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

Thursday, November 20, 2025 - 9:30 AM
Location: Virtual via Microsoft Teams

Click Here to Join Priority Setting and Resource Allocation Committee Meeting
Meeting ID: 262 344 748 849
Passcode: oT6BE6JF
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+1 469-998-5921 695493825#
Find a local number
Phone conference ID: 695 493 825#

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

This meeting is audio and video recorded.

Quorum for this meeting is 9

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order

II. Welcome from the Chair:
- **a.** Meeting Ground Rules
- **b.** Statement of Sunshine
- **c.** Introductions & Abstentions
- **d.** Moment of Silence

III. Public Comment:

IV. **ACTION ITEM:** Review of Agenda for November 20, 2025

V. **ACTION ITEM:** Approval of Minutes from October 16, 2025 **(Handout A)**

VI. Standard Committee Items:
- **a.** Minority AIDS Initiative Ad hoc Subcommittee Update, *Chair MAI Subcommittee*
- **b.** Impact of Federal Policy Changes, *Recipient Representative*
- **c.** Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: *Recipient Representative* **(Handout B)**

VII. Discussion Items: None.

VIII. Old Business:
- i. **Update:** Core Medical Services Waiver Update; *Recipient Office*

ii. New Business:

i. **Action Item:** FY2025 Reallocation/Sweeps – Cycle Two, *PSRA Chair*

ii. **Discussion:** Affordable Care Act (ACA) and Health Insurance Continuation Program (HICP) Eligibility, *PSRA Chair* **(Handout C1, C2)**

a. Changes in Eligibility for ACA

b. HICP Eligibility Change

c. New HICP Eligibility Cap for Clients

iii. **Presentation:** Florida Department of Health Broward Update on Epidemiological Data (High Level); *Dr. Julia Hidalgo* **(Handout D)**

iv. **Action Item:** Approval of PSRA 2026-2027 Workplan, *PCS Staff* **(Handout E)**

v. **Presentation:** Listening Tour Session #3: Voices of the Community **Insights & Outcomes**, *PCS Staff* **(Handout F1, F2)**

iii. Recipient Report

iv. Data Request(s)

v. Public Comment

vi. **Next Meeting Date:** December 18, 2025, 9:30AM to 10:30AM. Location: **Microsoft Teams Only**

i. Agenda Items for Next Meeting:

a. **Presentation:** Minority AIDS Initiative Subcommittee Findings

vii. Announcements

i. ACA Enrollment **(Handout G)**

viii. 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.

November 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					1
2	3	4 **Community Empowerment Committee Meeting (CEC)** **3:00PM– 5:00PM** **Location: BRHPC/MS Teams**	5	6 **System of Care Committee Meeting (SOC)** **9:30AM – 11:30AM** **Location: BRHPC/MS Teams**	7 **Medical Case Management Network Meeting (CQM)** **2:30PM-4:30PM**	8
9	10	11  **BRHPC Office Closed**	12 **Minority AIDS Initiative Subcommittee Meeting** **2:00PM – 4:00PM** **Locations: BRHPC/MS Teams**	13 **Oral Health Network Meeting (CQM)** **3:00PM-4:15PM**	14	15
16	17 **Quality Management Meeting (QMC)** **12:30PM– 2:30PM** **Location: BRHPC/MS Teams**	18	19	20 **Priority Setting and Resource Allocation Committee Meeting** **9:30AM – 11:30AM** **Location: BRHPC/MS Teams** **Executive Committee Meeting** **12:45PM – 2:45PM** **Location: BRHPC/MS Teams**	21	22
23	24	25	26	27  **BRHPC Office Closed**	28  **BRHPC Office Closed**	29
30 **CAN Community Health World AIDS Day Concert Las Olas Oceanside Park, Ft. Lauderdale 6:00 PM – 9:00 PM**						

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**.

November 2025

Broward HIV Health Services Planning Council Calendar

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

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

HIVPC Committee Descriptions

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

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

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

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

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

Community Empowerment Committee (CEC) - Encourages the participation of individuals living with and affected by 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, October 16, 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, V. Biggs, J. Rodriguez, M. Schweizer (Vice-Chair), S. Tinsley, J. Castillo, S. Hafley, R. Jimenez, A. Machado, K. Schickowski, Y. Barrientos, J. Rogers, M. Patterson
PSRA Members Absent: L. Robertson
Recipient Staff Present: G. James, A. Maloney, T. Thompson, B. Spaulding, J. Roy, G. Moxey, A. Tareq
PCS/CQM Present: G. Berkley, D. Liao, M. Lacroix, M. Rosiere, S. Isidore
Guests Present: J. De La Nuez, T. Currie, H. Singh, J. Hidalgo, J. Saboe-Rodriguez, A. Tender
Call to Order

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

1. Welcome from the Chair & Public Record Requirements

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

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 October 16, 2025

   M. Schweizer proposed the approval of the agenda for the October 16, 2025, Priority Setting and Resource Allocation Committee meeting. The motion was seconded by V. Biggs**.** The committee voted and approved the motion unanimously.

MOTION #1: On behalf of PSRA, M. Schweizer moved to approve the agenda for the October 16, 2025, Priority Setting and Resource Allocation Committee meeting.V .Biggs seconded the motion, which was unanimously approved.

4. Action Item: Approval of Minutes from August 21, 2025

   The approval for the minutes of August 21, 2025, meeting was proposed by M. Schweizer seconded by B. Mester and passed unanimously.

   MOTION #2: M. Schweizer, on behalf of PSRA, made a motion to approve August 21, 2025, Priority Setting and Resource Allocation Committee minutes. The motion was seconded by B. Mester and passed unanimously.

5. Standard Committee Items

   a. ACA Updates and Challenges

      PSRA Chair, B. Barnes, noted that open enrollment will begin soon, with ACA enrollment starting shortly thereafter. He then opened the floor for updates from the Recipient Office and BRHPC. The Recipient Office shared that a more detailed update will be provided at next week's HIVPC General Body meeting, and BRHPC had no additional updates to report.

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

      MAI Chair, M. Schweizer, provided a brief update, noting that during the last MAI meeting, many Case Managers and several Peer Navigators participated in productive discussions about the MAI program. He shared that the committee's next meeting will focus on wrapping up its work, acknowledging that certain items cannot be addressed immediately due to RFP constraints. Following the update, B. Barnes suggested developing a list of activities that could be referred to other committees for further review and exploration. He then thanked the MAI Committee for their hard work and looks forward to receiving their final report.

   c. Impact of Federal Policy Changes: Recipient Representative
      - HRSA has requested that data be reported as sex assigned at birth rather than gender.
      - The Department of Health and Human Services (HHS) continues its operations, and the Part A Office is conducting business as usual.
      - The Systematic Alien Verification for Entitlements (SAVE) form is not currently required for the Ryan White Program.

   d. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: *Recipient Representative*
      Data Request: *One-page report showing units (if applicable) and average client costs by service category, in the same order as the scorecard*

      A. Tareq, Part A Representative, provided an update on service utilization as of September 2025. The following utilization rates were reported: Integrated Primary Care and Behavioral Health Services – 54%; AIDS Pharmaceutical Assistance – 17%; Oral Health Care (Routine) – 72%; Oral Health Care (Specialty) – 60%; Medical Case Management – 73%; Mental Health (Trauma-Informed) – 33%; Health Insurance

Premium & Cost Sharing Assistance – 29%; Medical Nutrition Therapy – 57%; Substance Abuse (Outpatient) – 56%; Non-Medical Case Management (CIED) – 40%; Non-Medical Case Management – 79%; Food Services (Food Bank) – 52%; Food Services (Food Voucher) – 11%; Legal Assistance – 68%; and Emergency Financial Assistance – 64%. MAI expenditures were reported as follows: MAI Mental Health – 29%; MAI Substance Abuse (Outpatient) – 62%; MAI Non-Medical Case Management – 48%; and MAI Non-Medical Case Management (CIED) – 92%.Following the update, the committee engaged in a brief discussion.

G. James, Part A Representative, noted that the three largest agencies submitted their invoices after the completion of this report. V. Biggs observed that Food Vouchers were only at 11% utilization and inquired whether the office anticipates an increase in utilization. In response, J. Roy, Part A Representative, explained that delays in contract execution may have contributed to the low utilization rates and added that many of the providers are new.

6. Discussion Items
    a. None.

7. Old Business:
    a. **Review:** PSRA Workplan, *PCS Staff (10 minutes)*
    B. Barnes noted that the proposal for PSRA's work plan will be finalized during the November meeting. He explained that he wanted to include the work plan on the agenda to gather the committee's input on what is working well, what could be improved, and to discuss the activity timeline. Following this, PCS staff member M. Lacroix reviewed the committee's current work plan. G. Berkeley added that the Project Officer (PO) commended Broward County for its best practices, noting that another EMA experiencing challenges with its conflict-of-interest process during voting reached out for guidance on Broward's approach.

    During the review, the Chair opened the floor for recommendations. V. Biggs commented that while the Listening Tours are valuable for gathering community feedback, there has not yet been action taken to translate consumer input into recommendations. G. Berkeley responded that a final report and summary of results will be presented at the upcoming HIVPC Annual Retreat in February 2026. The Chair concluded by encouraging members to send any additional recommendations to staff for review and discussion at the next meeting.

    b. **Action Item**: Review and Update PSRA Policy and Procedures, *PCS Staff (10 minutes)*
    M. Lacroix noted that the major updates to the Policies and Procedures include revisions to the overall structure to ensure alignment with current HRSA requirements. Following this, B. Barnes directed the committee's attention to Section 5, "Revised Allocation," and allowed members a few minutes to review the section. He emphasized that keeping the policy as currently written could significantly impact services and suggested that a special meeting be scheduled to discuss potential funding options. M. Schweizer added that while policies are essential, not every situation can be addressed by a single policy, and that open discussion on complex issues would be more effective. Following this, the committee moved to make a motion.

MOTION #3: M. Patterson, on behalf of the PSRA Committee, moved to approve the updated PSRA Policies and Procedures with the recommendation to remove Section 5, "Revised Allocation." The motion was seconded by Y. Barrientos. With one nay vote, the motion carried.

c. **Data Presentation:** Service Utilization Scorecards, *CQM Health Planner (30 minutes)*

CQM Health Planner D. Liao noted that during the previous meeting, she began reviewing the PSRA Scorecards, starting with the Overall Part A Scorecard. She explained that the PSRA Scorecard presented today includes all key and relevant information condensed into a single page. The standard definitions that typically appear on each scorecard have been moved to the beginning, and a new feature now shows the percentage change since 2020. A brief discussion followed.

V. Biggs requested clarification on why ACA was not listed separately. D. Liao explained that ACA is included under private insurance. The committee then engaged in an extended discussion about the number of uninsured clients reflected in the overall scorecard. The committee then made recommendations for future scorecards.

PSRA Preliminary Recommendations Scorecards

- Include Federal Poverty Level % breakdown of 0-99
- Add the definitions for "permanent" and "unstable" under the housing category alongside the other definitions at the beginning.

Based on the discussion, it was decided to include the ACA discussion from the Integrated Primary Care & Behavioral Scorecard—focusing on insured and uninsured clients—on the next PSRA agenda.

d. **Presentation:** Listening Tour Session #2: Voices of the Community **Insights & Outcomes**, *PCS Staff*

B. Barnes noted that PCS staff had distributed the materials in advance for review and asked the committee if there were any additional questions regarding the information provided. V. Biggs raised concerns about the survey results, pointing out that the number of attendees and the completion rate appeared inconsistent. Following the discussion, the committee recommended adding a "Did Not Complete" option to present a clearer picture of the results.

e. **Presentation:** Listening Tour Session #2: Voices of the Community **Survey Results**, *PCS Staff*

B. Barnes noted that PCS staff had distributed the materials in advance for review and asked if the committee had any additional questions regarding the information provided. The committee had no further comments.

f. **Update:** Listening Tour Session #3: Voices of the Community, Monday, October 20, 2025, from 4:30PM to 7:30PM at Gilda's Club (4850 W Prospect Rd, Fort Lauderdale FL, 33309), *PCS Staff*

B. Barnes noted that the QMC and PSRA Committees have been collaborating closely in preparation for the upcoming Listening Tour Session #3. QMC Chair B. Fortune-Evans

shared several updates developed by the Chairs and Vice Chairs, including allowing clients to write their questions or comments on index cards. Similar issues and themes will be grouped to guide the discussion. Additionally, large sticky notes will be placed around the room for participants to share topics that may not directly relate to Ryan White but provide valuable client feedback. Staff will help guide participants to appropriate resources as needed. B. Barnes then invited volunteers to assist with setup and cleanup on the day of the event.

8. New Business
    a. **Action Item:** Core Medical Services Waiver Update; *Recipient Office*

       B. Barnes opened the discussion by explaining that the Core Medical Services Waiver relates to the allocation of funds, with 75% designated for core services and 25% for support services. Once an EMA approaches this threshold, it may submit a waiver to adjust the funding distribution as needed. G. James, Part A Representative, added that the item was included on the agenda as a reminder. He explained that the waiver can only be submitted when the Non-Competing Continuation (NCC) report is filed and noted that, although he wished to apply this year, several requirements could not be met in time. Following the discussion, the committee agreed to include the item on the November PSRA agenda and forward the results to the Planning Council to ensure proper public notice in accordance with Sunshine Law.

    b. **Discussion:** HRSA Planning Listening Session September 16-17, 2025
       B. Barnes noted that this item was included to provide a brief update on the HRSA Planning Listening Session held in September. He shared that the discussion was very productive overall, and HRSA expressed interest in scheduling additional sessions next year if time permits.

9. Recipient's Report
   The Recipient Office noted that there was no specific report for this committee at this time and that a more detailed update would be presented at the HIVPC General Body meeting next week.

10. Data Request(s)
    None.

11. Public Comment
    None.

12. Agenda Items for Next Meeting
    a. FY2025 Reallocation/Sweeps – Cycle Two
    b. **Action Item:** Approval of PSRA 2026-2027 Workplan
    c. **Presentation:** Florida Department of Health Broward Update on Epidemiological Data (High Level), *Dr. Julia Hidalgo*
    d. **Reference:** Listening Tour Session #3: Voices of the Community Insights & Outcomes, *PCS Staff*
    e. **Reference:** Listening Tour Session #3: Voices of the Community Session Survey Results, *PCS Staff*

Next Meeting Date: Thursday, November 20, 2025 at 9:30AM Location: Broward Regional Health Planning Council.

13. Announcements

- **Aging with Grace A Poverello Luncheon:** October 29, 2025, from 1:00 PM to 3:00 PM at The United Church of Christ. This event will provide opportunities to learn about Rent and Utilities Assistance, receive free HIV and STI testing, and access chiropractic and massage therapy for pain relief, among other services.
  For more information and to register, visit: Luncheon Registration

There being no further business, the meeting was adjourned at **11:36AM.**

PSRA Attendance for CY 2025

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

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 OCT 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	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,250,490	3,810,446	73%	2745	$1,388.14	1,440,044	476,306	5,715,669	82,156	(465,179)	698,535	(56,031)	144,100.00	329,100	(185,000)	144,100	5,394,590
	AIDS Pharmaceutical Assistance (3)	16,077	2,804	17%	5	$560.72	13,273	350	4,205	-	11,872	-	(425)	(11,425.00)	-	(11,425)	(11,425)	4,652
	Oral Health Care Routine (4)	2,169,128	1,835,681	85%	1974	$1,054.59	333,447	229,460	2,753,522	-	(584,394)	448,000	-	144,925.00	144,925	-	144,925	2,314,053
	Specialty (1)	346,964	246,074	71%			100,890	30,759	369,110	-	(22,146)	-	-	-	-	-	-	346,964
	Medical Case Management Disease Case Management (9)	843,978	671,477	80%	413	$1,625.85	172,501	83,935	1,007,215	52,648	(163,237)	168,540	-	-	60,000	(60,000)	-	843,978
	Mental Health- Trauma-Informed (4)	140,000	49,388	35%	59	$837.08	90,612	6,173	74,081	4,215	65,919	45,000	-	(15,000)	10,000	(25,000)	(15,000)	125,000
	Health Insurance Premium & Cost Sharing Assistance	822,465	291,321	35%	1049	$277.71	531,144	36,415	436,982	-	385,483	-	-	(131,000)	-	(131,000)	(131,000)	691,465
	Medical Nutrition Therapy (1)	400,000	232,234	58%	277	$838.39	167,766	29,029	348,351	-	51,649	-	-	(45,000)	-	(45,000)	(45,000)	355,000
	Substance Abuse-Outpatient (1)	130,684	78,317	60%	31	$2,526.35	52,367	9,790	117,475	-	13,209	80,000	-	30,000	30,000	-	30,000	160,684
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	406,454	213,039	52%	2485	$85.73	193,415	26,630	319,559	-	86,895	-	-	-	-	-	-	406,454
	Non-Medical Case Management Case Management (10)	1,493,184	1,349,534	90%	2745	$491.63	143,650	168,692	2,024,301	61,156	(531,117)	697,520	(25,177)	(40,000)	-	(40,000)	(40,000)	1,453,184
	Food Services Food Bank (2)	675,000	401,435	59%	1326	$302.74	273,565	50,179	602,153	-	72,847	50,000	-	-	-	(55,000)	(55,000)	620,000
	Food Voucher (3)	52,586	15,191	29%	161	$94.35	37,395	1,899	22,786	-	29,800	50,000	-	-	-	(18,000)	(18,000)	34,586
	Legal Assistance (1)	129,151	98,018	76%	73	$1,342.72	31,133	12,252	147,027	-	(17,876)	-	-	-	-	-	-	129,151
	Emergency Financial Assistance (3)	220,472	146,170	66%	93	$1,571.72	74,302	18,271	219,254	-	1,218	25,000	-	(3,600)	-	(3,600)	(3,600)	216,872
	Total Part A Funds	**13,096,633**	**9,441,128**	**72%**			**3,655,505**	**1,180,141**	**14,161,692**	**200,174**	**(1,065,059)**	**2,262,595**	**(81,633)**	**73,000**	**574,025**	**(574,025)**	**-**	**13,096,633**
	*** Some of the providers have not billed for month of OCT 2025**																	

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT 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	Providers' Request	Providers' Return	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation
Core Medical Services	MAI Ambulatory (1)	75,000	-		0		75,000	-	-	-	75,000	-	-	(65,000)	-	(65,000)	(65,000)	10,000
	MAI Mental Health (1)	62,469	18,186	29%	24	$757.76	44,283	2,273	27,279	-	35,190	-	-	-	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	356,818	220,833	62%	60	$3,680.55	135,985	27,604	331,249	-	25,569	200,000	-	84,500	84,500	-	84,500	441,318
Support Services	MAI Non-Medical Case Management Case Management (4)	301,467	243,181	81%	393	$618.78	58,286	30,398	364,772	8,047	(63,305)	200,000	-	(19,500)	-	(19,500)	(19,500)	281,967
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	510,431	510,424	100%	4960	$102.91	7	63,803	765,636	35,744	(255,205)	40,579	-	-	-	-	-	510,431
	Total MAI Funds	**1,306,185**	**992,624**	**76%**			**313,561**	**124,078**	**1,488,937**	**43,791**	**(182,752)**	**440,579**	**-**	**-**	**84,500**	**(84,500)**	**-**	**1,306,185**
	*** Some of the providers have not billed for month of OCT 2025**																	
	*** Carryover amount of $254,837 included in calculations.**																	
	Total Part A and MAI Funding	**14,402,818**	**10,433,752**	**72%**			**3,969,066**	**1,304,219**	**15,650,628**	**243,965**	**(1,247,810)**	**2,703,174**	**(81,633)**	**73,000**	**658,525**	**(658,525)**	**-**	**14,402,818**

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

Appendix I- PBC RWHAP Health Insurance Continuation Guidance

Palm Beach County Ryan White Part A Program (PBCRWA)Health Insurance Premium & Cost Sharing Assistance Limitations & Processes
2021 Open Enrollment Period

PBCRWA has determined the following requirements for providing Health Insurance Continuation services under this program funding. Please inform agency staff and clients ofthese requirements for assistance in the upcoming 2021 ACA Open Enrollment period.

PBCRWA limitations:

- ☐ Monthly Premiums cannot exceed $1500
- ☐ Annual Total cost (premiums, deductibles, out-of-pocket costs) cannot exceed $20,000
- ☐ Federal Poverty Level (FPL) cannot be greater than or equal to 75% FPL
- ☐ Client should not be eligible for ADAP assistance
- ☐ If qualified for tax credits, Premium Tax Credits must be taken up front and not at the endof the year.
- ❖ *If a client exceeds either A or B or both limitations, the client should be enrolled in a planoption most cost-effective for their needs. A request for approval will need to be submitted to Shoshana Ringer through the Part A PE database Secure Messaging feature prior to enrollment.Documentation of cost-effective plan and description of reason for request is required.*

PBCRWA & B Processes for enrollment of clients:

Process for RW Part A Clients

- RW clients less than 75% of FPL should be enrolled or re-enrolled in a qualified healthplan through RW Part A assistance.
  - Due to COVID-19 related loss of employment resulting in a loss of insurance coverage, clients can be referred to ADAP for assistance in maintaining coverageeven if they are below 75% FPL.
  - If a client's FPL is close to 75% FPL, and may possibly qualify for ADAP assistance in the very near future, refer to ADAP for determination of acceptance or denial inADAP assistance.
- Enrollment assistance may be provided by RW CAC certified case management staff orreferred to Epilepsy Florida. *When scheduling an appointment through Epilepsy FloridaConnector, please utilize the identifier (A) after the First name of the client (e.g. John (A) Doe).*
- Epilepsy Florida will direct Completed Enrollment information back to case managementfor reference.

Process for ADAP Eligible Clients

- Clients 75% FPL and over under RW determination, with or without tax credits, AND whomeet other eligibility criteria for ADAP coverage should be referred to Epilepsy Florida Connector website https://www.epilepsyfl.com/makeanappointment/ to schedule an appointment for assistance in enrolling in ADAP approved plans. *When scheduling an appointment, please utilize the identifier (B) after the First name of the client (e.g. John (B)Doe).* Epilepsy Florida will assist clients by enrolling or re-enrolling through the Broward Regional Health Planning Council (BRHPC) website https://enroll.brhpc.org/.
- The client will receive a text message to the number provided during scheduling and an email to confirm the appointment date, time, and Navigator name. Please inform clientsthat the text number with the confirmation information could possible come from an area code of 503.
- When scheduling appointments with Epilepsy Florida, please eFax client supporting documents to 786-228-4178 or contact Islara Souto directly at 305-496-1243. When faxing document for a client's appointment, please include the date of the appointmentat the top of the document for easier identification.
- Please remind clients that they will receive a call from an unknown number from the Navigator for their scheduled appointment. Navigators will try calling the client 2 times.

- Part A Case Management staff can also utilize the BRHPC website for direct enrollmentsfor ADAP clients.
- RW clients, new to any ADAP assistance, will need to complete ADAP eligibility prior to enrolling in ACA ADAP assistance. Eligibility for ADAP can be completed through the AIMSsystem online. https://flhiv.doh.state.fl.us/AIMSAZURE Documentation can be provided through the AIMS system, directly faxed to the local ADAP office (see below numbers for each location), or through Part A PE referral process. Once the client completes the AIMScertification an ADAP staff person will contact the client to verify and receive consent to continue
  - Delray fax is: 561-266-6625
  - West Palm Beach: 561-840-4830
  - Belle Glade: 561-829-1854
- Epilepsy Florida will direct Completed Enrollment information back to ADAP to confirmBRHPC enrollment for payments.

All Part A enrollment for health insurance continuation is subject to availablefunds.

If there are any questions pertaining to PBCRWA limitations or processes, please contactShoshana Ringer sringer@pbcgov.org

Thank you.

Created 11/13/14 Revised 10/14/2021

Palm Beach County Ryan White Part A Program (PBCRWA)Health Insurance Premium & Cost Sharing Assistance
Guidance for individuals that are categorically ineligible for ACAMarketplace plans.

PBCRWA has determined the following requirements for providing Health Insurance Continuation services under this program funding, for individuals that are categorically ineligible for ACA Marketplace plans. Please inform agency staff and clients of these requirements for assistance in the Open Enrollment period.

PBCRWA limitations:

- ☐ Client must not be eligible for ACA Marketplace plan enrollment (undocumented without Social Security number)
- ☐ Monthly Premiums cannot exceed $1500
- ☐ Annual Total cost (premiums, deductibles, out-of-pocket costs) cannot exceed $20,000
- ☐ Client must meet and maintain eligibility for the RW program

❖ *If a client exceeds either B or C or both limitations, a request for approval will need to be submitted to Shoshana Ringer through the Part A PE database Secure Messaging feature prior to enrollment. Documentation of cost-effective plan and description of reason for request is required.*

PBCRWA Processes for enrollment of off-marketplace insurance plans:

RW clients less than 400% of FPL should be enrolled in a qualified health plan through Ryan White program assistance.

- Enrollments must be completed through the form in the link provided: https://redcap.pbcgov.org/redcap/surveys/?s=W44JHATJCJ
- Submitted enrollments will be sent to the Navigation Partner to process.
- Once enrollment in the Bright HealthCare Gold 1000 Direct Plan is completed, enrollment informationwill be sent back to the Case Manager listed on the enrollment form.
- Clients will need to receive health literacy training on how to utilize their insurance plans, including utilizing pharmacy pickup and utilizing Part A services for copay/deductible assistance. (Epilepsy Florida has Health Literacy training available in Spanish and Creole.)
- Funded Subrecipients will be responsible for processing and paying all premiums for these enrollments.

All Part A enrollment for health insurance continuation is subject to available funds.

If there are any questions pertaining to PBCRWA limitations or processes, please contact Shoshana Ringer sringer@pbcgov.org

Thank you.

Created 12/3/21

Broward County HIV/AIDS Epidemic Trends: 2021 - 2024

Julia Hidalgo, ScD, MSW, MPH
Chief Executive Officer
Positive Outcomes, Inc.
November 17, 2025
Julia.hidalgo.POI@gmail.com

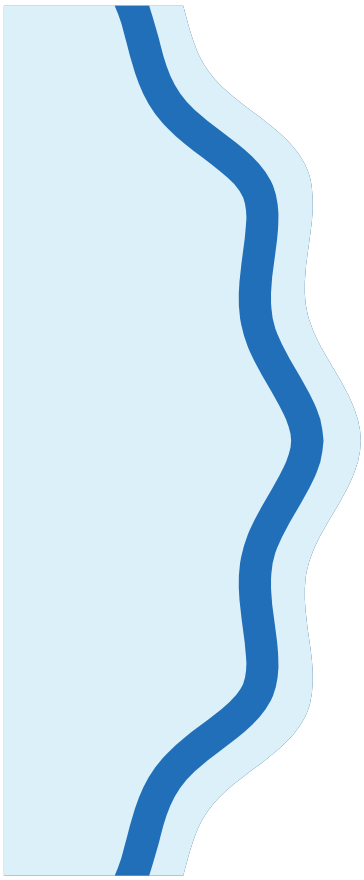
Presentation Overview

High-Level Review of Trends

- HIV/AIDS incidence and prevalence in Broward County
  - Differences in characteristics of persons with HIV (PWH) represented in the analysis
- HIV-related and other causes of death
- HIV care cascade
- Definitions and terms are described

Technical Notes

- The Florida Department of Health (DOH) is the source of data presented today
- Calendar Year (CY) data are presented for the five years between January 1, 2020 and December 31, 2024
- Trend analyses assessed by DOH only for CY 2022 to CY 2024
  - COVID epidemic significantly impacted HIV testing, care-related services, and HIV surveillance activities- CY 2020 and CY 2021 data may be unreliable
- Broward County PWH data include individuals living in Broward at the time of their first HIV diagnosis unless otherwise noted



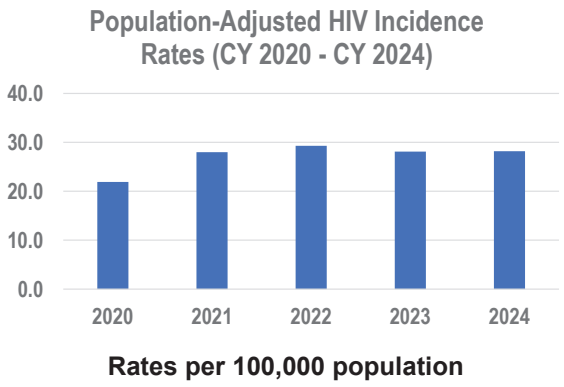
TRENDS: HIV INCIDENCE

INCLUDES PWH LIVING IN BROWARD ON THE DATE OF FIRST HIV DIAGNOSIS

National Overview

- CDC reports that Miami/Dade and Broward Counties had population-adjusted HIV incidence rates that were consistently higher than other US Metropolitan Statistical Areas (MSAs) in the last decade
- Updated information from the CDC have not been released for CY 2024

Three-Year Trends in Population-Adjusted Broward HIV Incidence Rates

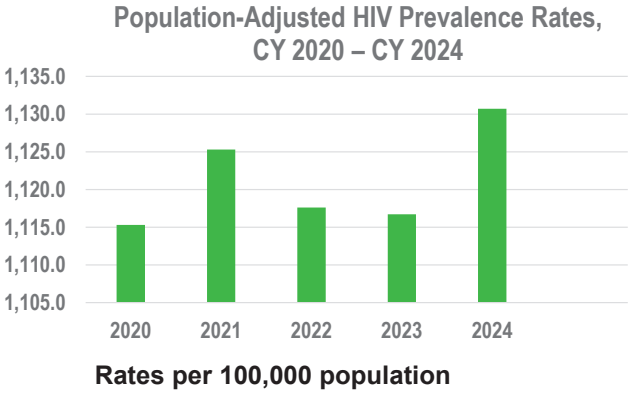


- HIV population-adjusted incidence rates decreased from CY 2022 to CY 2024 (-3%)
- Black Non-Hispanic rates increased, while decreasing for White Non-Hispanics and Hispanics
- Female rates increased, while male rates decreased
- Rates increased among adults 55 to 59 years of age and among women of child-bearing years (WCBY), while decreasing among almost all other adult age groups
- Rates increased among homeless PWH, while decreased among housed PWH
- Rates increased among sex, non-White race/ethnic, homeless, and heterosexual contact groups compared to decreased rates among male-to-male sexual contact (MMSC) groups

TRENDS: HIV PREVALENCE

PERSONS LIVING WITH AN HIV DIAGNOSIS IN THE AREA THROUGH OF THE CALENDAR YEAR REGARDLESS OF RESIDENCE AT INITIAL DIAGNOSIS

Three-Year Trends in Population-Adjusted Broward HIV Prevalence Rates

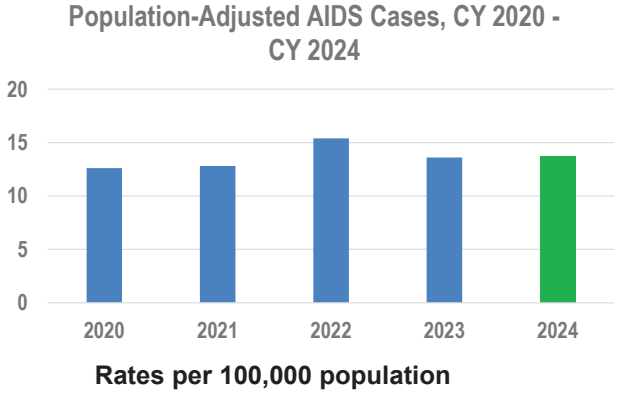


- HIV population-adjusted prevalence rates increased slightly from CY 2022 to CY 2024 (2%)
- All race/ethnic group rates increased, except for White non-Hispanics
- Rates increased among adults 35 to 39 years of age and adults 60 years of age or older, while decreasing among other adult age groups
- Rates increased among sex, non-White race/ethnic, and heterosexual contact groups compared to decreased rates among MMSC groups

TRENDS: AIDS DIAGNOSIS

CDC AIDS DEFINITION: TO BE DIAGNOSED WITH AIDS, A PWH MUST HAVE AN AIDS-DEFINING CONDITION OR HAVE A CD4 COUNT LESS THAN 200 CELLS/MM³ (REGARDLESS OF WHETHER THE PERSON HAS AN AIDS-DEFINING CONDITION)

Three-Year Trends in Population-Adjusted Broward AIDS Incidence Rates



Among newly tested PWH in CY 2024, 19% had “late diagnosis” in which an AIDS diagnosis was made within three months of HIV diagnosis

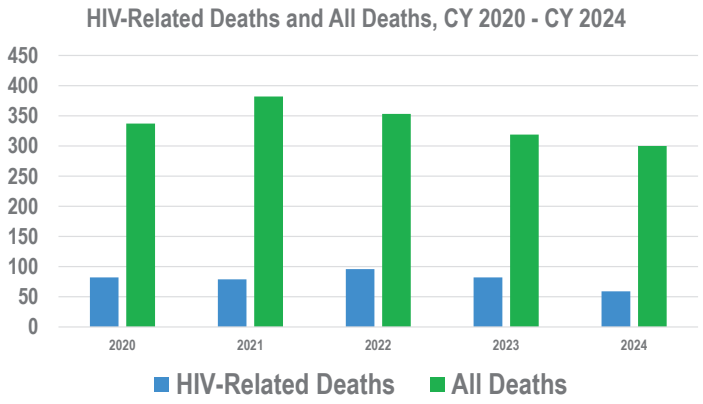
- HIV population-adjusted AIDS incidence rates decreased from CY 2022 to CY 2024 (-10%)
- Black Non-Hispanic rates increased, while decreasing for White Non-Hispanics and Hispanics
- Female rates increased, while male rates decreased
- Rates increased among adults 45 to 49 years of age, while decreasing among almost all other adult age groups
- Rates increased among sex, non-White race/ethnic, and heterosexual contact groups, compared to decreased rates among MMSC group

TRENDS: HIV-RELATED AND ALL DEATHS

HIV-RELATED DEATH: HIV LISTED AS THE UNDERLYING CAUSE OF DEATH

ALL DEATHS: PERSONS WITH ANY CAUSE LISTED AS THE UNDERLYING CAUSE OF DEATH

HIV and Total Deaths in CY 2020 – CY 2024



- Florida DOH and CDC report that 1,691 deaths occurred among PWH between CY 2020 and CY 2024
  - That total includes 398 HIV-related deaths
- Deaths peaked in CY 2021, likely related to COVID
- Deaths then decreased between CY 2022 and CY 2024
- The CDC has concluded that HIV-related causes of death may be under-reported in death certificates
- HIV-related death decreased among most demographic and HIV transmission categories

TRENDS: HIV CARE CONTINUUM

DEFINITIONS

In Care: PWH with at least one documented viral load (VL) or CD4 lab, medical visit, or prescription
Out of Care: PWH with no documented VL or CD4 lab, medical visit, or prescription

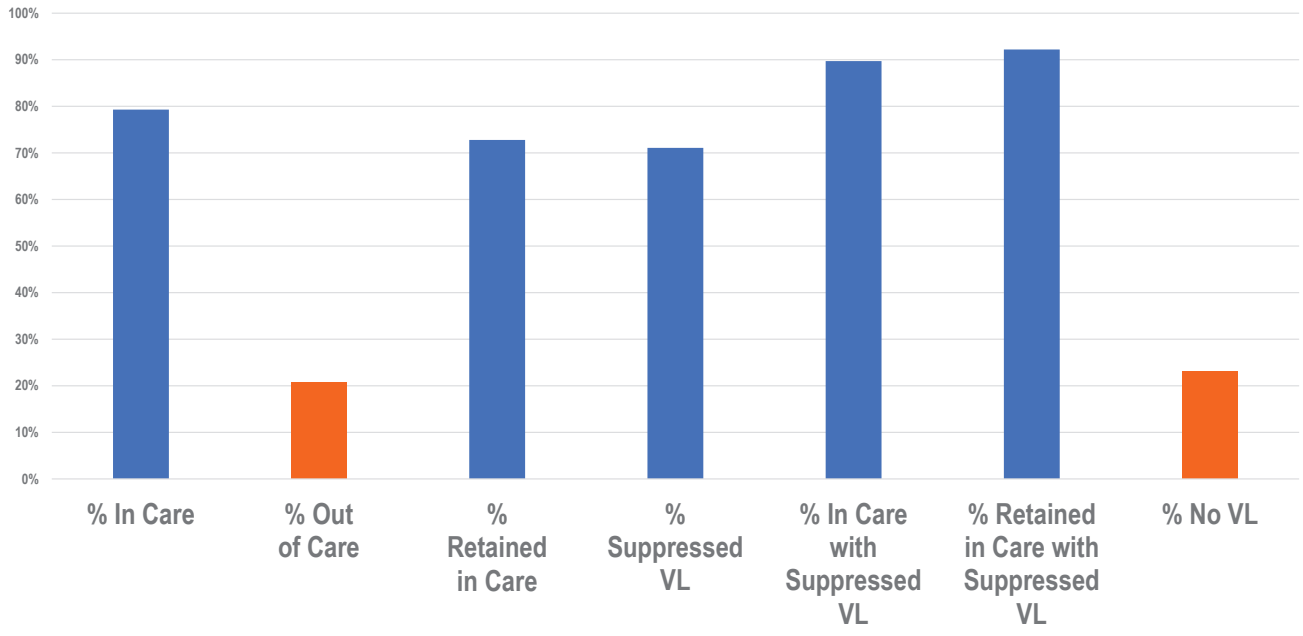
Retained in Care: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart
Suppressed VL: PWH with a suppressed VL (<200 copies/mL) on the last VL

DEFINITIONS

In Care with Suppressed VL: PWH with at least one documented VL or CD4 lab, medical visit, or prescription that also has a suppressed VL on the last VL

Retained in Care with Suppressed VL: PWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart and also has a suppressed VL on the last VL

HIV Care Continuum, CY 2024



QUESTIONS & DISCUSSION

Handout E

Priority Setting and Resource Allocation Committee (PSRA) Workplan FY2026-2027

Meeting Time & Frequency: Every third Thursday of the month, from 9:30am to 11:30am
Committee Purpose: 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".

T =On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Plan, prioritize, allocate, and monitor Ryan White services and expenditures.						
1.1	PSRA Overview	1. Explain Purpose and Goals a. Define what PSRA is and why it is essential for planning HIV services. b. Highlight its role in meeting HRSA requirements and addressing community needs. 2. Outline Key Components a. Describe the steps: data review, priority setting, resource allocation, and directives. b. Identify committees involved (QMC, SOC, CEC) and their contributions. 3. Present Timeline a. Provide an annual schedule for PSRA activities, including data collection, analysis, and decision-making.	PCS Staff	March 2026		
1.2	Federal Poverty Level Eligibility Determination for service categories	1. Define income thresholds based on the current Federal Poverty Level guidelines. 2. Specify percentage limits (e.g., ≤100%, ≤250% FPL) for each service category in compliance with RWHAP requirements.	Recipient Office	April 2026		
1.3	Review data relevant to the PSRA process (including	1. Core and support services utilization scorecards	PSRA/PCS Staff/HIV Stakeholders	May 2026		

	recommendations from QMC, SOC, and CEC).	2. Part A Client Health Outcome and HIV Continuum Data 3. HIV Needs Assessment: Community input through focus groups, surveys, community forums, and key informants. 4. HIV Epidemiology (FDOH) 5. Community Empowerment Committee ranking of Part A Services 6. Integrated HIV Prevention & Care Plan 7. RW Parts A-F, EHE, and HOPWA funding presentations. 8. Review 2025 Ryan White Program Services Report (RSR) 9. Unmet Need / (EIIHA- Early Identification of Individuals living with HIV/AIDS)				
1.4	Annually review the SOC committee recommendations on language for meeting identified needs. This fulfills the HRSA requirement to provide the Recipient with directives on how best to address established service priorities.	Evaluate “How Best to Meet the Need” language recommendations from the SOC committee.	SOC/PCS staff/PSRA	May 2026		
1.5	Prioritize/Rank core medical and support services as defined in HRSA policy clarification notice 16-02	Use data elements in objectives 1.2, 1.3, 1.4, and 1.5 to inform the prioritization/ranking of core and support services.	PSRA	May 2026		
1.6	Allocate RW Part A core medical and support services by service category annually.	Allocate RW Part A core medical and support services funds.	PSRA	May 2026		
1.7	Monitor expenditures and allocations bi-annually.	Recommend fund reallocations (‘Sweeps’) across service categories to ensure full utilization of RWHAP Part A funds and address priority service needs	PSRA	August 2026 & November 2026		
1.8	Review and approve the PSRA work plan annually.	Approve the work plan during the designated annual review session.	PSRA	November 2026		

1.9	Review and update PSRA committee policies and procedures.	1. Verify compliance with HRSA guidelines and any applicable local or federal regulations. 2. Prepare a revised version of the policy, highlighting changes for transparency.	PSRA	January 2027		
1.10	Review Core Medical Services Waiver Updates	Support the Recipient Office submission of the HRSA RWHAP Core Medical Services Waiver Request Attestation Form	Recipient Office	November 2026		
Objective 2: Assess the Efficiency of the Administrative Mechanism (Ryan White Part A Office).						
2.1	Ensure surveys are distributed annually to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	Receive update on the annual assessment surveys distribution to the Part A Recipient Office, RWPA Subrecipient Agencies, and the HIVPC.	PCS Staff	September 2026		
2.2	Ensure subrecipient contracts are executed, and providers are reimbursed efficiently and promptly by the RWPA Recipient.	Receive survey results and submit final report, recommendations/findings to the HIVPC and the Recipient Office.	PCS Staff	January 2027		
Objective 3: Assess the Affordable Care Act (ACA) enrollment and the status of the Minority AIDS Initiative (MAI)						
3.1	Review how the ACA affects access to HIV services and insurance coverage for eligible clients.	1. Track ACA enrollment periods and outreach efforts within the service area. 2. Evaluate enrollment data to identify gaps in coverage among priority populations.	Recipient Office	July 2026 & October 2026		
3.2	Determine the impact of the Minority AIDS Initiative on client outcomes.	Assess MAI funding trends and the impact on service delivery.	Recipient Office	June 2026 & July 2026		

Handout F1

LISTENING TOUR SESSION #3: *VOICES OF THE COMMUNITY* COMMUNITY INSIGHTS & OUTCOMES

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Presented by Planning Council Support Staff: November 2025

WHO WAS IN THE ROOM

- **Consumers: 1**
- **Providers: 15**
- **Planning Council Members: 9**
- **Staff: 8** (Recipient Office, Planning Council, Clinical Quality Management)
- **Location & Time:** Gilda's Club South Florida on Monday, October 20, 2025 at 4:30PM to 6:30PM
- **Hosted by:** Priority Setting & Resource Allocation and Quality Management Committees
- **Facilitated by:** Franchesca D'Amore, QMC Vice-Chair

HIVPC
Broward County HIV Health Services Planning Council

COMMUNITY FEEDBACK: BENEFITS

- Participants valued the open forum to share experiences directly with providers.
- Appreciated existing peer counselor support and extended hours at some clinics.
- Recognized efforts to improve communication and patient engagement.

COMMUNITY FEEDBACK: CHALLENGES

- Limited after-hours access and long appointment wait times.
- Lengthy certification and recertification process (up to 90 minutes)
- Gaps in communication between clients, case managers, and providers.
- Transportation issues and stigma continue to limit access

HIVPC
Broward County HIV Health Services Planning Council

COMMUNITY FEEDBACK: SUGGESTIONS

- Broaden access to peer counselors (beyond case manager referrals).
- Improve advertising for after-hours clinic availability.
- Simplify and shorten certification/recertification procedures.
- Develop stronger post-appointment follow-up systems.
- Provide transportation support and stigma-reduction initiatives.

HIVPC
Broward County HIV Health Services Planning Council

KEY TAKEAWAYS FROM PARTICIPANT SURVEYS

- Eight (8) surveys completed, including one (1) by a consumer.
- Appreciated knowledgeable facilitation and opportunity for open dialogue.
- Desire for more opportunities for clients to speak and share personal experiences.
- Concerns about transportation support — specifically, the number of visits required for a 30-day bus pass.
- A few attendees noted the need for greater client representation

HIVPC
Broward County HIV Health Services Planning Council

SUMMARY

- Clients value Ryan White services for care, medication, and support
- Main concerns: transportation, housing limits, and service confusion
- Call for more personalized care, clear communication, and youth HIV education

HIVPC
Broward County HIV Health Services Planning Council

SUMMARY (CONT.)

Quality Management Committee Recommendations

- Attend existing support groups and engage participants with targeted questions.
- Spend time in agency lobbies and offices to interact with clients and gather feedback directly, rather than requiring clients to come to us.
- Explore the feasibility of establishing a phone bank to collect client grievances and respond to Ryan White–related inquiries.
- Determine whether the Community Empowerment Committee should lead the Listening Tour initiative, given its focus on consumer involvement, or whether it should remain under PSRA.

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

Discussion

Listening Tour Session # 3, October 20, 2025 (HIVPC – PSRA and QMC)

Summary

Date: Monday, October 20, 2025

Time: 4:30 PM to 6:30 PM

Location: Gilda's Club South Florida (4850 W Prospect Rd. Fort Lauderdale, FL 33309)

Attendance: 33, including RW consumers, HIVPC members, Recipient Office representatives, RW providers, and PCS/CQM staff

The meeting served as a Listening Tour Session focused on gathering feedback about the Ryan White Part A program and HIV care services in Broward County. The session explored various aspects of improving patient care experiences, including expanding access through extended hours, addressing barriers to healthcare, and enhancing patient-provider communication. The discussion concluded with conversations about care coordination challenges, insurance provider networks, and strategies for handling client calls and appointments, with an emphasis on improving client engagement and access to services.

Barrier/Issue	Facilitator/Recommendation
Limited After-Hours Access & Visibility Some clinics offer extended hours, but there is insufficient advertising, and appointments may still have long wait times.	**Improve After-Hours Service Access** Compile and share a list of providers offering after-hours services with their available times. Ensure that services are more widely advertised to increase patient awareness.
Access to Peer Support Peer counselors are only available to clients referred by case managers, which limits their access for many clients.	**Expand Peer Counselor Support** Implement peer counselor support during all office hours and allow for more accessible patient engagement through referrals or direct communication.
Patient Care Coordination There are communication challenges between case managers and providers, leading to finger-pointing and inefficiencies in care coordination.	**Enhance Patient Care Coordination** Improve communication between case managers and providers, possibly through better care coordination systems, to reduce finger-pointing and ensure a smoother care process.
Time Constraints with Providers Limited time with doctors creates barriers to addressing patient concerns, leading to reduced patient satisfaction and care quality.	**Extend Time with Providers** Increase the time allotted for patient appointments or provide additional support via case managers or peer counselors to ensure patient concerns are addressed properly.
Insurance Network Limitations Not all providers are part of insurance networks (e.g., Humana), leading to higher out-of-pocket costs for clients.	**Integrate Providers into Insurance Networks** Encourage providers to consider joining major insurance networks (like Humana) to reduce patient out-of-pocket costs, especially for those near Medicare eligibility.
Complexity of Certification & Recertification Process	**Streamline Certification & Recertification Processes**

The recertification or initial certification process can take up to 90 minutes due to system complexities, which is burdensome for clients.	Simplify the Care Treatment Network system to reduce the time burden for patients during certification/recertification processes.
Limited Follow-Up Systems Some clients' questions remain unanswered after appointments, creating a gap in care and leading to disengagement.	**Implement Follow-Up Systems for Clients** Providers should develop robust follow-up systems for clients to address any unanswered questions and provide additional support after appointments.
Transportation & Stigma Barriers Access to care is hindered by transportation issues and stigma, particularly in marginalized communities.	**Address Transportation & Stigma Barriers** Provide transportation options and engage in stigma-reduction strategies to improve access for patients who face these barriers.
Limited Time with Doctors Doctors have limited time with patients, which affects the quality of care and prevents thorough discussions of patient needs.	**Enhance Patient Engagement and Communication** Improve communication practices by ensuring that patients feel heard and have the time to ask questions. Use tools like motivational interviewing or peer mentors to facilitate better engagement.
Communication Gaps in Client Care Missed calls and inadequate communication create barriers to timely care and follow-up for patients.	**Improve Insurance Provider Communication** Encourage better communication with insurance networks, including clear messaging about coverage and provider availability, and promote the importance of clients choosing in-network providers.
Aging Population Care Needs Providers are not always equipped to manage comorbidities associated with the aging HIV population, which will constitute a growing portion of the patient base.	**Develop Care Models for Aging HIV Population** Implement integrated care models to better address the unique medical and psychosocial needs of the aging HIV population, including managing comorbidities.
Inefficient Client Call Handling The client call handling process is inefficient, particularly when it comes to ensuring proper follow-up and syncing between Part A and Part B renewals.	**Improve Client Call Handling and Synchronization** Standardize and improve the client call handling process, including synchronizing Part A and Part B renewals, and ensuring that clients receive clear, detailed information when they contact the office.

Highlights from survey comments:

Due to the limited consumer turnout at session three, survey feedback emphasized the importance of enhancing client representation moving forward. One attendee thoughtfully underscored the value of listening sessions as opportunities for providers to engage authentically with clients and co-create meaningful solutions, rather than using the space for event promotion. Another participant noted that the current bus pass request process can be challenging, creating obstacles for clients trying to attend appointments.

Handout G

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)*

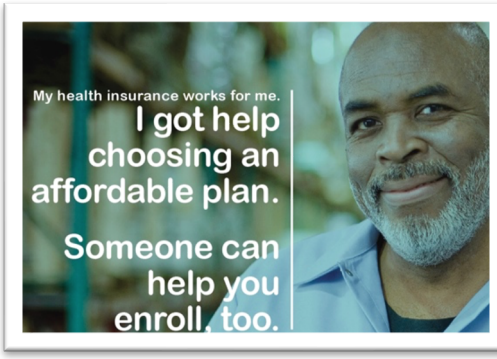
- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05, -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.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH- Broward's treatment adherence program.

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.