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 Special Meeting Agenda

Thursday, February 12, 2026 - 9:30 AM

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Meeting ID: 262 344 748 849
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Chair: Brad Barnes • Vice Chair: Dr. Mark Schweizer

This meeting is audio and video recorded.

Quorum for this meeting is 9

ORDER OF BUSINESS

I. Call to Order

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

III. Public Comment:

IV. **ACTION ITEM:** Review of Agenda for February 12, 2026

V. **ACTION ITEM:** Approval of Minutes from January 15, 2026 **(Handout A)**

VI. Standard Committee Items: None.

VII. Old Business
- **a. Discussion:** AIDS Drug Assistance Program (ADAP) Program Update **(Handout B)**; *Part A and Part B*

VIII. Discussion Items: None.

IX. New Business
- **a. Discussion:** How to Address AIDS Drug Assistance Program (ADAP) Crisis Options; *PSRA Chair & Recipient Office* **(Handout C)**
- **b. Discussion:** Recommendations from Local Pharmacy Advisory Council Ad-Hoc Committee; *LPAC Chair*

  Motion: J. Castillo, on behalf of the LPAC Ad-Hoc Committee, made a motion to remove all antiretroviral medications from the Local Pharmacy Assistance Program formulary. The motion was seconded by K. Creary and adopted unanimously.
- **c. Discussion:** How Best to Meet the Need (Medical Case Management, Non-Medical Case Management)

d. **Discussion:** Housing Opportunities for People Living With AIDS (HOPWA) Response to the ADAP Crisis and their Responsibility; PSRA Chair

X. Public Comment

XI. Recipient Report

i. HRSA Funding Formula Changes for Part A & B for 2026; *Recipient Office*

XII. **Next Meeting Date:** Feb 19, 2026, 9:30AM to 11:30AM. Location: **Microsoft Teams and BRHPC**

a. Agenda Items for Next Meeting:

i. To Be Determined

XIII. Announcements

XIV. 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 •

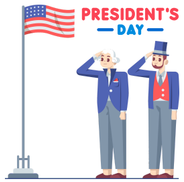
Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

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.

February 2026

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at **hivpc@brhpc.org** or **(954) 561-9681 ext. 1244/1343**. Visit **HIV Health Service Planning Council** for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6 Medical Case Management Network 2:30PM - 3:45PM	7
8	9	10 Local Pharmacy Advisory Council Committee Meeting 1:30PM - 4:30PM	11	12 PSRA Committee Meeting 9:30AM - 12:30PM	13	14 
15	16  BRHPC Office Closed	17	18	19 PSRA Committee Meeting 9:30AM - 12:30PM Executive Committee Meeting 12:45PM - 2:45PM	20	21
22	23	24	25	26  HIVPC Annual Retreat 9:00AM to 4:00PM	27 	28 

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**.

February 2026

Broward HIV Health Services Planning Council Calendar

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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: 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: 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: 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): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.

Executive Committee (EXEC): Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interes, and review attendance.

Priority Setting and Resource Allocation Committee (PSRA): Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.

Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.

Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.

Community Empowerment Committee (CEC): Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.

System of Care Committee (SOC): Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.

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, January 15, 2026 – 9:30AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes (Chair), B. Fortune-Evans, B. Mester, J. Rodriguez, M. Schweizer (Vice-Chair), S. Tinsley, S. Hafley, R. Jimenez, A. Machado, Y. Barrientos, L. Robertson, V. Biggs , M. Patterson, J. Castillo,
PSRA Members Absent: J. Rogers, K. Schickowski
Recipient Part A Staff Present: G. James, T. Thompson, B. Spaulding, J. Roy, G. Moxey, A. Tareq, R. Pena, R. Baker, W. Cius, T. Curri, T. Fender, A. Tareq
Recipient Part B Staff Present: S. Cook
PCS/CQM Present: G. Berkley, D. Liao, M. Lacroix, M. Rosiere, S. Isidore, J. Beal
Guests Present: J. Hidaldo, H. Singh, C. Richardson, J. De La Nuez, M. DiMaria, R. Campbell, N. Graham, J. Shirley, A. Tender, A. Jenks, N. Lewis, A. Tender

Call to Order

The PSRA Chair called the meeting to order at **9:35 AM.**

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 January 15, 2026

   V. Biggs proposed the approval of the agenda for the January 15, 2026, Priority Setting and Resource Allocation Committee meeting. The motion was seconded by M. Schweizer**.** The committee voted and approved the motion unanimously.

MOTION #1: On behalf of PSRA, V. Biggs moved to approve the agenda for the January 15, 2026, Priority Setting and Resource Allocation Committee meeting. M. Schweizer seconded the motion, which was unanimously approved.

4. Action Item: Approval of Minutes from November 20, 2025

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

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

5. Standard Committee Items

   a. Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report

      A. Tareq, of the Recipient Part A Office, conducted a detailed overview of the E/U Report. He listed the extend to which each service categories expended its budget at this time, with the caveat that some of the larger providers have not yet completed their invoices.

      V. Biggs asked if they had an idea if there would be a rollover amount. A. Tareq answered that they will conduct another sweeps/reallocation.

      M. Schweizer requested an updated E/U report once all the December invoices have been entered. G. James answered affirmatively, stating that such a report will be completed by the next sweeps.

6. New Business
   a. **Discussion:** Review and approve Assessment of the Administrative Mechanism FY24-25 Report

      S. Isidore conducted a detailed overview of the Assessment of the Administrative Mechanism, which reports the effectiveness of the Ryan White administrative process in managing Ryan White Part A funds, including procurement processes, contracting, reimbursement of subrecipients, appropriate use of funds, and engagement with the HIV Planning Council.

      The assessment included surveys of the HIV Planning Council, the Ryan White Part A recipient office, and subrecipient agencies. Overall, the assessment achieved a 92% completion rate. Of the 25 Planning Council members, 22 participated (88%), while all 12 subrecipient agencies completed the survey (100%). Planning Council survey completion included 21 complete responses and one partial response.

      Planning Council respondents rated overall performance positively, with most responses indicating “excellent” or “good”, though opportunities for improvement were noted. Subrecipient agencies reported high satisfaction with communication, responsiveness, and technical assistance. Some dissatisfaction was noted regarding contract execution delays, which impacted provider planning.

J. Roy wanted to know what barriers prevented the EMA from achieving a 100% completion rate. M. Schweizer asked if Planning Council members were reminded to complete the survey. S. Isidore answered that Planning Council members were repeatedly contacted and informed via email to complete the survey. B. Barnes requested that the issue be brought to the attention of Membership/Council Development Committee to find a solution that could be added to the Bylaws. It was suggested the newly appointed members may be reluctant to complete the survey due to their unfamiliarity with the process. G. Martinez recommended including training on the Assessment of the Administrative Mechanism as part of the Post-Appointment Orientation. PCS staff will review the results, identify the members who did not vote, and make updates accordingly.

G. James asked how the questions in the report were developed. G. Martinez answered that the questions came from the HRSA manual and that this template has been used for the past several years. V. Biggs asked if there would be a chance to revise the survey questions in the future. B. Barnes answered that the opportunity to revise future reports would come in June or July 2026.

MOTION #3: On behalf of PSRA, B. Mester moved to approve the Assessment of the Administrative Mechanism Report, with an amendment from M. Patterson to add a data quality note to revise the document if it can be found that the members who did not vote were new members. S. Tinsley seconded the motion, which was unanimously approved.

B. Mester noted that Broward providers bills laboratory results at Medicare rates. In other EMAs in Florida, providers bill laboratory results at cost rate, which are lower than the Medicare rate. He recommended changing the billing rate to save cost in response to the changes in ADAP eligibility. M. Schweizer thought that the discussion should be postponed because there were already many items on the agenda. B. Barnes recommended placing the discussion before “Old Business” and tabling it to the next meeting if time runs out.

MOTION #4: On behalf of PSRA, B. Mester moved to amend the agenda to add a discussion about the billing process of laboratory results in the Broward/Fort Lauderdale EMA. M. Patterson seconded the motion, which was unanimously approved.

b. **Discussion:** AIDS Drugs Assistance Program (ADAP) Changes
B. Barnes brought up the discussions regarding the changes to ADAP eligibility. PCS staff played a recording of consumers and providers testifying before the Florida Senate regarding the potential impact of these changes.

1) What we know about the changes to the ADAP

B. Barnes emphasized the need for collaboration with the Broward County FDOH. He noted that the letters that are being sent to consumers may be confusing for the average client. J. Roy noted that approximately additional 4,000 clients in Broward will be affected by these changes.

The Recipient Office is collaborating with relevant funders, agencies, and planning bodies to bring effective and sustainable changes to address this issue, as well as reaching out to HRSA to guidance and support. The Recipient Office is also looking at data to estimate the impact of these changes and they are willing to share it upon

request. There are several potential approaches being considered, but they want more input from consumers and the community to determine the best path forward.

J. Rodriguez stated that yesterday he spoke with Chrystal Thompson, chief of the Bureau of Communicable Diseases in Tallahassee, and shared information that he received from her department. Medicare beneficiaries will not be affected by the changes to co-payment assistance and will continue to receive this assistance up to 400% of the Federal Poverty Level (FPL). Clients with employer-sponsored insurance will no longer receive premium assistance but will continue to receive co-payment assistance.

He reported that 906 Medicare clients will remain unaffected but 259 clients with employer-sponsored insurance will be impacted. In total, 2,133 clients will remain enrolled in ADAP. More than 2,374 individuals will require continued assistance with outpatient medical care, prescription drugs, and other related support services.

G. James clarified that those clients would continue to receive medication via direct dispense but not receive premium assistance. He also noted that clients have been notified of these changes via letters from the state office. So far, a call center has been established to answer clients' questions, and it has received 572 calls from clients so far this week.

M. Schweizer asked if that information was in writing or had any official backing that they would work with. J. Rodriguez answered that this information comes from his conversations with Chrystal Thompson. He also clarified that the clients who will remain enrolled in ADAP will receive pharmaceuticals through direct dispense but will receive no premium assistance. J. Roy reported that the Recipient Office is requesting a supplement of funding to address the issue, although it would only be available through EHE.

V. Biggs contemplated whether it was possible that the changes in Biktarvy availability in the formulary was related to a legal dispute between the state of Florida and the manufacturer. J. Rodriguez replied that he could not speculate on the answer.

M. Schweizer noted that there is a process to accessing injectable treatments which may create a barrier to clients. J. Beal explained that there are effective, evidence-based alternative treatment options that clients can turn to after Biktarvy and Descovy are removed from the formulary. M. Schweizer noted that injectable drugs are not easily accessible to all clients. B. Mester expressed concern about the availability of patient assistance programs for the medications that were still listed on the formulary.

S. Tinsley asked the feasibility of moving clients to alternative medications. B. Fortune-Evans asked if there is a timeline for clients to make appointments to see their providers to change their treatment regimen before the changes take effect. The Planning Council could not answer either question.

2) Current Action Steps

Part A

J. Roy needs approval from her leadership before discussing her office's current action steps.

M. Schweizer emphasized that the current situation involves a two-pronged challenge: access to medications and access to health insurance premium assistance. Without insurance coverage, clients not only face barriers to obtaining medications but also lose access to essential medical services such as physician visits, laboratory testing, and ongoing clinical care. He noted that switching ARV regimens can involve risks such as drug resistance, clinical complications, and reduced adherence. He stressed that this change will affect every agency. He asked what in the RW system could pay for medication and J. Roy answered that it is the purview of LPAP (local pharmacy assistance program).

B Barnes inquired about the possible impact on other service categories if action was not taken. J. Roy answered that contracts have already been submitted for the upcoming year and adjustments cannot be made. Possible consequences include lower FPL and cutting fundings for some service categories. Some vital services include LPAP, IPCBH, transportation through EHE. The contracts states that services must be provided regardless of funding availability. G. James added that the EMA may run out of funding and may even lose its contract with county government.

V. Biggs noted that patients who fall out of care often end up hospitalized and that the cost of a single overnight hospital stay can equal the cost of an entire year of health insurance coverage. He also mentioned that clients may begin rationing their medication to make it last longer, which creates the risk of resistance and other complications. He raised the possibility of transitioning clients to injectables in hopes of mitigating the problem.

J. Hidalgo asked how community providers will be notified regarding these changes. J. Roy answered that the Recipient Office is drafting a letter to send to providers and is awaiting feedback from leadership. J. Roy recommending having a listening session to bring the community to the table.

Part B

B Barnes noted that SFAN is the advisory board for Part B funding.

J. Rodriguez reported that there would be impacts to Part B programs. Part B's ability to respond is contingent upon decisions made at the Ryan White Part A level. Until Part A establishes a clear course of action regarding continued client services, Part B is unable to determine what gaps it may need to address. He stated that Part B's priority at this time is ensuring access to medication for clients who are losing coverage. Part B's total funding is $1.1 million, which is very small compared to Part A.

B. Mester asked if they received rebates. J. Rodriguez answered that whatever rebate funding they receive primarily goes to the Test and Treat program.

M. Rosiere explained that insurance-related rebates are generated when the state pays clients' insurance premiums and medication co-payments. This funded the insurance assistance program and contributed excess funds to support direct dispense clients.

Rodriguez clarified that rebates occur only when insurance claims are submitted, such as when clients use insurance coverage or a CVS Caremark card, including individuals enrolled in private insurance or Medicare.

Part C/D

B. Fortune-Evans reported that her agency is working on solution. Broward Health understands the severity of the situation but cannot make a statement on it as this time. A plan to respond should be available within two weeks.

Part F

M. Schweizer explained that funding for Ryan White Part F remains uncertain, as it is dependent on the federal continuing resolution and may not extend beyond the end of June. The speaker noted that this funding is insufficient to cover service costs. He suggested restructuring oral health services to ensure sustainability and implementing caps on higher-cost procedures.

R. Jimenez reported that HHS has reversed the $2 billion cuts for substance abuse and mental health funding that was announced on Tuesday. Advocates are scheduled to be in Tallahassee on Tuesday and Wednesday next week. FQHCs are not receiving reimbursement for community health services. He encouraged continued collaboration and advocacy on behalf of the HIV community.

G. James reported that SAMSHA grants have been cancelled across the country, affecting the availability of services. G. Martinez corrected him with an update that this decision was reversed.

J. Roy recognized that some clients must remain in the system of care due to various limitations, but there needs to be more done to help clients achieve self-sufficiency.

3) Impact of Changes on Client Services
Please refer to Section 1) and Section 2).

4) Local Pharmacy Advisory Ad-Hoc Committee (LPAC)

B Barnes explains that the purpose of this committee is to analyze the formulary and provide recommendations to the Planning Council. He suggested reestablishing LPAC as a subcommittee of PSRA to assess the formulary. B. Barnes also recommended that Dr. Paula Eckardt, an Infection Disease Specialist at Memorial, chair the committee. He also asked B. Mester to be co-chair, to which he agreed. B. Barnes hoped that the committee would be comprised of medical providers, pharmacists, and consumers.

V. Biggs asked if LPAC was ever referenced in the Bylaws. G. Martinez answered that it was last noted in the 2013 Bylaws, however PCS staff could find a reason why the committee was dissolved.

MOTION #5: On behalf of PSRA, V. Biggs moved to reestablish the Local Pharmacy Advisory Ad-Hoc Committee as a subcommittee of PSRA. B. Mester seconded the motion, which was unanimously approved.

V. Biggs asked where the relevant data for this subcommittee would come from. T. Thompson answered that it would come from the Part A formulary. He also explained how data was collected on PE and how it could be tracked. Currently, providers can enter a patient's ARV regimen in PE, but it is not a required field, which limits the ability to accurately track how many clients are on each medication. Starting March 1, the Recipient Office will look into making ARV data a required input for providers. B. Mester noted that injectables can be billed through Outpatient Services and may not appear under Pharmacy in PE.

5) Review Roles and Responsibilities of the Planning Council related to Priority Setting and Resource Allocation

   G. Martinez covered the roles and responsibilities of PSRA and the Recipient Office. The Planning Council's primary role is priority setting and resource allocation, through which it determines which service categories are most needed and how Ryan White Part A funds should be allocated. The Council ranks service priorities based on input from the consumers and determines funding levels for each category. Additionally, the Council assess the efficiency of the Recipient Office. The Recipient Office is responsible for implementing the Planning Council's priorities and allocations, providing data and technical support, and monitoring subrecipients to ensure compliance and efficiency. The Planning Council and Recipient Office work collaboratively to adjust allocations as needed.

6) FY26-27 Allocation Update
   Please refer to Standard Committee Items: Overall FY24-25 Allocations Expenditure/Utilization Report.

7) PRSA Policies and Procedures and FY26-27 Ranking

   B. Barnes explained that this discussion serves as a necessary review of existing policies in the context of the current crisis. Under the current policy, service categories are eliminated from the bottom up only in cases of funding shortfalls or increases that require reallocation. However, that does not apply to this situation. B. Barnes acknowledged that client services will inevitably be impacted and that adjustments will be necessary across service categories. He noted that alternatives such as proportional reductions or changes to FPL thresholds may need to be considered.

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

B Barnes explained that Sunshine Law required five days' notice before scheduling a meeting. He recommended scheduling PSRA meetings in advance in case they become necessary. B. Fortune-Evans expressed concerns that this would interfere with other scheduled events, such as Provider Appreciation Week and the Annual HIVPC Retreat. T. Thompson noted that the Recipient Office may prioritize data requests related to this topic depending on the scope of the request.

MOTION #6: On behalf of PSRA, M. Schweizer moved to schedule weekly PSRA meetings through March 5th. B. Mester seconded the motion, which was unanimously approved.

d. **Discussion:** Lab Invoices (Added)

B Mester stated that in other parts of the states, laboratory results are billed at regular rates, which are less than the Medicare rates that the Broward/Fort Lauderdale EMA uses. He suggested that switching to regular rates would save the EMA a significant amount of money, which could be used to fund outpatient services. M. Schweizer approved of the idea, but he was concerned about potential negative consequences, such as reducing funds generated for other client services. T. Thompson noted that laboratory tests account for 70% of the EMA's billing. B. Barnes noted that the Recipient Office would investigate whether this would be possible change in the contract.

MOTION #7: On behalf of PSRA, B. Mester moved to ask the Recipient Office whether it would be possible to save the money by changing the billing rates. V. Biggs seconded the motion, which was unanimously approved.

7. Old Business:
   a. **Update:** Recommendations based on Minority AIDS Initiative Subcommittee Findings Reports

   B. Barnes announced that this item would be tabled until the next meeting due to limited time.
8. Public Comment
   None.

9. Recipient Report
   T. Thompson: New RSR Template. Providers need to run that one for the RSR report.

10. Data Request(s)
    None.

11. Next Meeting Data: Feb 12, 2026, 9:30AM to 11:30AM. Location: Microsoft Teams and BRHPC
12. Agenda Items for Next Meeting
    a. Presentation: PSRA Overview
    b. Discussion: Core Medical Services Waiver for FY2026
    c. Recommendations based on Minority AIDS Initiative Subcommittee Findings Reports
    d. ADAP Changes

13. Announcements
    - **PCS Staff:** Annual HIVPC Retreat – Wednesday, February 26, 2025, from 9:00 AM to 4:00 PM. Location: Anne Kolb Nature Center (751 Sheridan Street, Hollywood, FL 33019)

There being no further business, the meeting was adjourned at **11:58 AM.**

PSRA Attendance for CY 2026

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

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

Priority Setting and Resource Allocation Committee Meeting Minutes – January 15, 2026, Minutes prepared by PCS Staff

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 JAN Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)		5,394,590	4,785,170	89%	2930	$1,633.16	609,420	435,015	5,220,185	207,071	174,405
	AIDS Pharmaceutical Assistance (3)		4,652	2,821	61%	5	$564.18	1,831	256	3,077	-	1,575
	Oral Health Care	Routine (4)	2,314,053	2,240,255	97%	2405	$1,055.09	73,798	203,660	2,443,915	44,367	(129,862)
		Specialty (1)	346,964	297,245	86%			49,719	27,022	324,267	-	22,697
	Medical Case Management	Disease Case Management (9)	843,978	789,097	93%	512	$1,541.20	54,881	71,736	860,833	103,908	(16,855)
	Mental Health- Trauma-Informed (4)		125,000	101,266	81%	99	$1,022.89	23,734	9,206	110,472	1,812	14,528
	Health Insurance Premium & Cost Sharing Assistance		691,465	418,744	61%	1178	$355.47	272,721	38,068	456,811	-	234,654
	Medical Nutrition Therapy (1)		355,000	236,179	67%	279	$846.52	118,821	21,471	257,650	-	97,350
	Substance Abuse-Outpatient (1)		160,684	160,677	100%	33	$4,869.01	7	14,607	175,284	51,650	(14,600)
Support Services	Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	406,454	406,439	100%	4104	$99.03	15	36,949	443,388	51,300	(36,934)
	Non-Medical Case Management	Case Management (10)	1,453,184	1,422,380	98%	2787	$510.36	30,804	129,307	1,551,687	272,247	(98,503)
	Food Services	Food Bank (2)	620,000	547,581	88%	1463	$374.29	72,419	49,780	597,361	-	22,639
		Food Voucher (3)	34,586	31,794	92%	286	$111.17	2,792	2,890	34,684	-	(98)
	Legal Assistance (1)		129,151	120,833	94%	77	$1,569.26	8,318	10,985	131,818	-	(2,667)
	Emergency Financial Assistance (3)		216,872	146,314	67%	118	$1,239.95	70,558	13,301	159,616	-	57,256
	Total Part A Funds		**13,096,633**	**11,706,795**	**89%**			**1,389,838**	**1,064,254**	**12,771,049**	**732,354**	**325,584**
	*** Some of the providers have not billed for month of JAN 2025**											

	Service Category		Contract/ Allotted Amount	Expended Amount As of JAN Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2025-26 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)		10,000	-		0		10,000	-	-	-	10,000
	MAI Mental Health (1)		62,469	58,266	93%	24	$2,427.77	4,203	5,297	63,563	-	(1,094)
	MAI Substance Abuse-Outpatient (1)		441,318	381,323	86%	65	$5,866.51	59,995	34,666	415,989	-	25,329
Support Services	MAI Non-Medical Case Management	Case Management (4)	281,967	250,062	89%	400	$625.15	31,905	22,733	272,794	76,752	9,173
	MAI Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	510,431	510,429	100%	4960	$102.91	2	46,403	556,831	49,314	(46,400)
	Total MAI Funds		**1,306,185**	**1,200,080**	**92%**			**106,105**	**109,098**	**1,309,178**	**126,066**	**(2,993)**
	*** Some of the providers have not billed for month of JAN 2025**											
	*** Carryover amount of $254,837 included in calculations.**											
	Total Part A and MAI Funding		**14,402,818**	**12,906,874**	**90%**			**1,495,944**	**1,173,352**	**14,080,227**	**858,419**	**322,591**

Handout C

Core Medical Clients Served YTD (Duplicated Across Service Categories)									
	0-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	YTD Clients
AIDS Pharmaceutical	3	2							5
Integrated Primary Care	1251	408	348	326	234	155	125	83	2930
Medical Case Management	206	87	78	58	30	25	16	12	512
Mental Health	61	17	10	6	3	1	1		99
Substance Use Treatment	69	13	8	5	1	1	1		98
Insurance Support Services	122	137	177	186	172	155	132	97	1178
Medical Nutrition Therapy	49	50	64	51	31	19	11	4	279
Oral Health	493	303	337	304	525	186	140	117	2405
Support Services Clients Served YTD (Duplicated Across Service Categories)									
	0-50	50-100	101-150	151-200	201-250	251-300	301-350	351-400	YTD Clients
CIED	2456	1588	1323	932	723	550	482	68	8122
Nonmedical Case Management	916	456	381	402	264	168	125	80	2792
Emergency Financial Assistance	58	27		20	8	5			118
Food Bank	579	402	380	43	28				1432
Food Voucher	98	103	79	1	2				283
Legal	33	19	10	8	5	1	1		77
Core Medical Expenditures YTD									
	0-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	YTD Expenditures
AIDS Pharmaceutical	$2,489.86	$27.33	$11.19	$0.00	$0.00	$0.00	$0.00	$0.00	$2,528.38
Integrated Primary Care	$1,886,889.36	$581,486.37	$521,892.43	$473,779.25	$343,956.08	$205,858.50	$173,762.12	$116,700.21	$4,304,324.32
Medical Case Management	$321,356.97	$116,959.52	$101,493.96	$67,817.89	$38,981.04	$28,695.10	$17,876.81	$5,876.81	$699,058.10
Mental Health	$67,776.55	$32,057.04	$18,644.56	$11,965.18	$9,250.11	$3,294.34	$1,870.60	$0.00	$144,858.38
Substance Use Treatment	$389,827.93	$61,867.26	$25,051.06	$3,801.40	$1,768.28	$0.00	$10,241.78	$0.00	$492,557.71
Insurance Support Services	$53,278.95	$43,625.08	$42,730.40	$44,465.03	$39,439.13	$46,513.51	$29,952.73	$32,110.39	$332,115.22
Medical Nutrition Therapy	$39,058.90	$40,150.70	$54,265.40	$39,555.90	$15,689.80	$12,795.20	$11,121.50	$1,917.50	$214,554.90
Oral Health	$477,325.44	$315,259.20	$341,146.20	$328,260.92	$279,230.32	$185,431.28	$167,201.84	$121,817.76	$2,215,672.96
Core Medical Total	$3,238,003.96	$1,191,432.50	$1,105,235.20	$969,645.57	$728,314.76	$482,587.93	$412,027.38	$278,422.67	$8,405,669.97
Support Services Expenditures YTD									
	0-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	YTD Expenditures
CIED	$196,172.00	$117,778.00	$124,936.00	$100,700.00	$80,716.00	$66,704.00	$48,822.00	$39,434.00	$775,262.00
Nonmedical Case Management	$589,919.35	$254,451.15	$212,880.95	$144,704.25	$93,415.10	$75,603.90	$5,098.95	$33,042.70	$1,409,116.35
Emergency Financial Assistance	$79,680.04	$22,291.72		$15,145.68	$5,291.27	$2,769.69	$5,195.36	$2,313.44	$132,687.20
Food Bank	$182,735.00	$130,207.00	$128,239.00	$9,260.00	$5,980.00	$0.00	$0.00	$0.00	$456,421.00
Food Voucher	$9,326.64	$10,012.48	$9,115.84	$74.72	$74.72	$149.44	$0.00	$0.00	$28,753.84
Legal	$47,393.00	$29,670.50	$5,300.50	$4,285.50	$7,426.00	$6,231.00	$1,964.50	$0.00	$102,271.00
Support Service Total	$1,105,226.03	$564,410.85	$480,472.29	$274,170.15	$192,903.09	$151,458.03	$61,080.81	$74,790.14	$2,904,511.39
Cost Per Client YTD By FPL									
	0-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	
Total Unduplicated Clients	2456	1488	1223	932	723	550	482	68	
Average Cost Per Client	$1,789.96	$1,340.61	$1,344.62	$1,262.40	$1,179.54	$1,097.64	$1,111.20	$1,026.10	
Highest	$22,639.59	$20,246.53	$19,183.28	$17,332.15	$9,246.18	$11,276.27	$16,164.90	$7,074.45	
Median	$1,050.10	$740.47	$790.00	$858.11	$713.86	$654.98	$614.16	$661.13	
Lowest	$8.65	$18.00	$16.25	$16.25	$16.25	$16.25	$18.00	$18.00	

NOTE - These are just examples, NOT HARD RECOMMENDATIONS. It is just to showcase how different scenarios COULD look depending on the direction PSRA wishes to go. How you read each line is as follows	
Scenario Number	
Parameters	Parameters chosen for the example. Parameters were chosen based on what either other EMAs are doing, or suggestions that have come up in PSRA in the past.
Estimated Money Freed	Total estimated money freed with parameters.
Clients Potentially Ineligible	Total number of clients potentially not able to access services any more based on the chosen parameters
Current Viral Suppression	If applicable, for those potentially ineligible clients, denotes overall viral suppression for those clients as of 2/1/2026
Additional Clients that Could be Served Estimated	Total estimated clients that could POTENTIALLY be served with the freed money based on current client utilization trends.
Service Categories Kept (Examples)	**Service Categories Removed (Example)**
If applicable, Example service categories kept.	If applicable, Example service categories removed.

Scenario 1	
Parameters	FPL remains the same <=400% & Service Categories Reduced to 7
Estimated Money Freed	$2,859,840.46
Clients Potentially Ineligible	FPL Remains the same, All clients remain eligible.
Additional Clients that Could be Served Estimated	1,239
Service Categories Kept (Examples)	**Service Categories Removed (Example)**
Ambulatory Outpatient Medical Case	Nonmedical Case Management
Oral Health Care	Food Services (Bank & Voucher)
CIED	Mental Health
Medical Case Management	Substance Use
Insurance Support Services	Medical Nutritional Therapy
AIDS Pharmaceutical Assistance	
Emergency Financial Assistance	
Scenario 2	
Parameters	FPL for All Service Categories <=250%, Service Categories Reduced to 7
Estimated Money Freed	$3,291,467.77
Clients Potentially Ineligible	1,100
Current Viral Suppression of Ineligible Clients	96%
Additional Clients that Could be Served Estimated	2,120
Service Categories Kept (Examples)	**Service Categories Removed (Example)**
Ambulatory Outpatient Medical Case	Nonmedical Case Management
Oral Health Care	Food Services (Bank & Voucher)
CIED	Mental Health
Medical Case Management	Substance Use
Insurance Support Services	Medical Nutritional Therapy
AIDS Pharmaceutical Assistance	
Emergency Financial Assistance	
Scenario 3	
Parameters	FPL for All Service Catgories <=300%, All Service Categories Kept & Service Restrictions
Sample Service Restrictions Use	Limit Oral Health Encounters, Cap Case Management to 1.5 hours unless home visit, MCM transitioned off after 2 years of being virally suppressed, Substance Use limited to 12 hours a week
Estimated Money Freed	$2,960,008.31
Clients Potentially Ineligible	550
Current Viral Suppression of Ineligible Clients	97%
Additional Clients that Could be Served Estimated	1,102
Service Categories Kept	
All	

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.