FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Priority Setting & Resource Allocation Committee Meeting

Thursday, November 21, 2024 - 9:30 AM – 11:30 AM
Location: Virtual via Microsoft Teams

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2JjY2MyMTAtYTM3YS00Yzk0LWEwZDctMjQ0M2E3NjZkNjI1%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d
Meeting ID: 293 961 648 090; Passcode: dvw2zX

Or call in (audio only)
+1 561-437-3349,75119019#
Phone Conference ID: 751 190 19##

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

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order
II. Welcome from the Chair:
   - **a.** Meeting Ground Rules
   - **b.** Statement of Sunshine
   - **c.** Introductions & Abstentions
   - **d.** Moment of Silence
III. Public Comment:
IV. ACTION: Review of Agenda for November 21, 2024
V. ACTION: Approval of Minutes from July 18, 2024 **(Handout A)**
VI. Standard Committee Items:
   - **a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category (Handout B)**
VII. Discussion Items

a. **Action Item**: FY2024 Reallocation/Sweeps – Cycle Two **(Handout B)**

b. **Action Item**: Review and Approve PSRA Workplan for FY2025-2026 **(Handout C)**

c. **Action Item**: Review PSRA Policies & Procedures **(Handout D)**

VIII. Old Business: None

IX. New Business: None

X. Recipient Report

XI. Data Request(s)

XII. Public Comment

XIII. Agenda Items for Next meeting:

a. **Next Meeting Date:** January 16, 2025, at 9:30 a.m. Location: Broward Regional Health Planning Council.

XIV. Announcements

- Memorial event on December 5th; 4:30 pm: Honoring and celebrating the lives of HIVPC members who have transitioned; World AIDS Museum.
- World AIDS Day Proclamation; Board of County Commissioners, 10:00 am at the Governmental Building;115 S Andrews Ave, Fort Lauderdale, FL 33301
- Part A Office Tabling event on December 10th at the Lobby of the Broward County Human Services Department Governmental Building; 115 S Andrews Ave, Fort Lauderdale, FL 33301; 10 am to 2 pm (may extend to 4 pm). Volunteers to table.

XV. Adjournment

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

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

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

November 2024

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
					1 Medical Case Management (CQM) 2:30PM-3:45PM	2 CEC's Community Health Fair 11:00AM-2:00PM Location: Dorothy Mangurian Women's Center
3	4	5 Community Empowerment Committee Meeting (CEC 3:00PM– 5:00PM Location: BRHPC/MS Teams	6 Quality Network Meeting (CQM) 9:00AM-10:15AM	7 System of Care Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	8	9
10	11 VETERANS DAY	12	13	14	15	16
17	18 Quality Management Committee Meeting 12:30PM– 2:30PM Location: BRHPC/MS Teams	19	20	21 PSRA Committee Meeting 9:30AM-12:30PM Executive Committee-Meeting 12:45PM – 2:45PM	22	23
24 Start of AIDS Awareness Week Nov 24-30	25	26	27	28 Happy Thanksgiving	29	30 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

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

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

November 2024

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 http://www.brhpc.org 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:	Unless otherwise noted on the calendar, all meetings are held at:	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	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	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.	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.	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, July 18, 2024- 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

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

PSRA Members Absent: K. Creary

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

Ryan White Part B Recipient Staff Present: J. Rodriguez

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

Guests Present: A. Occelien, D. Shamer, K. Giglii, G. Moxey, C.Richardson, D. Watkins, N. Burrell, B. Baker, R. Rice, J. Hidalgo, T. RIchards

1. Call to Order

The PSRA Chair called the workshop to order at 9:49 a.m.

2. Welcome from the Chair & Public Record Requirements

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

3. Public Comment

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

4. Action: Review of Agenda for July 18, 2024

The approval for the agenda of the July 18, 2024, Priority Setting and Resource Allocation Committee meeting was proposed by **V. Biggs**, seconded by **L. Roberson**, and passed unanimously.

Motion #1: V. Biggs, on behalf of PSRA, made a motion to approve the July 18, 2024, Priority Setting and Resource Allocation Committee agenda as presented. The motion was seconded by L. Robertson and passed unanimously.

5. Action: Approval of Minutes from May 16, 2024

The approval for the minutes of the May 16, 2024 meeting was proposed by **J. Castillo**, seconded by **V. Biggs**, and passed unanimously.

Motion #2: J. Castillo, on behalf of PSRA, made a motion to approve the May 16, 2024 Priority Setting and Resource Allocation Committee minutes. The motion was seconded by V. Biggs and passed unanimously.

6. Standard Committee Items

   Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category

7. Unfinished Business: None
8. New Business
   a. **Action Item:** FY2024 Reallocation/Sweeps – Cycle One (Document will be distributed)

      A. Tareq, from the Ryan White Part A Office, reviewed the FY 2024-2025 Broward EMA Ryan White Part A and MAI Allocations by service category.

      Part A Core Services: To Sweep From

      1. Motion to reallocate $345,760 from the Ambulatory (Integrated Primary Care and Behavioral Health Services.
         Justification: Underutilization in this service category.
         PROPOSED BY: Priority Setting and Resource Management Committee
      2. Motion to reallocate $287, 916 from AIDS Pharmaceutical Assistance
         Justification: Underutilization in this service category.
         PROPOSED BY: Priority Setting and Resource Management

Committee

3. Motion to reallocate $212,271 for Oral Health Care (Routine)
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
4. Motion to reallocate $107,000 for Oral Health Care (Specialty)
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
5. Motion to reallocate $48,000 for Medical Case Management (Disease Case Management) FY2024-2025. L. Robertson seconded that motion. The motion was adopted unanimously.
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
6. Motion to reallocate $20,000 for Mental Health Trauma-Informed FY2024-2025. M. Schweizer seconded that motion. The motion was adopted unanimously.
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
7. Motion to reallocate $136,279 for Health Insurance Premium & Cost Sharing Assistance
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
8. Motion to reallocate $200,000 for Substance Abuse-Outpatient
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
9. Motion to reallocate $115,000 for Non-Medical Case Management (Case Management)
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
10. Motion to approve **$1, 629,955 Total** Part A Core Services
    PROPOSED BY: Priority Setting and Resource Management Committee

Part A Core Services: To Sweep From

1. Motion to sweep in $467,132 for Ambulatory (Integrated Primary Care and Behavioral Health Services for FY2024-2025.
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management

Committee

2. Motion to sweep in $157,729 for Oral Health Care (Routine)
   Justification: Overutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to sweep in $184,819 for Medical Case Management (Disease Case Management)
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
4. Motion to sweep in $333,775 for Non-Medical Case Management (Case Management)
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
5. Motion to sweep in $234,375 for Food Services (Food Bank
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
6. Motion to sweep in $153,124 for Food Services (Food Voucher) FY2024-2025
   Justification: Overutilization of funds in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
7. Motion to sweep in $97,000 for Emergency Financial Assistance
   Justification: Underutilization in this service category.
   PROPOSED BY: Priority Setting and Resource Management Committee
8. Motion to approve total sweep **in** of **$1, 629,955 Total Part A Fund FY2024-2025. PROPOSED BY: Priority Setting and Resource Management Committee.**

b. **Discussion:** Reflection on PSRA Data Presentations on June 20th and 21st

J. Hidalgo highlighted the importance of utilizing health insurance to maximize benefits and access to HIV care, emphasizing that the system must act as a safety net and provide well-educated support services management. **M. Schweizer** praised the efforts but noted the challenge of sustaining care and emphasized focusing on keeping people in care and finding alternative funding solutions. **L. Robertson** stressed the need for case managers to have a better understanding of resources and be well-trained with ACA and other services to avoid disservice to patients. **J. Roy** underscored the importance of evaluating gaps and focusing on building relationships and knowledge among case managers. **V. Biggs** pointed out that case management is underutilized and expressed interest in comparing

viral loads between those with and without case management, suggesting a preference for peers over case management. Representatives from Part A mentioned the need for increased awareness of available services and the potential for peers to be considered a standalone service category. **B. Barnes** emphasized the importance of maintaining high-quality community partnerships and suggested leveraging EHE positive outcomes and praised the current Part A administration for its effectiveness.

c. **Action Item:** Review and Vote on PSRA FY2025-2026 Rankings Results (Handout C)

The PCS staff reviewed the PSRA FY2025-2026 Rankings results, providing a detailed overview of the rankings for both core services and support services categories.

CORE SERVICES

Motion #3: B. Fortune made a motion to reorder the ranking categories for Core Services that are funded by Part A first and have the subsequent categories (not funded) followed. The motion was seconded by M. Schweizer. The motion was adopted unanimously.

SUPPORT SERVICES

Motion #4: V. Biggs made a motion to reorder the ranking categories for Support Services that are funded by Part A first and have the subsequent categories (not funded) followed. The motion was seconded by B. Fortune. The motion was adopted unanimously.

d. **Action Item:** Review and Vote How to Best to Meeting to Need FY2025-2026 (Handout D)

Members of the committee reviewed the How to Best to Meeting to Need Language FY2025-2026." A motion was made to accept the proposed language.

Motion #5: V. Biggs made a motion to accept the recommended language for Medical Nutrition Therapy. M. Schweizer seconded the motion. The motion was adopted unanimously.

e. **Discussion**: Overview of Guiding Principles for Priority Setting

B. Barnes noted the ongoing competition between the north and south regions for funding, emphasizing the need for PSRA to demonstrate to HRSA that there is a genuine need for funding. The committee must be cautious not to undervalue their funding requests, as this could suggest a lack of need. **M. Schweizer** suggested that increasing consumer input through additional listening sessions could help determine where to request more funds. Moreover, making these sessions more regular, such as on a quarterly basis, could improve their effectiveness in gathering consumer feedback.

f. **Action Item:** Review and Vote FY2025/2026 Fort Lauderdale / Broward EMA Funding Service Categories with Justification for Allocating Funds, Part A Office (Handouts E1 and E2)

Core Services:

Motion #6: Motion to follow the existing allocation and budget for FY 2024-2025 for FY2025-2026 and increase the budget by 5% funding for core services to be divided equally between among all core service categories.

Support Services: Motion to keep existing allocations as recommended by the Part A Office.

PROPOSED BY: Priority Setting and Resource Management Committee

MAI Core and Support Service Funding

1. Motion to fund MAI Ambulatory for $200,000 for FY2025-2026. PROPOSED BY: Priority Setting and Resource Management Committee *JUTIFICATION: MAI Ambulatory for FY2025-2026 initially had no funding allocated. $100,000 was taken from MAI Substance Abuse -Outpatient, reducing its original funding recommendation from $400,000 to $300,000. $100,00 was also taken from MAI Non-Medical Case Management (CIED), reducing its original funding recommendation from $524,066 to $424,066.*
2. Motion to fund MAI Medical Case Management $93,212 for FY2025-2026. PROPOSED BY: Priority Setting and Resource Management Committee
3. Motion to fund MAI Mental Health $62,469 PROPOSED BY: Priority Setting and Resource Management Committee
4. Motion to fund MAI Substance Abuse-Outpatient for $300,000 FY2025-2026. PROPOSED BY: Priority Setting and Resource Management Committee *JUTIFICATION: MAI Substance Abuse-Outpatient for FY2025-2026 was reduced by $100,000 to move that funding to MAI Ambulatory as it was not funded. Part A also has a Substance Abuse Outpatient category.*
5. Motion to fund MAI Non-Medical Case Management (CIED) for $424,066 for FY2025-2026. PROPOSED BY: Priority Setting and Resource Management Committee *Justification: MAI Non-Medical Case Management was initially suggested to be allocated $524,066 for FY2025-2026. The committee moved $100,000 of that recommendation*

to MAI Ambulatory as it was not funded.

g. **Discussion:** Integrated Planning Health Insurance (ACA) Committee

B. Barnes provided a brief update on the Integrated Planning Health Insurance (ACA) Committee, noting that the Health Insurance task force met on June 28, 2024. Additional information will be shared soon.

h. **Discussion**: Minority AIDS Initiative Working Group

S. Tinsley and M. Schweizer noted that progress has been slow while awaiting a prior data request. They indicated their interest in setting up a meeting. **B. Barnes** advised preparing a clear purpose, goals, and a flyer in time for the next Planning Council meeting.

9. Recipient's Report

Part A provided a verbal report. Part A indicated they are preparing the RFP, which is expected to be released in August. County Administration and leadership are currently reviewing the document internally before it is submitted to Human Services leadership. Part A has received the final Notice of Award from HRSA, which has guided the sweeps process. Regarding EHE, Part A has spoken with the Project Officer and received verbal confirmation that EHE funding will continue; however, they are still awaiting formal written confirmation. The Senior Project Coordinator for EHE in the Part A Office has resigned, but they are in the final stages of interviewing candidates and aim to fill the position by August. Part A is also assisting CQM with an abstract presentation for the HRSA conference and will present on MAI, focusing on the achievements and impact of engaging the population and highlighting the EHE's launch of housing and support services.

Data Request(s)

None.

10. Public Comment

None.

11. Agenda Items for Next Meeting

Next Meeting Date: November 21,2024, at 9:30 a.m. Location: Broward Regional Health Planning Council and via Microsoft Teams Video conference.

i. FY2024 Reallocation/Sweeps – Cycle One
ii. FY2025/2026 PSRA Workplan
iii. PSRA Policies & Procedures
iv. FY2025/2026 Service Categories Eligibility

v. MAI update
vi. ACA update
vii. Assessment of the Administrative Mechanism Review Questionnaires

12. Announcements
    - **V. Biggs** announced they have been invited to present at the USCHA conference as a panelist. They will offer insights from the perspective of a medical provider and address the topic of stigma.
    - **S. Tinsley** announced that HIV Possible and SOS will each host their own workshop at the USCHA conference.
13. Adjournment

There being no further business, the meeting was adjourned at 2:46PM

PSRA Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	18	C	21	WS 18	30	16	WS 20/21	18						
0	1	Barnes, B., Chair	X	C	X	X	X	X	X	X						
0	2	Fortune-Evans, B.	X	C	X	X	X	X	E	X						
0	3	Mester, B.	X	C	X	X	X	X	X	X						
0	4	Robertson, L.	X	C	X	X	X	X	X	X						
1	5	Dsouza, E.	X	C	X	X	A	X	X	X						
0	6	Rodriguez, J.	X	C	X	X	X	X	E	X						
0	7	Biggs, V.	X	C	X	X	X	X	X	X						
1	8	Jimenez, R.	X	C	A	X	X	X	X	X						
2	9	Schwiezer, M.	X	C	X	A	A	X	X	X						
1	10	Machado, A.	A	C	X	X	X	X	X	X						
4	11	Wynn, J.	A	C	A	A	A				R					
0	12	Tinsley, S.				N			X	X						
0	13	Castllo, J.				N			X	X						
	14	Creary, K.				N			A	A						
		Quorum = 7	9		9	WS	8	10	10							

	Legend:
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
CX - canceled due to quorum	R - removal letter

Priority Setting and Resource Allocation Committee Meeting Minutes – July 18, 2024 Minutes prepared by PCS Staff

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

Handout B

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 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 (6)	5,375,139	3,744,109	70%	2765	1,631,030	468,014	5,616,164	-	(241,025)	335,835	-	335,000.00	335,000	-	335,000	5,710,139
	AIDS Pharmaceutical Assistance (2)	62,000	163	0%	13	61,837	20	245	-	61,755	-	(56,600)	(56,600.00)	-	(56,600)	(56,600)	5,400
	Oral Health Care Routine (4)	1,698,204	1,287,637	76%	1984	410,567	160,955	1,931,455	-	(233,251)	75,000	-	64,000.00	75,000	(11,000)	64,000	1,762,204
	Specialty (1)	629,489	391,646	62%		237,843	48,956	587,469	-	42,020	-	-	(13,000.00)	-	(13,000)	(13,000)	616,489
	Medical Case Management Disease Case Management (5)	648,936	395,077	61%	532	253,859	49,385	592,615	-	56,321	37,600	(24,270)	(48,670.00)	37,600	(86,270)	(48,670)	600,266
	Mental Health- Trauma-Informed (2)	139,939	53,487	38%	96	86,452	6,686	80,230	-	59,709	-	-	(46,000)	-	(46,000)	(46,000)	93,939
	Health Insurance Premium & Cost Sharing Assistance	643,000	270,349	42%	812	372,651	33,794	405,523	-	237,477	-	-	-	-	-	-	643,000
	Medical Nutrition Therapy (1)	300,000	27,251	9%	58	272,749	3,406	40,876	-	259,124	-	(150,000)	(225,000)	-	(225,000)	(225,000)	75,000
	Substance Abuse-Outpatient (1)	137,498	46,515	34%	21	90,983	5,814	69,773	-	67,725	-	-	(14,000)	-	(14,000)	(14,000)	123,498
Support Services	Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	349,378	188,738	54%	2318	160,640	23,592	283,107	-	66,271	-	-	-	-	-	-	349,378
	Non-Medical Case Management Case Management (7)	1,460,134	1,010,750	69%	2750	449,384	126,344	1,516,125	-	(55,991)	197,974	-	111,736	186,736	(75,000)	111,736	1,571,870
	Food Services Food Bank (1)	934,375	675,884	72%	1876	258,491	84,486	1,013,826	-	(79,451)	-	-	-	-	-	-	934,375
	Food Voucher (1)	235,711	87,853	37%	739	147,858	10,982	131,779	-	103,932	-	(107,466)	(107,466)	-	(107,466)	(107,466)	128,245
	Legal Assistance (1)	129,151	84,977	66%	80	44,174	10,622	127,465	-	1,686	-	-	-	-	-	-	129,151
	Emergency Financial Assistance (2)	212,872	111,951	53%	129	100,921	13,994	167,926	-	44,946	25,000	(25,000)	-	25,000	(25,000)	-	212,872
	Total Part A Funds	**12,955,826**	**8,376,386**	**65%**		**4,579,440**	**1,047,048**	**12,564,579**	**-**	**391,247**	**671,409**	**(363,336)**	**-**	**659,336**	**(659,336)**	**-**	**12,955,826**
	*** Some of the providers have not billed for month of OCT 2024.**																

	Service Category	Contract/ Allotted Amount	Expended Amount As of OCT Invoice	Expended %	Unduplicated Clients Served	Unexpended Amount	Average Monthly Expenditures	FY 2024-25 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)	-	-			-	-	-	-	0	-	-	-	-	-	-	-
	MAI Mental Health (1)	62,469	14,208	23%	25	48,261	1,776	21,311	-	41,158	-	-	-	-	-	-	62,469
	MAI Substance Abuse-Outpatient (1)	352,000	106,952	30%	24	245,048	13,369	160,428	-	191,572	-	-	(75,000)	-	(75,000)	(75,000)	277,000
Support Services	MAI Non-Medical Case Management Case Management (2)	141,212	106,453	75%	184	34,759	13,307	159,680	1,138	(18,468)	54,738	-	75,000	75,000	-	75,000	216,212
	MAI Non-Medical Case Management Centralized Intake and Eligibility Determination (1)	524,066	501,476	96%	5114	22,590	62,684	752,214	-	(228,148)	-	-	-	-	-	-	524,066
	Total MAI Funds	**1,079,747**	**729,089**	**68%**		**350,658**	**91,136**	**1,093,633**	**1,138**	**(13,886)**	**54,738**	**-**	**-**	**75,000**	**(75,000)**	**-**	**1,079,747**
	*** Some of the providers have not billed for month of OCT 2024.**																
	Total Part A and MAI Funding	**14,035,573**	**9,105,475**	**65%**		**4,930,098**	**1,138,184**	**13,658,212**	**1,138**	**377,361**	**726,147**	**(363,336)**	**-**	**734,336**	**(734,336)**	**-**	**14,035,573**

Handout C

Priority Setting/Resource Allocations Committee Work Plan FY2025-2026

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop and implement an annual integrated PSRA process using data with input from stakeholders and consumer forums.

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures.

Activities	Responsible Party	Outcomes	Action Steps	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 PSRA Overview	PCS Staff	Understanding of the PSRA Process	Presentation on the PSRA Process												
1.2 Eligibility Determination	Recipient Office		Review Federal Poverty Level for each Service Category												
1.3 Review data relevant to the PSRA process (including recommendations from QMC, SOC, and CEC) on an ongoing basis.	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need / EIIHA e. Community Empowerment Committee's Ranking of Part A Services f. Integrated Prevention & Care Plan g. Cost data (other funders) h. Review 2024 Ryan White program services report (RSR) i. Review the status of the Florida and Broward Integrated Plan. j. Quality Management Part A client Health Outcome and QIP Presentation. k. 2024 Client Needs Assessment ***(Three-Day Session June 18-20)***												
1.4 Obtain community feedback to evaluate Ryan White Part A Services to consumers.	PSRA/CEC	Data driven PSRA process	Coordinate three Townhall Meetings/Listening Sessions for the fiscal year.												
1.5 Review How Best to Meet the Need language recommendations from SOC committee annually.	PSRA/ SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from the SOC committee.												
1.6 Review Service Delivery Models from QMC.	PSRA/QMC	Data driven PSRA process	Review service delivery model from the QMC committee.												
1.7 Priority rank Part A and MAI service categories annually.	PSRA/ CEC	Complete PSRA process	Use data elements to inform priority ranking process.												
1.8 Allocate Part A and MAI funds by service category annually.	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.												
1.9 Monitor expenditures and allocations bi-annually.	PSRA/ Recipient	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.												
1.10 Review and approve PSRA Work Plan annually.	PSRA	Process Planning	Create a schedule of PSRA activities												
1.11 Review and Update PSRA Policy and Procedures	PSRA	Compliance with HRSA Guidelines	Review and update PSRA Policy and Procedures												

Objective 2: Assess the Affordable Care Act (ACA) and Status of the Minority AIDS Initiative (MAI)

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Presentation on 2024 ACA Activities	Recipient Office	Increase ACA enrollment by RWPA clients.	Receive information on the success/challenges of 2024 ACA process.												
2.2 Determine the impact of the Minority AIDS Inititative of the Ryan White Part A Program.	MAI Ad-Hoc Committee	Process Planning	Evaluate the Minority AIDS Inititative of the Ryan White Part A Program using reports by the MAI Subcommittee and other resources.												

Objective 3: Assess the Administrative Mechanism.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative MechanismL Update and disemminate survets annually to the Part A Recipent Office, RWPA Subrecipient Agencies, and the HIVPC	Staff/ PSRA	Ensure compliance	Survey the efficiency of the RWPA Recipent												
3.2 Assessment of the Administrative Mechanism update survey annually.	PSRA	Ensure compliance	Receive a presentation on the results of the assessment												

Handout D

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE
Policies and Procedures

Approved 6/22/2017

The Priority Setting & Resource Allocation Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) for the disbursement of Ryan White Part A funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the Council. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

Prospective members of the PSRA shall complete a Standing Committee application to be returned to Planning Council Staff or the Committee Chair. Council Committee Chairs shall appoint, with the approval of the Council, the members of each committee. Committee membership should reflect the demographics of the local epidemic and consideration shall be given to race, ethnicity, self-acknowledged HIV-positivity, and gender. The Committee shall include members of the Council, Ryan White Consumers, members of the frontline HIV workforce and community stakeholders to ensure collaboration and coordination across funding streams. The Committee shall have a Chair and Vice Chair appointed by the Council Chair. Either the PSRA Chair or Vice Chair shall not be affiliated with a Broward EMA Part A Service Provider. The Committee shall meet on an as-needed basis as determined by the Council, the Committee Chair, and the Committee Vice Chair.

Persons with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

The Committee shall recommend language to the Council on factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

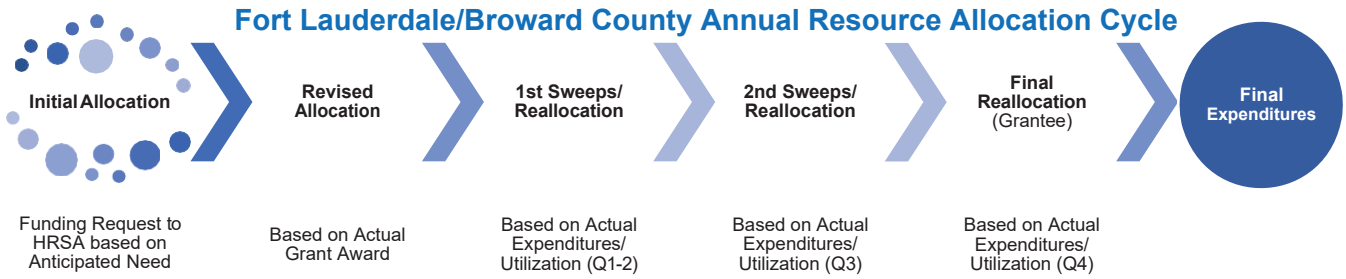
The decision making process is publicly stated and implemented as stated. The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

Priority and allocation recommendations shall be forwarded to the Council and if approved to the applicable funding source for disbursement of Ryan White Part A dollars. The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

The Planning Council has identified the following core medical services as those which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified

these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Health Insurance Continuation Program (HICP)
4. Oral Health Care
5. Mental Health Services
6. Medical Case Management (including Treatment Adherence)
7. Substance Abuse Services (outpatient)



Initial Allocation (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.

Review Data

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medical Care (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

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

Estimate Client Need. The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
    a. Estimate # of eligible PWH needing but not receiving services (service gaps & unmet need)
    b. Estimate # of eligible newly diagnosed PWH that will need services

Other Funding. The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
    a. Subtract # of PWH likely to be served through increase in available other funding
    b. Add # of PWH estimated to need services due to decreases in other available funding

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

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

Funding Increase: In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures, if applicable. The Grantee will exercise discretion in applying any remaining increase to services based on the ranking of service categories and service category needs.

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

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

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

For *periodic reallocation* of resources, the following process shall be utilized: The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justification for why the deviation will occur.

Final Reallocation: In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less than 10% of the funding award and that there are less than 120 days left in the fiscal year.

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

Health Insurance Premium Assistance Program

Affordable Care Act (ACA)Health Insurance
Open Enrollment
November 1st – December 15th

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 the Premium Payment Assistance Program (required)

IMPORTANT NEW RULE – PLEASE READ CAREFULLY!

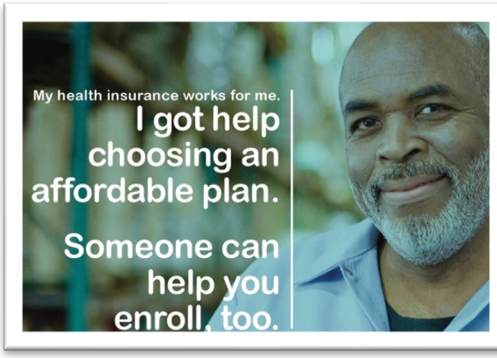
Clients ***MUST*** actively enroll in the premium assistance program **every year** at **https://enroll.brhpc.org** or by calling **1-844-441-4422.** Anyone who does not directly enroll, will be disenrolled for 2025 and NO future payments will be made.

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

For medication copayment assistance, call your local county health department.

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.



For more information, contact Broward Regional Health Planning Council or our health insurance enrollment partner, American Exchange at 1-844-441-4422.

BRHPC

Programa Asistencia De Pago Para Primas De Seguro Médico

Affordable Care Act (ACA) Inscripción Abierta Para Seguro Médico

1 de Noviembre al 15 de Diciembre

Paso #1: Inscríbase en un Plan de Seguro Médico APROBADO (necesario)

Para ayuda con la inscripción de Seguro: llame al 1-844-441-4422 o visite: https://enroll.brhpc.org

Paso #2: Inscríbase En El Programa De Asistencia Para El Pago De Primas (necesario)

NUEVA REGLA IMPORTANTE: ¡LEA ATENTAMENTE!

Los clientes DEBEN inscribirse activamente en el programa de asistencia para el pago de primas todos los años en https://enroll.brhpc.org o llamando al 1-844-441-4422. Cualquier persona que no se inscriba directamente será cancelada para el año 2025 y NO se realizarán pagos futuros.

Paso #3: Use La Tarjeta De Copago De CVS Cuando Surtir Receta *(necesario)*

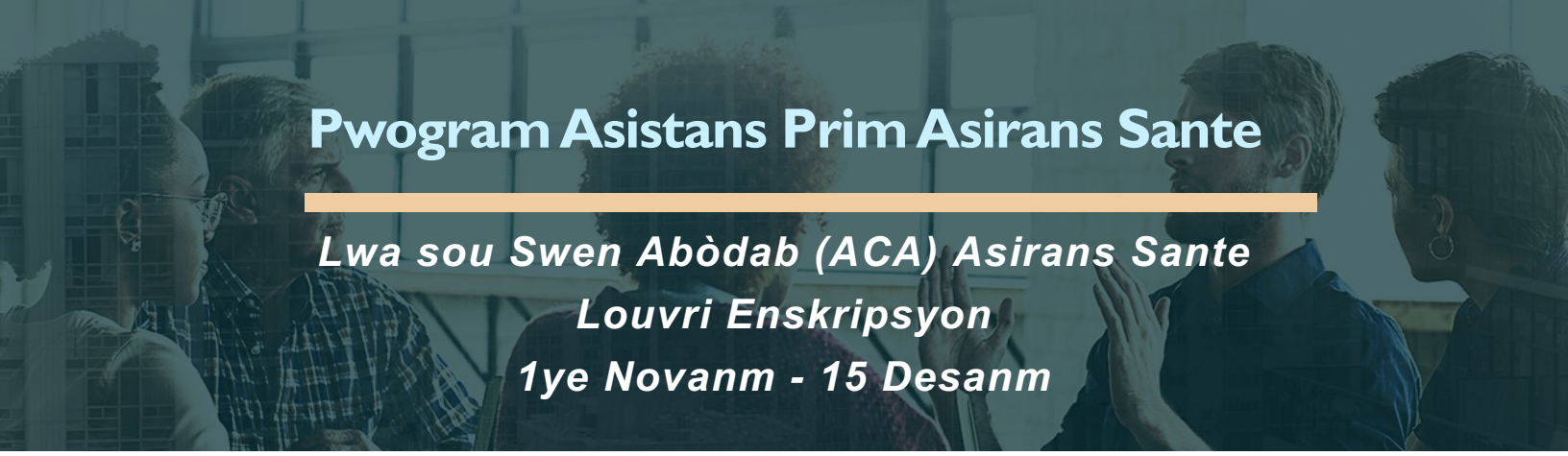
Para ayuda con el copago de medicamentos, llame al departamento de salud de su condado local.

Paso #4: Vuelva A Certificar Su Elegibilidad Anualmente Y No La Deje Vencer *(necesario)*

Si su elegibilidad vence, el programa ya no realizará los pagos de su prima. Para State of Florida Drug Assistance Program asistencia de elegibilidad, llamando al 1-844-381-2327.

Para más información, contacte Broward Regional Health Planning Council o nuestro socio de inscripción de seguro médico, American Exchange, al 1-844-441-4422.

BRHPC



Pwogram Asistans Prim Asirans Sante

Lwa sou Swen Abòdab (ACA) Asirans Sante

Louvri Enskripsyon

1ye Novanm - 15 Desanm

Etap #1: Enskri nan yon Plan Asirans Sante APROUVE (obligatwa)

Pou asistans ak enskripsyon nan Asirans: rele 1-844-441-4422 oswa vizite: https://enroll.brhpc.org

Etap #2: Enskri nan Pwogram Asistans Peman Prim (obligatwa)

NOUVO RÈG ENPÒTAN – TANPRI LI AK ATANSYON!

Kliyan yo DWE enskri aktivman nan pwogram asistans prim lan chak ane nan https://enroll.brhpc.org oswa lè yo rele 1-844-441-4422. Nenpòt moun ki pa enskri dirèkteman, yo pral retire enskripsyon an pou 2025 epi yo PA fè okenn peman nan lavni.

Etap #3: Sèvi Ak CVS Copay Card Lè W Ranpli Yon Preskripsyon (obligatwa)

Pou asistans pou kopeman medikaman, rele depatman sante lokal ou a.

Etap #4: Re-Sètifye Elijibilite Chak Ane Epi Pa Kite L Ekspire (obligatwa)

Si kalifikasyon ou ekspire, pwogram nan p ap fè peman prim ou ankò. Pou asistans pou kalifikasyon Pwogram Asistans Medikaman Eta Florid, rele 1-844-381-2327.

Pou plis enfòmasyon, kontakte Broward Regional Health Planning Council oswa patnè enskripsyon asirans sante nou an, American Exchange nan 1-844-441-4422.

BRHPC