical and support services to ensure optimal clinical outcomes for HIV-positive residents.

[1] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/part-a-program-manual.pdf *NOTE: The planning council will not be involved in how the administrative agency monitors providers, as this is the Recipient's sole responsibility [RWHAP Part A Manual, September 2025; Chapter 4; pgs. 30, 35].*

Frequently Used Acronyms

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

ASSESSMENT METHODOLOGY

The FY 2024–2025 AEAM methodology was developed in alignment with HRSA requirements and informed by best practices identified through research conducted by Planning Council Support (PCS) staff. This methodology is submitted annually to the RWPA Recipient as a contractual deliverable. Per the RWPA Manual, s*ection 2609(d)(1)(a) of the PHS Act* requires a planning body (PB) to establish a priority setting and resource allocation (PSRA) process, and, as such, HRSA HAB also requires the PB to assess the administrative mechanism[2].*"*

The PSRA Committee ensures the AEAM is completed annually through a coordinated effort with PCS staff.

Period Assessed

March 1, 2024-February 28, 2025

Timeline

ACTIVITY	*PROPOSED DATE*
HIVPC and Recipient Surveys approved by PSRA.	October 16, 2025
Distribute surveys to HIVPC, Recipient Staff, and subrecipients.	November 17, 2025
Deadline to submit completed surveys.	December 5, 2025
Presentation: Results of the Assessment of the Administrative Mechanism to PSRA and the HIVPC.	January 15, 2026 January 22, 2026
Assessment of the Administrative Mechanism Report due to the RWPA Recipient.	February 28, 2026
Quarterly update report (if necessary)	March 31 June 30 September 30 December 31

Data Collection Process

PCS staff utilized the following components to complete the assessment:

a. Surveys through Alchemer.com
b. Data Collection
c. Data Analysis
d. Production of a Final Report and Presentation

[2] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/part-a-program-manual.pdf *NOTE: The planning council will not be involved in how the administrative agency monitors providers, as this is the Recipient's sole responsibility. [RWHAP Part A Manual, September 2025; Chapter 4; pgs. 30, 35].*

Primary Data Collection Method

Electronic surveys were the primary tool for gathering input from HIVPC members, the Recipient Office, and subrecipients.

- **Subrecipient Survey:** Captured experiences related to procurement, contracting, reimbursement, and communication with the RWPA Recipient. Questions included multiple-choice, rating scales, and a few open-ended items.
- **HIVPC Survey:** Focused on member self-assessment and communication between HIVPC and the Recipient regarding award notifications, contract progress, reimbursements, procurements, and responsiveness to requests.
- **Recipient Survey:** Addressed topics such as award notification, contract execution dates, average reimbursement time, and communication and technical assistance.

Surveys were distributed electronically via **Alchemer** from **November 17, 2025, through December 5, 2025**. *Note: Master copies of all three surveys are provided in the Appendix.*

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

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

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

PARTICIPANT	# OF POTENTIAL PARTICIPANTS	# OF PARTICIPANTS COMPLETED SURVEY	SURVEY ADMINISTRATION
HIVPC Members	25	22 (88%)	Alchemer.com
Recipient Office	01	01 (100%	
RWPA Subrecipients/Providers	12	12 (100%)	
Total	**38**	**35 (92%)**	

Limitations

This fiscal year, the Recipient Office's outreach achieved a 100% survey submission rate from subrecipients, while Planning Council Support follow-up increased HIVPC member participation to 88%, up from 52% in FY2023.

Final Report and Quarterly Updates

Planning Council Support Staff will present the final report to the PSRA Committee and HIVPC during the January 2026 meetings. The 2024–2025 AEAM report will be submitted to the Recipient Office by February 15, 2026. Identified issues or improvement areas will guide quarterly progress updates. If HIVPC requests additional details—such as subrecipient follow-up surveys—these will be incorporated into quarterly reporting.

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QUANTITATIVE AND QUALITATIVE RESULTS

This report summarizes the findings from three key surveys conducted for the FY 2024-2025 Assessment of the Administrative Mechanism (AAM) under the Ryan White Part A program in Broward County. These surveys include the Subrecipient Survey, HIVPC Survey, and Recipient Survey.

Subrecipient Survey Results

The FY 2024–2025 Assessment of the Administrative Mechanism included a comprehensive survey of Ryan White Part A (RWPA) subrecipients, achieving a 100% response rate (12 agencies). The feedback provides valuable insights into service delivery, administrative processes, and the overall partnership between subrecipients and the Recipient's Office.

Service Provision and Agency Tenure

Respondents reported delivering a diverse range of services, with Non-Medical Case Management 66.7% (8) and Medical Case Management 58.3% (7) being the most common. Integrated Primary Care and Behavioral Health Services 41.7% (5) and Oral Health Care – Routine 33.3% (4) were also frequently cited. Additional services included AIDS Pharmaceutical Assistance, Emergency Financial Assistance, and Mental Health support. **Agency tenure**- Notably, 91.7% (11) of agencies have partnered with RWPA for over 16 years, underscoring the stability and continuity of service provision within the Broward EMA, while 8.3% (1) reported 4–9 years.

Contracting and Award Notifications

Award notifications were primarily issued electronically (91.7%), reflecting a strong reliance on digital communication. While most respondents expressed satisfaction with the timeliness of contract loading in Provide Enterprise, 33.3% rated the process as "Very Satisfied" and 25% (3) as "Satisfied"—a combined 16.6% (2) reported dissatisfaction. Comments suggest that delays were often beyond the control of the Recipient's Office, but they impacted planning efforts.

Reimbursement Timeliness and Accuracy

The majority of agencies experienced reimbursement within 8–14 days (41.7%) or 15–21 days (25%), aligning with program standards. However, 16.7% reported delays of 36–42 days, indicating an area for improvement. Discrepancies in reimbursement were rare, with 91.7% reporting no issues. When discrepancies occurred, agencies noted that they were promptly addressed through system checks and communication with the Recipient's Office.

Communication and Responsiveness

Communication was consistently rated as strong, with 66.7% of respondents stating they were "fully informed" and 33.3% "fairly well informed." Responsiveness was exceptional—58.3% rated it as "Excellent" (within one day) and 41.7% as "Good" (within two days). Comments praised the Recipient's Office for being "extremely helpful," "a valued partner," and "among the best at communicating and supporting agencies."

Technical Assistance

Technical assistance was widely regarded as effective. Programmatic support received the highest ratings, with 66.7% marking it as "Excellent." Fiscal and quality management assistance were also rated positively, though some respondents noted that fiscal TA could be more hands-on. Suggestions included continuing monthly provider meetings and offering additional training opportunities.

Overall Sentiment
Respondents emphasized the importance of maintaining transparency and timely updates. While communication was generally strong, comments highlighted opportunities to enhance fiscal support and streamline contract processes. Positive feedback underscored the Recipient's role as a collaborative partner, with one respondent noting, "Broward County is among the best at communicating and supporting us in accomplishing the mission."

Recipient Office Survey Results

The survey focused on award notifications, contract execution, invoicing and reimbursement, fiscal and programmatic monitoring, communication, technical assistance, and procurement.

Award Notifications and Contract Execution: The Broward EMA received its initial Notice of Grant Award on January 12, 2024, and the final award on May 16, 2024. Partial notifications were issued but did not affect procurement since estimates were based on prior-year allocations. Award letters were sent on February 9, 2024, and contracts were executed between February and June 2024, with uploads to Provide Enterprise on March 6, 2024. Some delays occurred due to legal review and agency-level DocuSign issues. Continued early drafting and coordination with the County Attorney's Office are recommended to minimize delays.

Invoicing and Reimbursement: Providers began submitting invoices in March 2024. The **average reimbursement time** was **15 to 21 days**, and no discrepancies were reported. Although policies were not uploaded in the survey due to document size, the *HSCPD-FI014 Electronic Invoice Processing Policy* was submitted via email. This policy outlines detailed procedures for invoice submission, review, and approval, including timelines, error tracking, and PeopleSoft integration, ensuring compliance with prompt payment standards and federal requirements.

Fiscal and Programmatic Monitoring: Each provider received one programmatic and one fiscal site visit during FY 2024, with corrective action plans implemented as needed. The *Ryan White Part A Monitoring Standards*, provided via email, reinforce these practices by detailing HRSA's expectations for annual site visits, fiscal monitoring, and compliance with 2 CFR 200.

Financial Reporting: *The Federal Financial Report for FY 2023–2024* confirms total federal funds authorized at $16,902,904, expenditures of $16,187,641.08, and an unobligated balance of $715,262.92. These figures reflect strong fiscal management and compliance with HRSA's requirement to minimize unobligated balances.

Communication and Technical Assistance: Communication was rated as keeping agencies fairly well informed, with responses provided within two days, and technical assistance was rated as good. Monthly meetings with providers to review utilization and quality management issues, along with ongoing technical support, were cited as key strategies for maintaining compliance and addressing emerging challenges.

Request for Proposals (RFP)Contractual Corrective Actions: To ensure timely and efficient distribution of contracts following an RFP process, the Recipient Office plans to draft initial contracts "early" to allow sufficient time for legal review by the County Attorney's Office. This proactive approach is intended to minimize delays and support efficient contract execution.

Supporting Documents: The supporting documents referenced in this report establish the compliance framework and underscore Broward EMA's commitment to transparency, accountability, and continuous improvement in service delivery.

- ✓ HSCPD-FI014 Electronic Invoice Processing Policy
- ✓ Ryan White Part A 2023–2024 Federal Financial Report
- ✓ Ryan White Part A Monitoring Standards
- ✓ FY2023-2024 Final Allocations
- ✓ Ryan White Contracted Subrecipients and Consultants
- ✓ FY2023-2024 Expenditures

Strengths and Opportunities: The survey results highlight several **strengths**, including timely reimbursements within 15–21 days, comprehensive invoice processing procedures, adherence to HRSA monitoring standards, strong financial reporting, and effective communication and technical assistance. **Opportunities** for improvement include standardizing award notification Standard Operating Procedures (SOPs), ensuring visibility of the invoice processing policy among subrecipients, formalizing site-visit schedules based on HRSA standards, and continuing to track timeliness metrics for reimbursements and responses.

HIVPC Survey Results

The survey evaluated the effectiveness of the Planning Council's structure, processes, and collaboration with the Ryan White Part A Office, focusing on communication, responsiveness, and participation by Persons with HIV (PWH).

Summary of Findings: The survey achieved a 95.5% completion rate, with 22 responses (21 complete and 1 partial).

Planning council self-assessment:

- Overall Performance: 61.9% (13) rated Excellent, 33.3% (7) Good. Comments noted strong leadership and effective decision-making.
- Structure and Processes: 47.6% (10) strongly agreed, and 42.9% (9) agreed that the Council's structure and processes are effective.
- PWH Participation: 52.4% (11) rated participation as Good, 14.3% (3) as Excellent. Comments suggest continuing outreach to increase engagement.
- Training and Education to understand HIVPC structure and operational processes: 47.6% (10) strongly agreed, and 42.9% agreed that they received sufficient training, while 9.5% (2) strongly disagreed.

RWPA Recipient assessment:

- Funding Information: 61.9% (13) rated the Ryan White Part A Office as Good and 38.1% (8) as Excellent in providing updates.
- Communication on Notices of Award: 57.1% (12) rated Excellent, 38.1% (8) Good.

- Communication on Subrecipient Contracts: 47.6% (10) Good, 38.1% (8) Excellent.
- Responsiveness to Data Requests: 57.1% (12) Good, 33.3% (7) Excellent.
- Overall Communication: 47.6% (10) Good and 47.6% (10) Excellent.

Summary: The survey results indicate that the HIVPC is functioning effectively as a planning body, with improved structural processes and active engagement from members. Training efforts appear adequate, as most respondents feel well-informed about Council operations. Communication between the Ryan White Part A Office and the Planning Council is consistently rated as good to excellent, particularly regarding notices of award and funding updates. Responsiveness to data requests and overall collaboration were also highly rated, reinforcing confidence in the administrative mechanism. Several comments suggested improving PWH engagement, training, and ensuring consistent updates on contract-related matters.

FY 2024-2025 RECOMMENDATIONS

Recommendations to the Recipient Office

Based on survey findings and respondent comments, the following recommendations are proposed:

1. **Improve Contract Loading Timeliness**
    - Continue early drafting and coordination with the County Attorney's Office to minimize delays.
    - Explore automation or streamlined workflows in Provide Enterprise to reduce bottlenecks.
2. **Maintain and Monitor Reimbursement Timeliness**
    - Continue meeting the 15–21-day reimbursement window.
    - Implement a tracking dashboard for invoice processing times to identify and address delays proactively.
3. **Enhance Fiscal Technical Assistance**
    - Provide more hands-on training for fiscal processes, complementing documentation-based support.
    - Offer quarterly workshops focused on invoice accuracy and compliance.
4. **Strengthen Communication and Transparency**
    - Maintain responsiveness within two business days.
    - Document and share technical assistance provided for HRSA reporting.
    - Continue monthly provider meetings to address emerging issues and share best practices.
5. **Standardize Award Notification SOPs**
    - Develop and disseminate clear procedures for communicating award notifications and contract timelines to subrecipients.
6. **Expand Training Opportunities**
    - Offer onboarding sessions for new subrecipient staff.
    - Include modules on contract management, reimbursement processes, and compliance requirements.
7. **Preparation for Contract Awards Following a New RFP Process**
    - The Recipient should establish a clear definition of what constitutes "early drafting" of contracts and integrate this standard into its official Standard Operating Procedures (SOPs).

Recommendations to Planning Council Support

1. **Expand Training Opportunities**
   - Incorporate AEAM and HIVPC structure and operational processes training annually.

CONCLUSION

AEAM Status: The administrative mechanism functioned effectively and efficiently from March 1, 2024, through February 28, 2025.

APPENDICES

Appendix A – HIVPC Member Survey

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

1) Your Name*
_____

2) In general, how would you rate the work of the Planning Council during Fiscal Year 2024 (March 1, 2024 - February 28, 2025? *
[ ] Excellent
[ ] Good
[ ] Average
[ ] Fair
[ ] Poor
[ ] Comments: _____

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

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

5) Rate how well the Ryan White Part A Office provided the Planning Council with funding information and updates during FY2024-2025.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

6) Rate how well the Ryan White Part A Office informed the Planning Council of federal notice of award (s) for Fiscal Year 2024-2025.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent

[ ] Comments:: _____

7) How would you rate Planning Council's FY 2024 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category?*
( ) Excellent
( ) Good
( ) Average
( ) Fair
( ) Poor
( ) I am not familiar enough to rate it

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

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

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

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

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

Appendix B – Recipient Survey

Contracts

1) When did the Broward EMA receive its Notice of Grant Award for FY2024 funding to begin the procurement process?*

_____

2) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2024?*
( ) Yes
( ) No

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

_____
_____
_____
_____

4) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2024 funding?*

_____

5) On what date were award letters sent to funded agencies for FY2024?*

_____

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

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

_____
_____
_____
_____

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

_____
_____
_____
_____

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

_____

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

_____
_____
_____

_____

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

Contracts

12) When did the Broward EMA receive its Notice of Grant Award for FY2024 funding to begin the procurement process?*
_____

13) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2024?*
( ) Yes
( ) No

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

15) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2024 funding?*
_____

16) On what date were award letters sent to funded agencies for FY2024?*
_____

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

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

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

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

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

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

Service Provider Reimbursements

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

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

25) When (month/date) were providers first able to submit invoices for reimbursement in FY2024?*
_____

26) Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?*
( ) 0-7 days
( ) 8-14 days
( ) 15-21 days
( ) 22-28 days
( ) 29-35 days
( ) 36-42 days
( ) 42+ days

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

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

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

_____
_____

30) Over the past year (FY2024-2025), has the Recipients' Office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?*
( ) Yes
( ) No

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

Recipient Communication & Technical Assistance/Training

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

33) In your experience during FY2024-2025, how would you rate the communication between the Recipient's Office and funded agencies?*
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Comments:: _____

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

35) How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training during FY2024-2025?*
[ ] Excellent
[ ] Good
[ ] Average
[ ] Poor
[ ] Very Poor
[ ] Comments:: _____

36) In the last fiscal year (FY2024), how many Programmatic site visits did each service provider receive? (Please give range and average)*
_____

37) In the last fiscal year (FY 2024), how many fiscal site visits did each service provider receive? (Please give range and average)*

_____

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

_____
_____
_____
_____

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

_____
_____
_____
_____

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

Procurement and Allocation

41) What percent of formula funds were unexpended at the end of FY 2024? Please explain.*

_____
_____
_____
_____

42) What percent of supplemental funds were unexpended at the end of FY2024? Please explain.*

_____
_____
_____
_____

43) Please provide a final expenditure report for FY2024.*
_____1

44) Please provide a final allocation report for FY2024.*
_____1

45) Please provide a list of all Part A-funded service providers in the Broward EMA for FY2024 (including contract information), as well as the categories for which each provider is contacted.*
_____1

46) What measures did the Recipient Office implement, if any, to ensure the timely and efficient distribution of contracts following an RFP process?

_____

Appendix C – Subrecipient Survey

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

Provider Information

1) Please provide the following contact information: *
Name: _____
Job Title: _____
Agency: _____
Phone Number: _____
Email: _____

2) My agency is contracted to provide the following Ryan White Part A service(s) (select all that apply): *
[ ] Outpatient /Ambulatory Health Services (OAHS)
[ ] Minority AIDS Initiative (MAI) OAHS
[ ] AIDS Pharmaceutical Assistance
[ ] Oral Health Care
[ ] Health Insurance Continuation Program (HICP)
[ ] Medical Case Management
[ ] Mental Health Services
[ ] MAI Mental Health Services
[ ] MAI Substance Abuse Outpatient Care
[ ] Substance Abuse Outpatient Care
[ ] Non-Medical Case Management Services: Centralized Intake and Eligibility Determination (CIED)
[ ] MAI Non-Medical Case Management Services: CIED
[ ] Non-Medical Case Management Services
[ ] Food Bank Services
[ ] Legal Services
[ ] MAI Medical Case Management
[ ] Medical Nutrition Therapy
[ ] Food Bank (Food Vouchers)
[ ] Emergency Financial Assistance

3) How long has your agency been a Ryan White Part A provider? *
( ) This is my agency's first year as a provider
( ) 2-3 years
( ) 4-9 years
( ) 10-15 years
( ) 16+ years

Contracts

4) For the fiscal year (beginning March 1, 2024 to February 28, 2025), on approximately what date was your agency notified that you would be receiving funding for the new fiscal year?
_____

5) How were you notified of your award? Please select all that apply.*

( ) Award Letter (hard copy)
( ) Award Letter (electronic/e-mail)
( ) Other - Write In: _____

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

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

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

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

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

Service Provider Reimbursements

11) Over the past year (FY2024-2025), what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check? *
( ) 0-7 days
( ) 8-14 days
( ) 15-21 days
( ) 22-28 days
( ) 29-35 days
( ) 36-42 days
( ) 42+ days

12) When (month/date) did your agency receive your first reimbursement check for FY2024 services? *
_____

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

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

15) Over the past year (FY2024-2025), has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures? *
( ) Yes
( ) No

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

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

Recipient Communication & Technical Assistance/Training

18) In your experience during the FY2024-2025 period, how would you rate the communication between your agency and the Recipients' Office? *
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Other - Write In: _____

19) How would you rate the Recipients' Office in responding to questions and requests for information during the FY2024-2025 period? *
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Other - Write In: _____

20) How would you rate the Ryan White Part A Office in providing your agency with (1) Programmatic, (2) Fiscal, (3) Quality Management technical assistance (TA) or training during FY 2024 (this may include recommendations from the site visit or a special technical assistance training)? *

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

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

_____
_____
_____
_____

References

Assessing the Efficiency of the Administrative Mechanism: An Introduction

Part A Manual

Ryan White HIV/AIDS Program Part A Planning Council Primer

END OF REPORT

AIDS DRUG ASSISTANCE PROGRAM

UPDATES TO ADAP

Due to rising health care insurance premiums nationwide and lack of additional Ryan White Grant funding, adjustments have been made to ensure resources the greatest number of individuals within our funding constraints.

The Department remains committed to delivering services through this vital program and will instead cover the costs of HIV medications directly for individuals at or below 130% of the **Federal Poverty Level**. The Department will also cover costs during a two-month transition period to ensure clients have adequate time to connect to services if they are impacted by these changes. These adjustments will prevent a shortfall of more than $120 million for Florida.

We encourage those in need to connect with available community resources to help with connection to care:

PATIENT ASSISTANCE PROGRAMS

Handout D2

From: Choe, Ulyee <[redacted]>
Sent: Thursday, January 8, 2026 3:27 PM
Subject: ADAP Formulary Changes

Dear Colleagues,

As you are probably aware, ADAP will be moving to a financially sustainable model to benefit the largest population of ADAP clients. We will continue to support the current model (direct dispense, CVS Caremark and insurance) for a two month period to ensure ADAP clients have ample time to seek insurance and medication assistance, if no longer eligible to receive ADAP services through the department. Following this transition period, we will move to direct medication dispensing, capping the eligible federal poverty level at 130%, as well as implementing ADAP formulary changes starting March 1, 2026.

Regarding the formulary changes, Biktarvy will be removed and Descovy will be restricted to only those with renal insufficiency (CrCl <60). All other current ART medications including Tivicay will be available. However, we will monitor cost closely and adjust if needed. A few actions to consider:

- Upon follow up visits, transition to new ART regimen such as Tivicay plus Truvada, other Truvada-based or NRTI-based regimen in combination with integrase inhibitors, or alternative class outside of integrase inhibitors. Please refer to the treatment guidelines: Initiation of Antiretroviral Therapy | NIH.

- For patients on those Biktarvy or Descovy, ensure they have adequate medication until their next clinical visit prior to March 1st.

- For Descovy, providers are required to document the reason: due to CrCl <60 or renal insufficiency on the prescription note section.

Will keep you posted on any additional changes. As always, please reach out if you have any questions.

Bcc: DL DOH CHD Administrators Directors, DL CHD Medical Directors; DL CHD Nursing Directors Only; DL CHD Clinical Providers

Ulyee

Ulyee Choe, DO

Director

Florida Department of Health in Pinellas County

County Health Systems Statewide Medical Director

205 Dr. Martin Luther King Jr. St. N

St. Petersburg, FL 33701

(727) 824-6921

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HIVPC By-Laws 1/25/2012 (LPAC)

SECTION 3: An ad-hoc committee of the Council is a committee that has a purpose which does not require a standing membership and which may meet on a periodic but not regular schedule. The continuing ad hoc committees are the ad-hoc Nominating Committee, the ad-hoc By-Laws Committee and the ad-hoc Local Pharmacy Advisory Committee. The Council may establish other ad-hoc committees as necessary.

C. Ad Hoc Local Pharmacy Advisory Committee (LPAC).

1. Membership. The members of the committee shall include but is not limited to members with pharmacological and medical expertise as well as consumer members.

a. Purpose. The Broward County HIV Health Services Planning Council's Local Pharmacy Advisory Committee (LPAC) shall be representative of all stakeholders in HIV/AIDS care in the community. These stakeholders include consumers, providers, and regulators in the affected community. LPAC shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.

b. LPAC's Mission shall be:
   1. To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;
   2. To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);
   3. To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact on the Part A system of care;
   4. To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payers, including private insurance providers); and
   5. To review current pharmacologic therapeutic regimes and federal guidelines.

Approved 8/24/09, 11/18/09 (Article VII, Section 1B), 1/28/10 (Article VII, Section 1D), 1/26/12 (Article V, Section 2)

LOCAL PHARMACY ADVISORY COMMITTEE
Policies and Procedure

The Broward County HIV Health Services Planning Council's Pharmacy Advisory Panel (Panel) shall represent all stakeholders by HIV/AIDS care in the community (consumers, providers, regulators and the affected community). The Panel shall be dedicated to the ongoing review of the RW Part A Pharmacy Service Category.

The Panel's Mission shall be:

- To make recommendations to the appropriate committees of the HIVPC to improve the quality, cost-effectiveness and allocation of resources to pharmacy services;
- To develop and implement a standardized mechanism for pharmacy services (i.e., policies and procedures, drug access, formulary changes and cost/impact analysis);
- To efficiently collect and evaluate current pharmacy data (i.e., utilization, cost, eligibility) for the impact of the Part A system of care;
- To coordinate pharmacy services in collaboration with other funding streams (i.e., ADAP, Part B, Medicaid, private payors, including private insurance providers); and
- To review current pharmacologic therapeutic regimens and federal guidelines.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau

Rockville MD 20857

AUG 2 9 2013

Dear Ryan White HIV/AIDS Program Part A and Part B Colleagues:

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) updated the National Monitoring Standards (NMS) that were initially published in 2011. As part of this update, additional clarifications on Local Pharmaceutical Assistance Programs (LPAP) were added to the Standards. The purpose of the LPAP clarifications, in accordance with the Ryan White HIV/AIDS Program, is "...to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections." LPAPs are not to be substituted for state AIDS Drug Assistance Programs (ADAP). LPAPs are used as a supplement to provide medication assistance when an ADAP has a restricted formulary and/or restricted financial eligibility criteria. In order to maximize all funds and to continue to support the medication needs of people living with HIV (PLWH), the LPAP section of the NMS was updated to provide more clarity.

A summary of these clarifications is listed below:

- Ryan White HIV/AIDS Part A and Part B Grantees should base the decision to fund a LPAP on demonstrated need within the state/ territory, emerging community and/or metropolitan service area. This statement of need should specify the restrictions of the state ADAP and be included in the annual application to HRSA/HAB.
- The LPAP needs to be coordinated with the state ADAP.
- The LPAP needs to be compliant with the Ryan White HIV/AIDS Program's requirement of payer of last resort.
- A client enrollment and eligibility process for the LPAP is required; this process should include screening for the LPAP, as well as ADAP eligibility, and other potential pharmacy program benefits, such as Medicaid, Medicare Part D, other public or private insurance, and local or state pharmacy assistance programs, and pharmaceutical company assistance programs. Client eligibility needs to be addressed in conformance with overall Ryan White HIV/AIDS Program requirements as cited in Policy Clarification Notice 13-02, found at http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1302clienteligibility.pdf.
- The LPAP needs to have an advisory board that is responsible for developing written policies and procedures that will govern its purpose, structure, financing, eligibility criteria, formulary, quality-assurance, and quality management.
- The LPAP needs to be consistent with the most current HHS HIV/AIDS Treatment Guidelines (http://www.aidsinfo.nih.gov).
- The LPAP needs to be implemented in accordance with requirements of the 340B Drug Pricing Program, Prime Vendor Program and/or Alternative Methods Project in order to ensure "best price" to maximize resources.

These clarifications are included in the revised NMS. Project officers will be routinely monitoring the implementation of LPAPs in Parts A and B Grants, with assistance, as necessary from HRSA/HAB's clinical consultant, Dr. Susan Robilotto, who works with two HAB Divisions, the Division of State HIV/AIDS Programs and the Division of Metropolitan HIV/AIDS Programs. In the near future, these two divisions will be hosting a webinar on this topic. In the meantime, please feel free to contact your project officer if you have any questions.

Sincerely,

Steven R. Young, MSPH
Director
Division of Metropolitan HIV/AIDS Programs

Heather Hauck, MSW, LICSW
Director
Division of State HIV/AIDS Programs

Planning Council Roles

- **Priority Setting:**
    - Determines which service categories are most needed by people living with HIV in the EMA/TGA based on needs assessment, utilization, and epidemiologic data.
    - Engages stakeholders and ensures decisions reflect community needs.
- **Resource Allocation:**
    - Decides how much RWHAP Part A funding should be allocated to each prioritized service category.
    - Ensures equitable distribution of resources across populations and geographic areas.
- **Assess Efficiency:**
    - Evaluates the administrative mechanism (Recipient/RW Part A Office) to ensure funds are distributed efficiently and services are delivered effectively.

Recipient Office Roles

- **Implement Allocations:**
    - Applies the Planning Council's decisions by contracting with providers and ensuring funds are distributed according to the approved allocations.
- **Provide Data & Support:**
    - Supplies utilization, expenditure, and epidemiologic data to inform the Planning Council's priority-setting process.
- **Monitor Compliance:**
    - Ensures funds are used as intended and reports back to the Planning Council on spending and service delivery.
- **Ensure Program Efficiency:**
    - Implement standard operating procedures to ensure funds are made available efficiently and services are delivered effectively.

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Revised and Updated: 10/16/2025 by PSRA Committee
Approved by HIVPC: October 23, 2025

I. Allocation Process

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

B. **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.
   1. This involves determining current Part A service utilization by service category.
   2. 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.

C. **Assessment of Other Funding Sources.**
The Committee should evaluate the availability of alternative funding and resources for similar services, with the goal of estimating the number of clients those sources are expected to support. This process includes:
   1. Estimating service coverage: Determine the number of clients likely to be served through other funding sources offering similar services.
   2. Adjusting for increased funding: Subtract the number of people with HIV (PWH) expected to be served due to increases in other available funding.
   3. Accounting for decreased funding: Add the number of PWH projected to need services as a result of reductions in other funding sources.

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

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

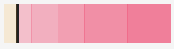
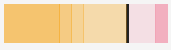
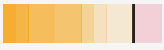
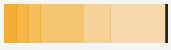
A. ***Biannual reallocation:*** The following process shall be utilized for the biannual reallocation of resources:
   1. The Recipient should present the Committee with funding deviation estimates and explanations for the possible causes.
   2. Funding should be maintained within the service category. 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.
   3. The Committee reserves the right to deviate from this process to address the emergent needs of underserved populations in lower or non-ranked categories.
   4. Any deviations from the planned allocation will be documented with justifications for the changes.

B. **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.

Handout G2

2. CORE SERVICES. Listed below are the core services that meet the federal government's requirements for Part A funds. Please rank the services in their order of importance to Broward residents living with HIV. The score of 1 is given to the most important service, while the score of 13 is the lowest important service. Do not give two services the same rank.

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Outpatient/Ambulatory Health Services (OAHS)	1		128	12
Health Insurance Premium and Cost Sharing (HICP)	2		126	12
Medical Case Management	3		122	12
AIDS Pharmaceutical Assistance (Local)	4		117	12
AIDS Drug Assistance Program Treatment (ADAP)	5		112	12
Oral Health Care (Dental) [Routine & Specialty Care]	6		108	12
Mental Health Services	7		100	12
Substance Abuse - Outpatient	8		75	12
Early Intervention Services (EIS)	9		49	12
Home and Community-Based Health Services	10		46	12
Medical Nutrition Therapy	11		46	12
Home Health Care	12		39	12
Hospice	13		24	12

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Housing	1		179	12
Food Bank/Home-Delivery Meals	2		175	12
Medical Transportation Services	3		175	12
Emergency Financial Assistance	4		168	12
Non-Medical Case Management	5		159	12
Legal Services	6		118	12
Health Education/Risk Reduction	7		102	12
Outreach	8		101	12
Psychosocial Support	9		95	12
Child Care	10		89	12
Referral for Health Care and Support Services	11		87	12
Rehabilitation Services	12		81	12
Linguistics Services (Interpretation and Translation)	13		76	12
Other Professional Services	14		71	12
Substance Abuse - Residential	15		68	12
Permanency Planning	16		58	12
Respite Care	17		34	12

Broward Ryan White HIV Health Services Planning Council Minority AIDS Initiative (MAI) Subcommittee Summary Report September 2024 – October 2025

Purpose of the MAI Subcommittee

The MAI Subcommittee is committed to improving health outcomes among minority subpopulations disproportionately impacted by HIV. Achieving this requires that MAI services are informed by epidemiological data, clearly articulate specific needs, and maintain cultural competence. Effective service delivery should incorporate innovative, targeted strategies designed to address the unique challenges confronting these communities. The overarching goal of the MAI is to realize viral suppression within identified minority subpopulations, in alignment with the broader objectives of RWHAP Part A. *(Approved by Subcommittee January 2025)*.

Subcommittee Function and Action Steps

- Examine results by race, ethnicity, and additional factors to determine which populations—particularly Black/African American groups—experience the greatest challenges.
- Undertake further analyses of subpopulations (e.g., by age, gender, sexual orientation) to identify specific disparities.
- Propose a targeted needs assessment incorporating focus groups, service data, and CQM reviews; also consider organizing listening sessions with both community stakeholders and service providers.
- Utilize these insights to inform MAI priorities and ensure resource allocation aligns with those communities most impacted.

01 – MAI Resource (September 2024)

Purpose: With the recent formation of the MAI Subcommittee, Planning Council Support (PCS) staff identified relevant resources to guide the development of the subcommittee's focus and objectives. One such document, *"Using MAI Funds Effectively: Tailoring Services for Locally Identified Subpopulations"* (EGM Consulting, LLC, n.d.), provides information on the MAI program's aims, background, funding mechanisms, targeted populations, and permissible service categories.

Findings: The subcommittee evaluated this resource to inform its organizational framework, establish objectives, and determine subsequent steps to advance the subcommittee's mission.

02 – MAI Definition (October 2024)

Purpose: As the subcommittee progressed, PCS staff presented the "_U.S. Department of Health and Human Services Notice of Funding Opportunity_" (HRSA, n.d.), which offers comprehensive guidance for federal planning and reporting. This resource is designed to facilitate optimal allocation of MAI funds to address HIV care disparities among racial and ethnic minority groups.

Findings: The subcommittee utilized this material to clarify its mandate and formulate actionable strategies.

03 – MAI Subcommittee Purpose and Action Steps (October 2024)

Purpose: Drawing from the resources *"Using MAI Funds Effectively: Tailoring Services for Locally Identified Subpopulations"* and the *"U.S. Department of Health and Human Services Notice of Funding Opportunity,"* along with member discussions and feedback, the subcommittee finalized its purpose and defined its core functions and action steps.

Findings: The subcommittee officially finalized its Purpose and Action Steps.

04 – MAI Non-Medical Case Management Service Delivery Model (October 2024)

Purpose: The subcommittee reviewed the current MAI Service Delivery Model (SDM) for Non-Medical Case Management (Broward County Human Services Department, 2024). The SDM outlines service definitions, populations of focus, eligibility criteria, key components, and activities, guiding how services should be delivered.

Findings: The Recipient Office recommended that the subcommittee become familiar with the SDMs and prepare feedback for the upcoming review later this year.

05 – MAI Substance Use Service Delivery Model (October 2024)

Purpose: The subcommittee reviewed the current MAI SDM for Substance Abuse (Broward County Human Services Department, 2024). The SDM outlines service definitions, populations of focus, eligibility criteria, key components, and activities, guiding how services should be delivered.

Findings: The Recipient Office **recommended** that the subcommittee review the SDMs and get ready to provide feedback at the upcoming review later this year.

06 – MAI Report (February 2025)

Purpose: The Subcommittee requested a review of demographic data for populations of focus, including Black MSM under 30 and Non-Hispanic, Hispanic, African American, Black, and Haitian women. The analysis also included comparison data between MAI and Part A outcomes, new-to-care clients under MAI, and a breakdown by service category.

Findings: The Subcommittee examined demographic and outcome data for key populations, including Black MSM under 30 as well as Non-Hispanic, Hispanic, African American, Black, and Haitian women. Their analysis compared MAI and Part A outcomes, identified clients who were new to care through MAI, and categorized results by service type. The data indicates that **297 clients are currently accessing MAI services outside of CIED**. Black clients made up the largest group (4,050 individuals) but had lower viral suppression rates (82.22%) and retention in care (82.59%) compared to other demographics. Among

subgroups, Haitians had the lowest retention in care (75.93%) and slightly lower viral suppression (86.02%) than Hispanic clients, who achieved the highest rates for viral suppression (87.54%), retention (87.45%), and private insurance coverage (46.25%). Additionally, client engagement with MAI services may be limited due to there being only two MAI providers available in FY 2024-2025.

Note: MAI providers increased from two to six in FY2025-2026.

07 – MAI Data Presentation (May 2025)

Purpose: The MAI Subcommittee requested data that includes care continuum data year to date breakdown. The data presentation classified clients by race/ethnicity, sex, and age across the care continuum, enabling the subcommittee to determine vulnerable groups who needed specialized interventions.

Findings: The data covered three agencies with about 5,632 clients for Fiscal Year 2024, focusing on viral suppression and retention in care. It was noted that CIED's use of MAI funds prior to its use of RWPA funds may skew viral suppression rates.

The results showed that the Hispanic/Latino population had higher viral suppression rates, while the Black, African American, and Haitian populations had challenges with adherence and viral suppression. Haitian clients were the most likely to be retained in care, followed by Hispanic/Latino clients, while Black/African American clients were the least likely to be retained in care. Men were more likely to be virally suppressed and retained in care than women. Viral suppression and retention in care rates did not show consistent patterns.

08 – Needs Assessment and HIV Care Continuum Presentation (May 2025)

Purpose: (1) To assess the various services offered by the Broward Ryan White Part A EMA and measure/learn how well the services enhance the ability of clients to become sustainably virally suppressed. (2) Continue with the HIV Care Continuum date presentation with a focus on viral suppression and retention in care.

Findings: (1) The Needs Assessment consisted of client focus groups, subrecipient Medical Case Management and Peer job descriptions, MCM and Medical Provider-focused Needs Assessment activities, and interviews with collaborative community partners and programs. The presentation offered recommendations to improve health outcomes for clients and increase client satisfaction. These include establishing a measurable understanding of trauma; implementation of "walk-in" HIV care and "on-demand" HIV telehealth services; and partnering with non-RW providers and unconventional entities to raise awareness.

(2) During FY2024–2025, the overall MAI program served a total of 5,632 clients, with 89.6% achieving viral suppression and 9.7% remaining unsuppressed. When examining outcomes by ethnicity, both Black/African American and Haitian clients reported viral suppression rates of 89%, while Hispanic Latino/a clients demonstrated the highest rate at 94%. Gender disparities were evident, as Black females

recorded the lowest viral suppression at 88%, coupled with the lowest retention in care at 76%. Across age groups, Hispanic Latino/a clients consistently showed the highest engagement, whereas Black/African American clients exhibited slightly lower viral suppression among younger adults aged 18–28, at 83%, and the lowest retention at 78%.

09 – MAI Data Request (July 2025)

Purpose: To examine the operational structures of Ryan White HIV/AIDS MAI programs in different Eligible Metropolitan Areas (EMAs) throughout the United States.

Findings: The presentation outlined the various funded services provided across five Eligible Metropolitan Areas (EMAs): Broward County, Florida; Orange County, Florida; Fulton County, Georgia; Palm Beach County, Florida; and Miami-Dade County, Florida. The Recipient presenter noted that, due to its "_very large and diverse_" population, the Fulton County EMA must employ a strategic approach in how its subrecipients deliver services.

The Recipient Office recommended: Broadening efforts by training subrecipients to reach target populations and strengthen capacity; assessing staff fit for the communities served; evaluating health related social needs like housing, food security, and immigration-related stressors; and creating actionable plans to reduce health disparities.

10 – MAI Data Request 1 (August 2025)

Purpose: To analyze a sample size of 15 clients and discuss the correlation of their viral suppression, health outcomes, and Ryan White Part A services utilized.

Findings: Findings showed recurring issues with clients cycling in and out of care, often linked to expired eligibility, relocation, incarceration, or loss of contact. This led to the clients not renewing eligibility or missing appointments. Frequent repeat clients in the test-and-treat program were noted as a key issue. Some clients continued accessing EHE services despite being inactive under Part A.

Follow-Up: The Broward County, Florida Department of Health (FDOH) conducted an additional review of the 15-client sample and updated their statuses. This review revealed that some clients previously identified as out of care had either moved to a different jurisdiction or were referred to other services by Disease Intervention Specialists (DIS).This interaction underscores the importance of periodic reviews of PE data between RW and DOH to ensure client notes remain accurate and up to date.

11 – MAI Data Request 2 (August 2025)

Purpose: Compare and contrast various service categories to identify and address service gaps for clients within the Broward EMA. The data presented examines the distinctions among the Part A, MAI (Minority AIDS Initiative), and EHE (Ending the HIV Epidemic) funding streams.

Findings: The MAI program shares most service categories with Part A but is designed to specifically serve underserved racial and ethnic minority populations, such as Black non-Hispanic, Hispanic/Latino,

and Haitian communities. In contrast, EHE provides additional support through the funding of medical transportation and housing services.

12 – Case Manager and Peer Specialist Discussion (October 2025)

Purpose: To enable Case Managers, Peers, Disease Intervention Specialists (DIS), and CIED Champions or professionals receiving MAI funding to share their perspectives on MAI services, pose relevant questions, identify potential gaps, and provide observations regarding the program and their respective roles.

Findings: Attendees underscored the significance of team-based care encompassing peers, case managers, and clinicians, and identified "wrap-around" models as integral to addressing clients' comprehensive needs. Several case managers noted ambiguity regarding Ryan White Part A and Ending the HIV Epidemic (EHE) eligibility requirements, particularly in reference to food bank services. Members highlighted the necessity for enhanced communication to mitigate client frustration and minimize service duplication.

The Subcommittee agreed to create an updated, shared resource list concentrating on housing, food, mental health, and immigration-related stressors. The group further advocated for ongoing collaboration with PROACT and proposed extending another invitation to Disease Intervention Specialists, who were unable to participate in this meeting. Additionally, members suggested revisiting MAI service models in future grant cycles to improve care coordination and introduce greater flexibility centered on client needs.

Executive Summary

Minority AIDS Initiative (MAI) Subcommittee – Broward County Ryan White Part A

Reporting Period: September 2024 – October 2025

The MAI Subcommittee was established to address persistent disparities in HIV care among racial and ethnic minority populations in Broward County. This executive summary outlines key findings and strategic recommendations based on a year-long review of service models, demographic data, and stakeholder feedback.

Summary of Key Findings

- The MAI program served 5,632 clients in FY2024–2025; 89.6% were virally suppressed, 9.7% unsuppressed.
- Suppression rates: Black/African American and Haitian—89%; Hispanic Latino/a—94% (highest).
- Black females had the lowest suppression (88%) and retention (76%).

Age Trends: Hispanic Latino/a clients demonstrated the highest levels of engagement across all age groups. Black/African American clients experienced lower viral suppression rates among younger adults (ages 18–28), at **83%**, with retention at **78%**.

Provider Network Limitations: Engagement was impacted by a limited number of MAI-funded providers; the network expanded from **2 to 6 providers** in FY2025–2026.

Service Confusion: Case managers indicated challenges distinguishing between Ryan White Part A and EHE services, particularly regarding food bank eligibility.

Continuity of Care Barriers: Clients often transition in and out of care due to expired eligibility, relocation, incarceration, or loss of contact.

Culturally Responsive Care: Analysis of quantitative data and focus group input highlights the ongoing need for trauma-informed and culturally specific interventions.

Recommendations to the PSRA Committee

1. **Increase Provider Capacity and Accessibility**
   1.1 Expand the number of providers funded by MAI and introduce or grow mobile and telehealth options.
2. **Focus on High-Need Populations**
   2.1 Target interventions for Black MSM under 30, Haitian women, and other groups with low viral suppression rates.
   2.2 Create peer-led navigation and support services.
3. **Enhance Data Usage**
   3.1 Perform regular analyses of subgroups to inform resource distribution.
   3.2 Track health-related social needs and assess how they affect care results.

3.3 Conduct periodic reviews of PE data between RW and FDOH to ensure client notes remain accurate and up to date.

4. **Strengthen Eligibility and Re-engagement Efforts**
   4.1 Use automated reminders and allow more flexible processes for re-entering care.
   4.2 Collaborate with correctional facilities and transitional housing organizations.
5. **Improve Communication and Coordination**
   5.1 Create a resource guide that can be shared among providers and clients. (This has been completed by the RW Part A Recipient.)
   5.2 Offer staff training on RW services and referral protocols.
6. **Innovate Service Delivery**
   6.1 Launch pilot programs that are based on "walk-in" and "on-demand" HIV care models.
   6.2 Work with non-traditional partners to boost outreach and education efforts.
7. **Enhance Subrecipient Capabilities**
   7.1 Provide cultural competency and population-focused training.
   7.2 Match staffing profiles to the demographics of those being served.

Conclusions and Recommendations

During the reporting period, the MAI Subcommittee's activities reflect both advancement and ongoing challenges in mitigating HIV care disparities among minority populations in Broward County. Although overall viral suppression rates are commendably high at nearly 90%, notable disparities remain among Black/African American clients—particularly younger adults and women—who exhibit lower rates of suppression and retention relative to other demographic groups. Hispanic Latino/a clients consistently achieve superior engagement and health outcomes, illustrating the effectiveness of culturally tailored interventions.

Future priorities must include enhancing provider capacity, optimizing care coordination, and adopting innovative service delivery models such as mobile and telehealth solutions. In addition, addressing health-related social needs and reinforcing culturally responsive strategies will be essential to promote equitable access and sustained engagement for all populations.

References

Broward County Human Services Department. (2024). *MAI Non-Medical Case Management Service Delivery Model*. MAI Non-MCM SDM - HIV Health Service Planning Council

Broward County Human Services Department. (2024b). *MAI Substance use – Outpatient Service Delivery Model*. MAI Substance Use SDM - HIV Health Service Planning Council

EGM Consulting, LLC. (n.d.). Using MAI funds effectively: tailoring services for locally identified subpopulations. *Developed by EGM Consulting, LLC for Planning CHATT*. https://targethiv.org/sites/default/files/media/documents/2023-05/MAI%20Resource-2023%20Final%20designed_508.pdf

U.S. Department of Health and Human Services, Woodland, C. A., & Division of Metropolitan HIV/AIDS Programs. (2024, July 3). *NOTICE OF FUNDING OPPORTUNITY* [Press-release]. U.S. Department of Health and Human Services. HRSA-25-054 (HAB) RWHAP Part A ERGP_v2 for OA review TRACKED

Health Insurance Premium Assistance Program

ACA Insurance Open Enrollment

November 1st – December 15th

for Coverage beginning 1/1

December 16th – January 15th

for Coverage beginning 2/1

Step #1: Enroll In an APPROVED Health Insurance Plan (required)

For assistance with enrolling in Insurance: call 1-844-441-4422 or visit: https://enroll.brhpc.org

Step #2: Enroll In Premium Assistance @ Enroll.BRHPC.org (required)

- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05, -08, or -21S) or Silver (24J01-03 or -19S), you MUST choose a NEW PLAN for 2026 to continue receiving premium assistance.

Step #3: Use *CVS Copay Card When You Fill A Prescription (required)*

For medication copayment assistance, the call Pharmacy Help Desk at 1-800-364-6331

Step #4: *Recertify Eligibility Annually & Don't Let It Expire (required)*

If your eligibility expires, your premium payments will no longer be made by the program.
For State of Florida Drug Assistance Program eligibility assistance, call 1-844-381-2327.

BRHPC

For premium assistance program enrollment or payment questions, contact: Broward Regional Health Planning Council or our enrollment partner, American Exchange at **1-844-441-4422.**

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

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.