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 19, 2026 - 9:30 AM

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

This meeting is audio and video recorded.

Quorum for this meeting is 9

ORDER OF BUSINESS

I. Call to Order

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

III. Public Comment

IV. **ACTION ITEM:** Review of Agenda for February 19, 2026

V. **ACTION ITEM:** Approval of Minutes from February 12, 2026 **(Handout A)**

VI. Standard Committee Items: None.

VII. Old Business
- **a. Discussion:** AIDS Drug Assistance Program (ADAP) Program Update; *Part A and Part B (15 Minutes)*
- **b. Data Request:** Funding Scenario Analysis*; Recipient Office (35 Minutes)* **(Handout B1, B2, B3, B4)**
- **c. Review:** Options and Recommendations from Part A Office *(35 Minutes)*
- **d. Discussion:** Alternative Options for Response to ADAP Crisis; *PSRA Chair (35 Minutes)*
- **e. Discussion:** Select Two Options for ADAP Crisis; *PSRA Chair (15 Minutes)*
- **f. Discussion:** Motion to Address the ADAP Crisis to Forward to Planning Council with Justification; *PSRA Chair* (*45 Minutes)*

VIII. Discussion Items: None.

IX. New Business: None.

X. Public Comment

XI. Recipient Report

XII. **Next Meeting Date:** March 5, 2026, 9:30AM to 12:30PM. Location: **Microsoft Teams and BRHPC**

a. Agenda Items for Next Meeting:

i. **Detailed Review:** *Ryan White Part A Office: Overall FY24-25 Allocations Expenditure/Utilization Report – by service category: Recipient Representative*

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 •

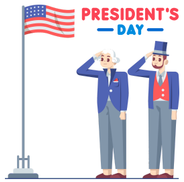
Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

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 Quality Network Meeting (CQM) 9:00AM - 10:15AM In-Person	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, February 12, 2026 – 9:30AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

PSRA Members Present: B. Barnes, B. Fortune-Evans, B. Mester, V. Biggs, L. Robertson, R. Jimenez, J. Rodriguez, M. Schwiezer. S. Tinsley, S. Hafley, J. Castillo, Y. Barrientos, K. Schickowski, M. Patterson
PSRA Members Absent: A. Machado, J. Rogers
Recipient Part A Staff Present: G. James, T. Thompson, B. Spaulding, R. Pena, B. Baker, W. Cius, J. Roy, T. Currie, A. Tareq
Recipient Part B Staff Present: S. Cook
PCS/CQM Present: G. Berkeley-Martinez, M. Rosiere, M. Lacroix, S. Isidore, D. Liao, D. Cestaro-Seifer, J. Beal
Guests Present: J. Shirley. G. Verger, L. Jones, L. Athouriste, A. Missick, F. D'Amore, R. Campbell, A. Perry, J. Ritter, J. Hidalgo, J Saboe-Rodriguez, T. Hill-Howard, J. De La Nuez, T. Benjamin, J. Dresseno, K. Whyte, K Giglioli, N. Burrell, J. Sesay, R. Labissiere, M. Di Maria, M. Stoakley, C. Archibald, H. Singh, J. Starkey, J. Charlot, K. Fitzpatrick, N. Lewis, F. Esterlien

Call to Order

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

1. Welcome from the Chair & Public Record Requirements

   The PSRA Chair welcomed all meeting attendees 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 February 12, 2026

MOTION #1: On behalf of PSRA, S. Tinsley moved to approve the agenda for the February 12, 2026, Priority Setting and Resource Allocation Committee meeting. M. Schweizer seconded the motion, which was unanimously approved.

4. Action Item: Approval of Minutes from January 15, 2026

   MOTION #2: V. Biggs, on behalf of PSRA, made a motion to approve January 15, 2026. Priority Setting and Resource Allocation Committee minutes. The motion was seconded by M. Schwiezer, and passed unanimously.

5. Standard Committee Items
   None.

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

      B. Barnes, PSRA Chair, opened the discussion noting minimal updates since the prior meeting. A lawsuit has been filed, and the state has initiated the rulemaking process, including a 21-day public comment period and a scheduled hearing.

      J. Roy, Part A Representative, reported that Part A conducted a local analysis of potential response scenarios. No formal state-level guidance has been received. The office continues data review but is not presenting formal recommendations at this time, pending community input.

      J. Rodriguez, Part B Representative, confirmed no additional guidance from the state. Committee members discussed the possibility of requesting a local workshop as part of the rulemaking process.

      MOTION #3: V. Biggs, on behalf of PSRA, made a motion to put a formal request for a workshop to be hosted in Broward County in order to address the AIDS Drug Assistance Program proposed changes. The motion was seconded by M. Schwiezer, and passed unanimously.

      Members discussed uncertainty regarding a stay of implementation and concerns that funding may not be released even if a stay is granted.

7. Discussion Items
   None.
8. New Business
   a. **Discussion:** How to Address AIDS Drug Assistance Program (ADAP) Crisis Options; PSRA Chair & Recipient Office

      T. Thompson, Part A Representative, presented three example scenarios developed using ledger-level data totaling approximately 10.6 million data points, which were mapped to service utilization, Federal Poverty Level (FPL), and viral suppression outcomes. He emphasized that these scenarios are illustrative in nature and are not intended as formal recommendations. Key data highlights indicated that the highest utilization and associated costs occur among clients at 0–50% FPL. The analysis also showed that cutting specific service categories would free up

less funding than anticipated due to current distribution patterns. In contrast, reducing FPL eligibility would have a greater financial impact but would affect a substantial number of clients. Notably, all calculations excluded antiretroviral (ARV) medication costs.

> ***Scenario 1:*** *This scenario maintains the current FPL thresholds while reducing the number of service categories to seven. The estimated savings under this approach would be approximately $2.8 million, with the potential to serve approximately 1,200 additional clients.*
>
> ***Scenario 2:*** *This scenario proposes reducing FPL eligibility to ≤250% across services and eliminating certain service categories. The estimated savings would be approximately $3.2 million; however, approximately 1,100 individuals would lose eligibility, of whom 96% are currently virally suppressed.*
>
> ***Scenario 3:*** *This scenario reduces FPL eligibility to ≤300% while maintaining all service categories but implementing service caps and restrictions. The estimated savings would be approximately $2.9 million. Approximately 550 individuals would be impacted, 97% of whom are virally suppressed, and approximately 1,102 additional clients could potentially be served under this approach.*

B. Barnes, PSRA Chair, requested that each committee member share their thoughts and feedback after the presentation of the three scenarios.

- **S. Tinsley:** Emphasized the critical point of serving as many clients as possible while promoting self-sufficiency. Advocated for careful consideration to avoid repeating the current crisis.
- **B. Fortune-Evans:** Expressed discomfort with all scenarios due to uncertainty about the 21-day stay and state actions. Concerned about impacts on social support, clients' ability to pay premiums, and external cost factors (housing, employment, etc.). Is no willing make a decision without more information.
- **S. Hafley**: Asked if votes can be revoked later if circumstances change. Requested additional data to make an informed decision, including projected impact for the 2,300 affected clients and coverage options for those at 130% FPL or below.
- **M. Patterson:** Requested analysis of impacts by FPL level, particularly 130–250% FPL clients, focusing on insurance support. Noted potential differences in agency capacity to sustain services.
- **B. Mester:** Urged prioritization of getting affected clients on 90-day medication supplies within 16 days. Raised legal concerns about eliminating service categories without consulting ranking data. Provided estimates for ARV costs for 2,374 clients.
- **J. Rodriguez:** Opposed Scenario #2 due to potential exclusion of over 1,100 clients. Emphasized the need to ensure access to medication and prescribers before clients are removed from services.
- **V. Biggs:** Highlighted provider involvement in decisions, especially regarding premium assistance and medical care. Suggested long-term sustainability via private funding. Questioned duration of clients in 0–50% FPL category.
- **M. Schweizer:** Recommended keeping all categories funded with caps to minimize harm, while encouraging self-sufficiency and preparing for future funding adjustments. Supported Scenario #3 as the least disruptive.
- **J. Jimenez:** Supported combining primary care and support services while addressing scenario #3's impact. Calculated per-client costs and emphasized continuity of care during the crisis.

- **J. Castillo:** Agreed that service categories should not be eliminated entirely. Recommended caps across all categories to promote self-sufficiency and ensure Ryan White remains the payer of last resort.
- **K. Schickowski:** Compared the three scenarios, noting minimal differences in potential savings between full elimination and Scenario #3. Preferred Scenario #3 due to provider input and minimized client impact.
- **L. Robertson:** Favored Scenario #3 as least harmful. Advocated for supporting client self-sufficiency through case manager collaboration and seeking community partnerships.
- **B. Barnes:** Advocated for "stop the bleeding before starting bleeding" approach—avoid rapid depletion of funds. Suggested waiting lists if needed and maintaining Broward as a leader in quality service standards.

Following the committee discussion, the Part A representatives added the following: J. Roy highlighted EHE funding as a potential offset for services that might be eliminated. G. James noted ongoing collaborative discussions with Part A, FQHCs, hospital districts, and pharmaceutical companies, reporting that AHF, CAN Community Health, Mayfaire Medical, Poverello, and Care Resource have the capacity to support impacted clients. He also clarified the implications for ARVs if they were added to the Part A formulary. Following this discussion, the committee developed a data request for the Part A Recipient office.

Data Request

1. Of the individuals who would lose eligibility for services, how many could still access care through providers such as FQHCs or other community clinics? Of those, how many would meet eligibility requirements for those programs?
2. What is the projected impact of 2,374 clients losing access to care entirely (i.e., having no coverage or services available)?
3. In Scenario #3, 1,102 clients are listed as enrolled in the ACA. Can we confirm this number and provide additional details on their enrollment status?
4. How many individuals are above 300% of the Federal Poverty Level (FPL)? Of those individuals, how many currently have private insurance coverage?
5. Develop a Scenario #4 in which all current clients remain eligible for services and no clients are deemed ineligible.
6. For the updated Scenario #3, if **all** service categories are capped, what is the total projected cost savings?

b. **Discussion:** Recommendations from Local Pharmacy Advisory Council Ad-Hoc Committee; LPAC Chair

G. Berkeley-Martinez, PCS Staff, reported LPAC's review of ARV costs and premium assistance projections. Premium assistance would cost approximately $1.1 million per month ($13.6 million annually), exceeding the Part A budget. Manufacturer PAP eligibility extends up to 500% FPL, including medication samples for uninsured clients.

MOTION #4: V. Biggs, on behalf of PSRA, seconded the motion presented by the LPAC Ad-Hoc Committee. (LPAC 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)

The committee engaged in a brief discussion. B. Mester reiterated that antiretrovirals (ARVs) are being removed from the LPAC formulary, and that all medications currently

on the EFA formulary—except for ARVs—will be transitioned to the LPAP formulary. This change will allow medications for comorbid conditions, such as blood pressure and diabetes, to be covered under LPAP. Currently, these medications are provided through ADAP. The transition is intended as a temporary measure to ensure continuity of care and support for clients' comorbidities. Other members raised concerns regarding the number of clients who may be impacted and inquired about potential alternative options.

Following discussion, the committee voted, and the motion was adopted unanimously.

MOTION #5: S. Tinsley, on behalf of PSRA, made a motion to establish the Local Pharmacy Advisory Council (LPAC) as a standing committee of the Broward HIV Health Services Planning Council. The motion was seconded by M. Patterson.

The committee engaged in a brief discussion. B. Mester stated that establishing LPAC as a standing committee may not be necessary if the state resumes its operations returning to normal, noting that LPAC typically has limited activity outside of urgent circumstances. B. Barnes commented that the committee could be dissolved in the future if no longer needed but emphasized that the current situation may require it to remain active for at least a year. S. Tinsley expressed support in creating the standing committee, stating that the system is unlikely to return to its previous state and that continued focus will be necessary until meaningful changes are implemented and a backup plan is in place.

Following discussion, the motion passed, with three opposing votes from B. Fortune-Evans, V. Biggs, and B. Mester.

c. **Discussion:** How Best to Meet the Need (Medical Case Management, Non-Medical Case Management)

B. Barnes stated that this item was partially addressed during earlier scenario discussions.

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

B. Barnes noted than in a previous ADAP crisis that a waiting list was implemented at that time. He shared that HOPWA has a designated line item within its budget for medications and, although a HOPWA representative was not present, emphasized the importance of exploring all available options. He acknowledged that J. Roy is working collaboratively across various sectors and reiterated the need for a coordinated response. Additional options discussed included working closely with funded providers and evaluating how existing allocations could be leveraged more effectively. It was also noted that other EMAs have established committees to address similar issues, particularly in relation to the 340B program.

9. Public Comment
   None.

10. Recipient Report
    a. HRSA Funding Formula Changes for Part A & B for 2026; *Recipient Office*

J. Roy reported that beginning in FY2026, Ryan White Part A awards will be calculated based on an individual's current address rather than their residence at the time of diagnosis. She explained that this change reflects advancements in Centers for Disease Control (CDC) surveillance data and Health Resources and Services Administration (HRSA) intent to better align funding with where

clients currently live and receive care. As a result of this revised methodology, the EMA is among the top four areas experiencing the largest funding increases. The adjustment will be phased in over five years and is expected to result in approximately $369,562 in additional funding per year, totaling $1,847,811 over the five-year period. Overall, Fort Lauderdale will see a 12% increase from its original award. By comparison, Las Vegas will receive a 14% increase, Tampa a 15% increase, and San Bernardino, California, a 37% increase. It was also noted that Miami will experience a funding reduction under the new formula.

J. Roy expressed appreciation to Human Services leadership and Intergovernmental Affairs for their advocacy efforts, highlighting that one of the key initiatives supporting this change was led through their collaboration. She also recognized Dr. Hidalgo for providing critical data and analysis that helped demonstrate the need for the revised methodology. She emphasized that this increase reflects years of collective advocacy and coordinated effort.

G. James added that the office received the first portion of the Notice of Award for the upcoming fiscal year in the amount of $4.6 million. He noted that the funding will now be received toward the end of the year when the fiscal year begins, rather than in May, and clarified that the additional $306,000 was incorporated into that amount.

Following Recipient Report:

S. Tinsley raised a concern, asking what would happen if, for example, on March 1st there was an influx of calls from clients who had lost services. She wanted to understand how that situation would be managed outside of the voting process and other ongoing activities.

B. Barnes responded that while the Planning Council itself is not responsible for direct client communication, it provides recommendations to agencies and the Part A office. He suggested that the Community Empowerment Committee (CEC) could be an appropriate forum to address this issue. He recommended that the committee consider scheduling an emergency meeting and work closely with the Part A office to manage the issue and guide the response.

B. Mester added that it would be helpful to ensure all Ryan White-funded providers attend that meeting. Their presence would ensure that information is properly communicated throughout their organizations before the Planning Council implements any changes.

11. Data Request(s)
    1. Of the individuals who would lose eligibility for services, how many could still access care through providers such as FQHCs or other community clinics? Of those, how many would meet eligibility requirements for those programs?
    2. What is the projected impact of 2,374 clients losing access to care entirely (i.e., having no coverage or services available)?
    3. In Scenario #3, 1,102 clients are listed as enrolled in the ACA. Can we confirm this number and provide additional details on their enrollment status?
    4. How many individuals are above 300% of the Federal Poverty Level (FPL)? Of those individuals, how many currently have private insurance coverage?
    5. Develop a Scenario #4 in which all current clients remain eligible for services and no clients are deemed ineligible.
    6. For the updated Scenario #3, if all service categories are capped, what is the total projected cost savings?

12. Next Meeting: February 19, 2026, 9:30AM to 11:30PM. Location: Microsoft Teams and BRHPC
13. Agenda Items for Next Meeting
    a. To Be Determined

14. Announcements
    None.

There being no further business, the meeting was adjourned at **12:42PM**

PSRA Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	15	12	19											
1	Barnes, B., Chair	X	X												
2	Fortune-Evans, B.	X	X												
3	Mester, B.	X	X												
4	Robertson, L.	X	X												
5	Rodriguez, J.	X	X												
6	Biggs, V.	X	X												
7	Jimenez, R.	X	X												
8	Schwiezer, M.	X	X												
9	Machado, A.	X	A												
10	Tinsley, S.	X	X												
11	Castllo, J.	X	X												
12	Barrientos, Yahaira	X	X												
13	Hafley, Shalisa	X	X												
14	Rogers, Jonathan	A	A												
15	Schickowski, Kara	A	X												
16	Patterson, M.	X	X												
	Quorum = 9	14	14												

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

Handout B1

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	**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	Legal
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	1,391
Current Viral Suppression of Ineligible Clients	96%
Additional Clients that Could be Served Estimated	2,120
Service Categories Kept	**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	Legal
Emergency Financial Assistance	
Scenario 3	
Parameters	FPL for All Service Categories <=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 and capped 1.5 hours, Substance Use limited to 3 times a week
Estimated Money Freed	$2,960,008.31
Clients Potentially Ineligible	801
Current Viral Suppression of Ineligible Clients	97%
Additional Clients that Could be Served Estimated	1,102
Service Categories Kept	
All	
Scenario 4	
Parameters	Everything Remains unchanged
Clients Potentially Ineligible	NA
Current Viral Suppression of Ineligible Clients	NA
Additional Clients that Could be Served Estimated	None
Observation	
We would inevitably have to develop a wait list and PSRA will eventually have to make a decision without any breathing room. There is the factor of having to pay for additional drugs under Pharmacy and trying to accommodate the 2300 individuals seeking additional services.	

Additional Information		
If you drop overall FPL to.....	**We would free up (Estimations)**	**and Impact the following Clients**
<=300	$928,799.25	801
<=250	$1,649,708.09	1391

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	2	2							4
Integrated Primary Care	1287	408	357	326	239	162	125	83	2987
Medical Case Management	205	87	81	58	30	25	16	12	514
Mental Health	54	17	13	6	3	1	1		95
Substance Use Treatment	63	14	8	5	1	1	1		93
Insurance Support Services	107	150	190	221	191	176	147	109	1291
Medical Nutrition Therapy	50	50	64	51	31	19	11	4	280
Oral Health	502	305	360	356	270	194	150	123	2260
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	2458	1371	1210	995	880	590	467	334	8305
Nonmedical Case Management	921	409	387	402	265	168	125	80	2757
Emergency Financial Assistance	45	23	23	11	11	6	4	4	127
Food Bank	603	437	396	44	28				1508
Food Voucher	101	103	79	1	2				286
Legal	34	20	10	8	5	1	1		79
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	$16.14	$11.19	$0.00	$0.00	$0.00	$0.00	$0.00	$2,517.19
Integrated Primary Care	$1,971,119.88	$603,051.95	$553,443.49	$495,292.14	$361,879.93	$216,909.38	$189,392.00	$123,090.37	$4,514,179.14
Medical Case Management	$333,102.62	$118,299.44	$103,047.54	$70,373.89	$41,045.83	$29,022.59	$18,077.83	$5,980.65	$718,950.39
Mental Health	$74,417.15	$34,757.17	$19,100.95	$12,811.46	$10,779.11	$3,725.98	$1,870.60	$0.00	$157,462.42
Substance Use Treatment	$418,167.83	$68,704.26	$30,602.10	$3,801.40	$1,768.28	$0.00	$10,241.78	$0.00	$533,285.65
Insurance Support Services	$58,433.52	$50,294.01	$48,898.77	$51,550.12	$44,164.14	$51,496.70	$36,337.30	$36,523.96	$377,698.52
Medical Nutrition Therapy	$39,750.85	$41,978.85	$55,631.20	$40,716.20	$15,896.40	$13,065.20	$11,454.90	$2,007.50	$220,501.10
Oral Health	$509,246.08	$330,404.96	$357,609.08	$341,577.72	$293,842.96	$194,779.92	$175,405.84	$131,789.12	$2,334,655.68
Core Medical Total	**$3,406,727.79**	**$1,247,506.78**	**$1,168,344.32**	**$1,016,122.93**	**$769,376.65**	**$508,999.77**	**$442,780.25**	**$299,391.60**	**$8,859,250.09**
Support Services Expenditures YTD									
	0-50	**51-100**	**101-150**	**151-200**	**201-250**	**251-300**	**301-350**	**351-400**	**YTD Expenditures**
CIED	$226,734.00	$123,494.00	$130,176.00	$104,790.00	$85,594.00	$70,664.00	$51,170.00	$40,894.00	$833,516.00
Nonmedical Case Management	$605,026.70	$253,965.40	$212,922.95	$144,704.25	$93,305.10	$75,603.90	$52,098.95	$33,042.70	$1,470,669.95
Emergency Financial Assistance	$88,181.35	$10,589.46	$11,702.26	$15,145.68	$5,291.27	$2,780.28	$5,195.36	$2,313.44	$141,199.10
Food Bank	$195,005.00	$144,337.00	$143,714.00	$9,690.00	$6,050.00	$2,590.00	$2,875.00	$1,190.00	$505,451.00
Food Voucher	$9,849.68	$10,087.20	$9,265.28	$74.72	$74.72	$149.44	$74.72	$74.72	$29,650.48
Legal	$49,887.00	$32,771.00	$5,730.50	$5,230.50	$7,966.00	$6,298.50	$1,964.50	$0.00	$109,848.00
Support Service Total	**$1,174,683.73**	**$575,244.06**	**$513,510.99**	**$279,635.15**	**$198,281.09**	**$158,086.12**	**$113,378.53**	**$77,514.86**	**$3,090,334.53**
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	2458	1371	1210	995	880	590	467	334	
Average Cost Per Client	$1,922.58	$1,351.62	$1,296.59	$1,231.82	$1,159.18	$1,042.83	$1,130.52	$1,064.32	
Highest	$37,376.54	$20,654.53	$19,183.28	$18,035.77	$9,463.65	$11,276.27	$16,450.50	$7,110.45	
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	
Clients Above 300%	801								
Clients on Private Insurance	563								

Handout B3

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00	29,526.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00	40,034.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00	50,542.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00	61,050.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00	71,558.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00	82,066.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00	92,574.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00	103,082.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00	113,590.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00	124,098.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00	134,606.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00	145,114.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00	155,622.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00	166,130.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00	111,720.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00	151,480.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00	191,240.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00	231,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00	270,760.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00	310,520.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,200.00	300,240.00	350,280.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00	390,040.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00	429,800.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00	469,560.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00	509,320.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00	549,080.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00	588,840.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00	628,600.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	665.00	997.50	1,330.00	1,662.50	1,729.00	1,768.90	1,795.50	1,835.40	1,995.00	2,327.50	2,394.00	2,460.50
2	901.67	1,352.50	1,803.33	2,254.17	2,344.33	2,398.43	2,434.50	2,488.60	2,705.00	3,155.83	3,246.00	3,336.17
3	1,138.33	1,707.50	2,276.67	2,845.83	2,959.67	3,027.97	3,073.50	3,141.80	3,415.00	3,984.17	4,098.00	4,211.83
4	1,375.00	2,062.50	2,750.00	3,437.50	3,575.00	3,657.50	3,712.50	3,795.00	4,125.00	4,812.50	4,950.00	5,087.50
5	1,611.67	2,417.50	3,223.33	4,029.17	4,190.33	4,287.03	4,351.50	4,448.20	4,835.00	5,640.83	5,802.00	5,963.17
6	1,848.33	2,772.50	3,696.67	4,620.83	4,805.67	4,916.57	4,990.50	5,101.40	5,545.00	6,469.17	6,654.00	6,838.83
7	2,085.00	3,127.50	4,170.00	5,212.50	5,421.00	5,546.10	5,629.50	5,754.60	6,255.00	7,297.50	7,506.00	7,714.50
8	2,321.67	3,482.50	4,643.33	5,804.17	6,036.33	6,175.63	6,268.50	6,407.80	6,965.00	8,125.83	8,358.00	8,590.17
9	2,558.33	3,837.50	5,116.67	6,395.83	6,651.67	6,805.17	6,907.50	7,061.00	7,675.00	8,954.17	9,210.00	9,465.83
10	2,795.00	4,192.50	5,590.00	6,987.50	7,267.00	7,434.70	7,546.50	7,714.20	8,385.00	9,782.50	10,062.00	10,341.50
11	3,031.67	4,547.50	6,063.33	7,579.17	7,882.33	8,064.23	8,185.50	8,367.40	9,095.00	10,610.83	10,914.00	11,217.17
12	3,268.33	4,902.50	6,536.67	8,170.83	8,497.67	8,693.77	8,824.50	9,020.60	9,805.00	11,439.17	11,766.00	12,092.83
13	3,505.00	5,257.50	7,010.00	8,762.50	9,113.00	9,323.30	9,463.50	9,673.80	10,515.00	12,267.50	12,618.00	12,968.50
14	3,741.67	5,612.50	7,483.33	9,354.17	9,728.33	9,952.83	10,102.50	10,327.00	11,225.00	13,095.83	13,470.00	13,844.17

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	2,660.00	2,992.50	3,325.00	3,657.50	3,990.00	4,322.50	4,655.00	4,987.50	5,320.00	6,650.00	7,980.00	9,310.00
2	3,606.67	4,057.50	4,508.33	4,959.17	5,410.00	5,860.83	6,311.67	6,762.50	7,213.33	9,016.67	10,820.00	12,623.33
3	4,553.33	5,122.50	5,691.67	6,260.83	6,830.00	7,399.17	7,968.33	8,537.50	9,106.67	11,383.33	13,660.00	15,936.67
4	5,500.00	6,187.50	6,875.00	7,562.50	8,250.00	8,937.50	9,625.00	10,312.50	11,000.00	13,750.00	16,500.00	19,250.00
5	6,446.67	7,252.50	8,058.33	8,864.17	9,670.00	10,475.83	11,281.67	12,087.50	12,893.33	16,116.67	19,340.00	22,563.33
6	7,393.33	8,317.50	9,241.67	10,165.83	11,090.00	12,014.17	12,938.33	13,862.50	14,786.67	18,483.33	22,180.00	25,876.67
7	8,340.00	9,382.50	10,425.00	11,467.50	12,510.00	13,552.50	14,595.00	15,637.50	16,680.00	20,850.00	25,020.00	29,190.00
8	9,286.67	10,447.50	11,608.33	12,769.17	13,930.00	15,090.83	16,251.67	17,412.50	18,573.33	23,216.67	27,860.00	32,503.33
9	10,233.33	11,512.50	12,791.67	14,070.83	15,350.00	16,629.17	17,908.33	19,187.50	20,466.67	25,583.33	30,700.00	35,816.67
10	11,180.00	12,577.50	13,975.00	15,372.50	16,770.00	18,167.50	19,565.00	20,962.50	22,360.00	27,950.00	33,540.00	39,130.00
11	12,126.67	13,642.50	15,158.33	16,674.17	18,190.00	19,705.83	21,221.67	22,737.50	24,253.33	30,316.67	36,380.00	42,443.33
12	13,073.33	14,707.50	16,341.67	17,975.83	19,610.00	21,244.17	22,878.33	24,512.50	26,146.67	32,683.33	39,220.00	45,756.67
13	14,020.00	15,772.50	17,525.00	19,277.50	21,030.00	22,782.50	24,535.00	26,287.50	28,040.00	35,050.00	42,060.00	49,070.00
14	14,966.67	16,837.50	18,708.33	20,579.17	22,450.00	24,320.83	26,191.67	28,062.50	29,933.33	37,416.67	44,900.00	52,383.33

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

2026 Poverty Guidelines: Alaska

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	9,975.00	14,962.50	19,950.00	24,937.50	25,935.00	26,533.50	26,932.50	27,531.00	29,925.00	34,912.50	35,910.00	36,907.50
2	13,525.00	20,287.50	27,050.00	33,812.50	35,165.00	35,976.50	36,517.50	37,329.00	40,575.00	47,337.50	48,690.00	50,042.50
3	17,075.00	25,612.50	34,150.00	42,687.50	44,395.00	45,419.50	46,102.50	47,127.00	51,225.00	59,762.50	61,470.00	63,177.50
4	20,625.00	30,937.50	41,250.00	51,562.50	53,625.00	54,862.50	55,687.50	56,925.00	61,875.00	72,187.50	74,250.00	76,312.50
5	24,175.00	36,262.50	48,350.00	60,437.50	62,855.00	64,305.50	65,272.50	66,723.00	72,525.00	84,612.50	87,030.00	89,447.50
6	27,725.00	41,587.50	55,450.00	69,312.50	72,085.00	73,748.50	74,857.50	76,521.00	83,175.00	97,037.50	99,810.00	102,582.50
7	31,275.00	46,912.50	62,550.00	78,187.50	81,315.00	83,191.50	84,442.50	86,319.00	93,825.00	109,462.50	112,590.00	115,717.50
8	34,825.00	52,237.50	69,650.00	87,062.50	90,545.00	92,634.50	94,027.50	96,117.00	104,475.00	121,887.50	125,370.00	128,852.50
9	38,375.00	57,562.50	76,750.00	95,937.50	99,775.00	102,077.50	103,612.50	105,915.00	115,125.00	134,312.50	138,150.00	141,987.50
10	41,925.00	62,887.50	83,850.00	104,812.50	109,005.00	111,520.50	113,197.50	115,713.00	125,775.00	146,737.50	150,930.00	155,122.50
11	45,475.00	68,212.50	90,950.00	113,687.50	118,235.00	120,963.50	122,782.50	125,511.00	136,425.00	159,162.50	163,710.00	168,257.50
12	49,025.00	73,537.50	98,050.00	122,562.50	127,465.00	130,406.50	132,367.50	135,309.00	147,075.00	171,587.50	176,490.00	181,392.50
13	52,575.00	78,862.50	105,150.00	131,437.50	136,695.00	139,849.50	141,952.50	145,107.00	157,725.00	184,012.50	189,270.00	194,527.50
14	56,125.00	84,187.50	112,250.00	140,312.50	145,925.00	149,292.50	151,537.50	154,905.00	168,375.00	196,437.50	202,050.00	207,662.50

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	39,900.00	44,887.50	49,875.00	54,862.50	59,850.00	64,837.50	69,825.00	74,812.50	79,800.00	99,750.00	119,700.00	139,650.00
2	54,100.00	60,862.50	67,625.00	74,387.50	81,150.00	87,912.50	94,675.00	101,437.50	108,200.00	135,250.00	162,300.00	189,350.00
3	68,300.00	76,837.50	85,375.00	93,912.50	102,450.00	110,987.50	119,525.00	128,062.50	136,600.00	170,750.00	204,900.00	239,050.00
4	82,500.00	92,812.50	103,125.00	113,437.50	123,750.00	134,062.50	144,375.00	154,687.50	165,000.00	206,250.00	247,500.00	288,750.00
5	96,700.00	108,787.50	120,875.00	132,962.50	145,050.00	157,137.50	169,225.00	181,312.50	193,400.00	241,750.00	290,100.00	338,450.00
6	110,900.00	124,762.50	138,625.00	152,487.50	166,350.00	180,212.50	194,075.00	207,937.50	221,800.00	277,250.00	332,700.00	388,150.00
7	125,100.00	140,737.50	156,375.00	172,012.50	187,650.00	203,287.50	218,925.00	234,562.50	250,200.00	312,750.00	375,300.00	437,850.00
8	139,300.00	156,712.50	174,125.00	191,537.50	208,950.00	226,362.50	243,775.00	261,187.50	278,600.00	348,250.00	417,900.00	487,550.00
9	153,500.00	172,687.50	191,875.00	211,062.50	230,250.00	249,437.50	268,625.00	287,812.50	307,000.00	383,750.00	460,500.00	537,250.00
10	167,700.00	188,662.50	209,625.00	230,587.50	251,550.00	272,512.50	293,475.00	314,437.50	335,400.00	419,250.00	503,100.00	586,950.00
11	181,900.00	204,637.50	227,375.00	250,112.50	272,850.00	295,587.50	318,325.00	341,062.50	363,800.00	454,750.00	545,700.00	636,650.00
12	196,100.00	220,612.50	245,125.00	269,637.50	294,150.00	318,662.50	343,175.00	367,687.50	392,200.00	490,250.00	588,300.00	686,350.00
13	210,300.00	236,587.50	262,875.00	289,162.50	315,450.00	341,737.50	368,025.00	394,312.50	420,600.00	525,750.00	630,900.00	736,050.00
14	224,500.00	252,562.50	280,625.00	308,687.50	336,750.00	364,812.50	392,875.00	420,937.50	449,000.00	561,250.00	673,500.00	785,750.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

2026 Poverty Guidelines: Alaska

Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	831.25	1,246.88	1,662.50	2,078.13	2,161.25	2,211.13	2,244.38	2,294.25	2,493.75	2,909.38	2,992.50	3,075.63
2	1,127.08	1,690.63	2,254.17	2,817.71	2,930.42	2,998.04	3,043.13	3,110.75	3,381.25	3,944.79	4,057.50	4,170.21
3	1,422.92	2,134.38	2,845.83	3,557.29	3,699.58	3,784.96	3,841.88	3,927.25	4,268.75	4,980.21	5,122.50	5,264.79
4	1,718.75	2,578.13	3,437.50	4,296.88	4,468.75	4,571.88	4,640.63	4,743.75	5,156.25	6,015.63	6,187.50	6,359.38
5	2,014.58	3,021.88	4,029.17	5,036.46	5,237.92	5,358.79	5,439.38	5,560.25	6,043.75	7,051.04	7,252.50	7,453.96
6	2,310.42	3,465.63	4,620.83	5,776.04	6,007.08	6,145.71	6,238.13	6,376.75	6,931.25	8,086.46	8,317.50	8,548.54
7	2,606.25	3,909.38	5,212.50	6,515.63	6,776.25	6,932.63	7,036.88	7,193.25	7,818.75	9,121.88	9,382.50	9,643.13
8	2,902.08	4,353.13	5,804.17	7,255.21	7,545.42	7,719.54	7,835.63	8,009.75	8,706.25	10,157.29	10,447.50	10,737.71
9	3,197.92	4,796.88	6,395.83	7,994.79	8,314.58	8,506.46	8,634.38	8,826.25	9,593.75	11,192.71	11,512.50	11,832.29
10	3,493.75	5,240.63	6,987.50	8,734.38	9,083.75	9,293.38	9,433.13	9,642.75	10,481.25	12,228.13	12,577.50	12,926.88
11	3,789.58	5,684.38	7,579.17	9,473.96	9,852.92	10,080.29	10,231.88	10,459.25	11,368.75	13,263.54	13,642.50	14,021.46
12	4,085.42	6,128.13	8,170.83	10,213.54	10,622.08	10,867.21	11,030.63	11,275.75	12,256.25	14,298.96	14,707.50	15,116.04
13	4,381.25	6,571.88	8,762.50	10,953.13	11,391.25	11,654.13	11,829.38	12,092.25	13,143.75	15,334.38	15,772.50	16,210.63
14	4,677.08	7,015.63	9,354.17	11,692.71	12,160.42	12,441.04	12,628.13	12,908.75	14,031.25	16,369.79	16,837.50	17,305.21

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	3,325.00	3,740.63	4,156.25	4,571.88	4,987.50	5,403.13	5,818.75	6,234.38	6,650.00	8,312.50	9,975.00	11,637.50
2	4,508.33	5,071.88	5,635.42	6,198.96	6,762.50	7,326.04	7,889.58	8,453.13	9,016.67	11,270.83	13,525.00	15,779.17
3	5,691.67	6,403.13	7,114.58	7,826.04	8,537.50	9,248.96	9,960.42	10,671.88	11,383.33	14,229.17	17,075.00	19,920.83
4	6,875.00	7,734.38	8,593.75	9,453.13	10,312.50	11,171.88	12,031.25	12,890.63	13,750.00	17,187.50	20,625.00	24,062.50
5	8,058.33	9,065.63	10,072.92	11,080.21	12,087.50	13,094.79	14,102.08	15,109.38	16,116.67	20,145.83	24,175.00	28,204.17
6	9,241.67	10,396.88	11,552.08	12,707.29	13,862.50	15,017.71	16,172.92	17,328.13	18,483.33	23,104.17	27,725.00	32,345.83
7	10,425.00	11,728.13	13,031.25	14,334.38	15,637.50	16,940.63	18,243.75	19,546.88	20,850.00	26,062.50	31,275.00	36,487.50
8	11,608.33	13,059.38	14,510.42	15,961.46	17,412.50	18,863.54	20,314.58	21,765.63	23,216.67	29,020.83	34,825.00	40,629.17
9	12,791.67	14,390.63	15,989.58	17,588.54	19,187.50	20,786.46	22,385.42	23,984.38	25,583.33	31,979.17	38,375.00	44,770.83
10	13,975.00	15,721.88	17,468.75	19,215.63	20,962.50	22,709.38	24,456.25	26,203.13	27,950.00	34,937.50	41,925.00	48,912.50
11	15,158.33	17,053.13	18,947.92	20,842.71	22,737.50	24,632.29	26,527.08	28,421.88	30,316.67	37,895.83	45,475.00	53,054.17
12	16,341.67	18,384.38	20,427.08	22,469.79	24,512.50	26,555.21	28,597.92	30,640.63	32,683.33	40,854.17	49,025.00	57,195.83
13	17,525.00	19,715.63	21,906.25	24,096.88	26,287.50	28,478.13	30,668.75	32,859.38	35,050.00	43,812.50	52,575.00	61,337.50
14	18,708.33	21,046.88	23,385.42	25,723.96	28,062.50	30,401.04	32,739.58	35,078.13	37,416.67	46,770.83	56,125.00	65,479.17

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

2026 Poverty Guidelines: Hawaii

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	9,180.00	13,770.00	18,360.00	22,950.00	23,868.00	24,418.80	24,786.00	25,336.80	27,540.00	32,130.00	33,048.00	33,966.00
2	12,445.00	18,667.50	24,890.00	31,112.50	32,357.00	33,103.70	33,601.50	34,348.20	37,335.00	43,557.50	44,802.00	46,046.50
3	15,710.00	23,565.00	31,420.00	39,275.00	40,846.00	41,788.60	42,417.00	43,359.60	47,130.00	54,985.00	56,556.00	58,127.00
4	18,975.00	28,462.50	37,950.00	47,437.50	49,335.00	50,473.50	51,232.50	52,371.00	56,925.00	66,412.50	68,310.00	70,207.50
5	22,240.00	33,360.00	44,480.00	55,600.00	57,824.00	59,158.40	60,048.00	61,382.40	66,720.00	77,840.00	80,064.00	82,288.00
6	25,505.00	38,257.50	51,010.00	63,762.50	66,313.00	67,843.30	68,863.50	70,393.80	76,515.00	89,267.50	91,818.00	94,368.50
7	28,770.00	43,155.00	57,540.00	71,925.00	74,802.00	76,528.20	77,679.00	79,405.20	86,310.00	100,695.00	103,572.00	106,449.00
8	32,035.00	48,052.50	64,070.00	80,087.50	83,291.00	85,213.10	86,494.50	88,416.60	96,105.00	112,122.50	115,326.00	118,529.50
9	35,300.00	52,950.00	70,600.00	88,250.00	91,780.00	93,898.00	95,310.00	97,428.00	105,900.00	123,550.00	127,080.00	130,610.00
10	38,565.00	57,847.50	77,130.00	96,412.50	100,269.00	102,582.90	104,125.50	106,439.40	115,695.00	134,977.50	138,834.00	142,690.50
11	41,830.00	62,745.00	83,660.00	104,575.00	108,758.00	111,267.80	112,941.00	115,450.80	125,490.00	146,405.00	150,588.00	154,771.00
12	45,095.00	67,642.50	90,190.00	112,737.50	117,247.00	119,952.70	121,756.50	124,462.20	135,285.00	157,832.50	162,342.00	166,851.50
13	48,360.00	72,540.00	96,720.00	120,900.00	125,736.00	128,637.60	130,572.00	133,473.60	145,080.00	169,260.00	174,096.00	178,932.00
14	51,625.00	77,437.50	103,250.00	129,062.50	134,225.00	137,322.50	139,387.50	142,485.00	154,875.00	180,687.50	185,850.00	191,012.50

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	36,720.00	41,310.00	45,900.00	50,490.00	55,080.00	59,670.00	64,260.00	68,850.00	73,440.00	91,800.00	110,160.00	128,520.00
2	49,780.00	56,002.50	62,225.00	68,447.50	74,670.00	80,892.50	87,115.00	93,337.50	99,560.00	124,450.00	149,340.00	174,230.00
3	62,840.00	70,695.00	78,550.00	86,405.00	94,260.00	102,115.00	109,970.00	117,825.00	125,680.00	157,100.00	188,520.00	219,940.00
4	75,900.00	85,387.50	94,875.00	104,362.50	113,850.00	123,337.50	132,825.00	142,312.50	151,800.00	189,750.00	227,700.00	265,650.00
5	88,960.00	100,080.00	111,200.00	122,320.00	133,440.00	144,560.00	155,680.00	166,800.00	177,920.00	222,400.00	266,880.00	311,360.00
6	102,020.00	114,772.50	127,525.00	140,277.50	153,030.00	165,782.50	178,535.00	191,287.50	204,040.00	255,050.00	306,060.00	357,070.00
7	115,080.00	129,465.00	143,850.00	158,235.00	172,620.00	187,005.00	201,390.00	215,775.00	230,160.00	287,700.00	345,240.00	402,780.00
8	128,140.00	144,157.50	160,175.00	176,192.50	192,210.00	208,227.50	224,245.00	240,262.50	256,280.00	320,350.00	384,420.00	448,490.00
9	141,200.00	158,850.00	176,500.00	194,150.00	211,800.00	229,450.00	247,100.00	264,750.00	282,400.00	353,000.00	423,600.00	494,200.00
10	154,260.00	173,542.50	192,825.00	212,107.50	231,390.00	250,672.50	269,955.00	289,237.50	308,520.00	385,650.00	462,780.00	539,910.00
11	167,320.00	188,235.00	209,150.00	230,065.00	250,980.00	271,895.00	292,810.00	313,725.00	334,640.00	418,300.00	501,960.00	585,620.00
12	180,380.00	202,927.50	225,475.00	248,022.50	270,570.00	293,117.50	315,665.00	338,212.50	360,760.00	450,950.00	541,140.00	631,330.00
13	193,440.00	217,620.00	241,800.00	265,980.00	290,160.00	314,340.00	338,520.00	362,700.00	386,880.00	483,600.00	580,320.00	677,040.00
14	206,500.00	232,312.50	258,125.00	283,937.50	309,750.00	335,562.50	361,375.00	387,187.50	413,000.00	516,250.00	619,500.00	722,750.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

2026 Poverty Guidelines: Hawaii

Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	765.00	1,147.50	1,530.00	1,912.50	1,989.00	2,034.90	2,065.50	2,111.40	2,295.00	2,677.50	2,754.00	2,830.50
2	1,037.08	1,555.63	2,074.17	2,592.71	2,696.42	2,758.64	2,800.13	2,862.35	3,111.25	3,629.79	3,733.50	3,837.21
3	1,309.17	1,963.75	2,618.33	3,272.92	3,403.83	3,482.38	3,534.75	3,613.30	3,927.50	4,582.08	4,713.00	4,843.92
4	1,581.25	2,371.88	3,162.50	3,953.13	4,111.25	4,206.13	4,269.38	4,364.25	4,743.75	5,534.38	5,692.50	5,850.63
5	1,853.33	2,780.00	3,706.67	4,633.33	4,818.67	4,929.87	5,004.00	5,115.20	5,560.00	6,486.67	6,672.00	6,857.33
6	2,125.42	3,188.13	4,250.83	5,313.54	5,526.08	5,653.61	5,738.63	5,866.15	6,376.25	7,438.96	7,651.50	7,864.04
7	2,397.50	3,596.25	4,795.00	5,993.75	6,233.50	6,377.35	6,473.25	6,617.10	7,192.50	8,391.25	8,631.00	8,870.75
8	2,669.58	4,004.38	5,339.17	6,673.96	6,940.92	7,101.09	7,207.88	7,368.05	8,008.75	9,343.54	9,610.50	9,877.46
9	2,941.67	4,412.50	5,883.33	7,354.17	7,648.33	7,824.83	7,942.50	8,119.00	8,825.00	10,295.83	10,590.00	10,884.17
10	3,213.75	4,820.63	6,427.50	8,034.38	8,355.75	8,548.58	8,677.13	8,869.95	9,641.25	11,248.13	11,569.50	11,890.88
11	3,485.83	5,228.75	6,971.67	8,714.58	9,063.17	9,272.32	9,411.75	9,620.90	10,457.50	12,200.42	12,549.00	12,897.58
12	3,757.92	5,636.88	7,515.83	9,394.79	9,770.58	9,996.06	10,146.38	10,371.85	11,273.75	13,152.71	13,528.50	13,904.29
13	4,030.00	6,045.00	8,060.00	10,075.00	10,478.00	10,719.80	10,881.00	11,122.80	12,090.00	14,105.00	14,508.00	14,911.00
14	4,302.08	6,453.13	8,604.17	10,755.21	11,185.42	11,443.54	11,615.63	11,873.75	12,906.25	15,057.29	15,487.50	15,917.71

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	3,060.00	3,442.50	3,825.00	4,207.50	4,590.00	4,972.50	5,355.00	5,737.50	6,120.00	7,650.00	9,180.00	10,710.00
2	4,148.33	4,666.88	5,185.42	5,703.96	6,222.50	6,741.04	7,259.58	7,778.13	8,296.67	10,370.83	12,445.00	14,519.17
3	5,236.67	5,891.25	6,545.83	7,200.42	7,855.00	8,509.58	9,164.17	9,818.75	10,473.33	13,091.67	15,710.00	18,328.33
4	6,325.00	7,115.63	7,906.25	8,696.88	9,487.50	10,278.13	11,068.75	11,859.38	12,650.00	15,812.50	18,975.00	22,137.50
5	7,413.33	8,340.00	9,266.67	10,193.33	11,120.00	12,046.67	12,973.33	13,900.00	14,826.67	18,533.33	22,240.00	25,946.67
6	8,501.67	9,564.38	10,627.08	11,689.79	12,752.50	13,815.21	14,877.92	15,940.63	17,003.33	21,254.17	25,505.00	29,755.83
7	9,590.00	10,788.75	11,987.50	13,186.25	14,385.00	15,583.75	16,782.50	17,981.25	19,180.00	23,975.00	28,770.00	33,565.00
8	10,678.33	12,013.13	13,347.92	14,682.71	16,017.50	17,352.29	18,687.08	20,021.88	21,356.67	26,695.83	32,035.00	37,374.17
9	11,766.67	13,237.50	14,708.33	16,179.17	17,650.00	19,120.83	20,591.67	22,062.50	23,533.33	29,416.67	35,300.00	41,183.33
10	12,855.00	14,461.88	16,068.75	17,675.63	19,282.50	20,889.38	22,496.25	24,103.13	25,710.00	32,137.50	38,565.00	44,992.50
11	13,943.33	15,686.25	17,429.17	19,172.08	20,915.00	22,657.92	24,400.83	26,143.75	27,886.67	34,858.33	41,830.00	48,801.67
12	15,031.67	16,910.63	18,789.58	20,668.54	22,547.50	24,426.46	26,305.42	28,184.38	30,063.33	37,579.17	45,095.00	52,610.83
13	16,120.00	18,135.00	20,150.00	22,165.00	24,180.00	26,195.00	28,210.00	30,225.00	32,240.00	40,300.00	48,360.00	56,420.00
14	17,208.33	19,359.38	21,510.42	23,661.46	25,812.50	27,963.54	30,114.58	32,265.63	34,416.67	43,020.83	51,625.00	60,229.17

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

Handout B4

PSRA Data Request: Submitted February 12, 2026

1. Of the individuals who would lose eligibility for services, how many could still access care through providers such as FQHCs or other community clinics? Of those, how many would meet eligibility requirements for those programs?
    a. Verbal update to be given by the Recipient Office Tim and or Wismy.

2. What is the projected impact of 2,374 clients losing access to care entirely (i.e., having no coverage or services available)?
    a. I asked for clarification but did not receive much as I am unsure what this exactly means. Are we talking 2,374 insured clients lose their insurance, or 2,374 clients can no longer access Ryan White services at all?

3. In Scenario #3, 1,102 clients are listed as enrolled in the ACA. Can we confirm this number and provide additional details on their enrollment status?
    a. The ACA Numbers are Confirmed as 1,198 clients. They are currently enrolled in insurance. BRHPC can likely provide clarification around this number if PSRA has additional questions.

4. How many individuals are above 300% of the Federal Poverty Level (FPL)? Of those individuals, how many currently have private insurance coverage?
    a. Updated numbers are included in the Table Handout.

5. Develop a Scenario #4 in which all current clients remain eligible for services and no clients are deemed ineligible.
    a. Scenario 4 developed – Though it is less of a scenario and more of a what will happen if nothing is done at all based on current information.

6. For the updated Scenario #3, if all service categories are capped, what is the total projected cost savings?
    a. I believe there was miscommunication. The examples provided last week were sample utilization control actions. I am unsure if every service category would need one and it would require a broader dive and discussion internally.

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.