**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

# Quality Management Committee Meeting

## Monday, July 15, 2024, 12:30 p.m.

**Meeting Location: Broward Regional Health Planning Council Conference Room**

**Microsoft Teams Meeting Information:**

**Join on your computer, mobile app, or room device:** Click here to join the meeting

**Meeting ID: 246 265 146 626 Passcode: R9sBsa**

**Or call in (audio only): +1 561-437-3349 Phone Conference ID: 143 923 947#**

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZmQ1MWYzODItNWQ0YS00ZmM0LWFlZTItM2I4ZDkxYzUyZjcz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

***This meeting is audio and video recorded.***

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

**Quorum for this meeting is 5**

## DRAFT AGENDA

**ORDER OF BUSINESS**

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
    a. Meeting Ground Rules
    b. Statement of Sunshine
    c. Introductions & Abstentions
    d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for July 15, 2024
5. **ACTION:** Approval of Minutes from May 20, 2024 **(Handout A)**
6. Standard Committee Items:
    a. None.
7. Unfinished Business
    a. None.

8. New Business
    a. Action Item: Review the Universal Service Delivery Model: **(Handout B1 and B2)** During its June 6, 2024, meeting, the System of Care Committee approved the Universal SDM with recommendations to be forwarded to the Quality Management Committee. However, due to the cancellation of the QMC meeting, the HIVPC General Body reviewed the Universal SDM on June 27, 2024, and suggested revisions for final review by the QMC.
    *QMC Work Plan Activity: 2.2 Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines*
    b. Discussion: Review the FY2024-2025 Quality Management Committee Work Plan Activities from March 1 – June 30. **(Handout C)**
    c. Discussion: Review the Broward EMA Ryan White Part A Health Outcomes Presentation **(Handout D)**
    d. Discussion: Review the FY2024-2025 Clinical Quality Management Work Plan Activities from March 1 – June 30 **(Handout E)**
9. Recipient's Report
10. Data Request
11. Public Comment
12. Agenda Items for Next Meeting
    a. **Next Meeting Date: September 16, 2024, 12:30 p.m**. via Microsoft Teams Videoconference and at BRHPC
13. Announcements
14. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:*

*HIV Planning Council Website*

*Please complete the 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.

# July 2024

## Broward HIV Health Services Planning Council Calendar

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change.<br>Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates. | | | | | |
| | 1 | 2 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams | 3 | 4   | 5 | 6 |
| 7 | 8 | 9 | 10 Oral Health Network Meeting 9:00 PM-10:15PM | 11 Membership/Council Development Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams | 12 | 13 |
| 14 | 15 Quality Management Committee Meeting 12:30 AM– 2:30 PM Location: BRHPC/MS Teams | 16 Behavioral Health Network Meeting 9:00 PM-10:15 PM | 17 | 18 Priority Setting & Resource Allocation Committee Meeting 9:30AM -4:00PM Gilda's Club South Florida | 19 Executive Committee Meeting 1:00PM – 3:00PM Ujima Men's Collective | 20 |
| 21 | 22 | 23 | 24 | 25 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

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

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

# July 2024

## Broward HIV Health Services Planning Council Calendar

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

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

## HIVPC Committee Descriptions

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

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

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

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

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

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

**HANDOUT A**

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

# Quality Management Committee Meeting
## Monday, May 20, 2024 - 12:30 PM
## Meeting Location: Broward Regional Health Planning Council Conference Room and via Microsoft Teams

**Microsoft Teams Meeting Information:**
**Join on your computer, mobile app, or room device:** Click here to join the meeting
**Meeting ID: 246 265 146 626 Passcode: R9sBsa**
**Or call in (audio only): +1 561-437-3349 Phone Conference ID 3 923 947#**

## MINUTES
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

**QMC Members Present:** B. Fortune-Evans, R. Jimenez, V. Biggs, Z. Muneton, F. D'Amore, D. Shamer, J. De La Nuez
**QMC Members Absent:**
**Ryan White Part A Recipient Staff Present:** J. Roy, T. Thompson, B. Miller, Q. Cowan, R. Honick
**Ryan White Part B Recipient Staff Present:** J. Rodriguez, S. Cook
**Planning Council Support Staff Present:** D. Liao, M. Patel, M. Lacroix, G. Berkeley-Martinez
**Guest Present:** J. Casseus, S. Tinsley, T. Vertus, S. McLeod, P. Falco, J. Shirley, A. Occelien

### 1. Call to Order, Welcome & Public Record Requirements

The *QMC Chair* called the meeting to order at 11:31 p.m. The *QMC Chair* welcomed all meeting attendees who were present. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and the 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. The PCS staff led roll calls and introductions for the committee members, Recipient staff, PCS staff, and guests. Lastly, a moment of silence was observed.

2. **Public Comment**

The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

No public comments were made.

3. **Meeting Approvals**

The approval for the agenda of the May 20, 2024, Quality Management Committee meeting was proposed by V. Biggs. This was seconded by Z. Muneton and passed unanimously. The approval for the minutes of the April 15, 2024 meeting was proposed by R. Jimenez, seconded by Z. Muneton, and passed unanimously.

**Motion #1: V. Biggs, on behalf of QMC, made a motion to approve the May 20, 2024, Quality Management Committee agenda and seconded by Z. Muneton. The motion was adopted unanimously.**
**Motion #2: R. Jimenez, on behalf of QMC, made a motion to approve the April 15, 2024, Quality Management Committee meeting minutes as presented and seconded by Z. Muneton. The motion was adopted unanimously.**

4. **Standard Committee Items**

None.

5. **Unfinished Business**

None.

6. **New Business**

Representatives from the Ryan White Part A Recipient office explained revisions of two Minority AIDS Initiative Service Delivery Models.

<u>Health Insurance Continuation Program SDM</u>

B. Miller conducted a detailed overview of the Health Insurance Continuation Program SDM and the recommendations therein. The committee agreed to add an amendment to include a medical form including co-morbidities and HIV-related conditions through HICP.

**Motion #3: F. D'Amore, on behalf of QMC, made a motion to approve the HICP SDM with an amendment to include a medical form including co-morbidities and HIV-related conditions and seconded by R. Jimenez. The motion was adopted unanimously.**

<u>Integrated Primary Care and Behavioral Health SDM</u>

T. Thompson conducted a detailed overview of the Integrated Primary and Care and Behavioral Health SDM and the recommendations therein. All concerns raised by committee members were addressed.

**Motion #4: F. D'Amore, on behalf of QMC, made a motion to approve the Integrated Primary Care and Behavioral Health SDM as presented and seconded by Z. Muneton. The motion was adopted unanimously.**

7. **Recipient Report**
   None.
8. **Data Request**
   None.
9. **Public Comment**

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County. No public comments were made.

10. **Agenda Items/Tasks for Next Meeting**

    The next QMC meeting will be held on May 20, 2024, at 11:30 p.m.

    - Continued review of SDMs
      - Universal SDM
    - System Mapping Update

11. **Announcements**

    B. Fortune-Evans: The Chair of the Committee will not be present for the next two meetings due to personal matters.

12. **Adjournment**

    There being no further business, the meeting was adjourned at 1:05 p.m.

QMC Attendance for CY 2024

| Count | Meeting Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Attendance Letters |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Meeting Date** | 16 | 12 | 18 | 15 | 20 | | | | | | | | |
| 1 | Biggs, V. | X | X | X | X | X | | | | | | | | |
| 2 | Casseus, J. | A | A | A | X | | | | | R | | | | |
| 3 | D'Amore, F., V. Chair | X | X | X | X | X | | | | | | | | |
| 4 | Fortune-Evans, B., Chair | X | X | X | X | X | | | | | | | | |
| 5 | Jimenez, R. | X | X | X | A | X | | | | | | | | |
| 6 | Muneton, Z. | X | X | X | X | X | | | | | | | | |
| 7 | Shamer, David | X | X | X | X | X | | | | | | | | |
| | **Quorum = 4** | 6 | 6 | 6 | 6 | 6 | | | | | | | | |

| 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**


# BROWARD COUNTY
# RYAN WHITE PART A PROGRAM
## Universal Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

# Table of Contents

## I. Introduction

The Universal Service Delivery Model (SDM) serves as a set of minimum requirements to be followed by providers of core medical and support services funded by the Broward County Ryan White HIV/AIDS Part A Program (RWHAP). The Universal SDM is implemented to support the delivery of high-quality services to individuals receiving Broward County RWHAP services. The Universal SDM is approved by the Broward County HIV Health Planning Council, which is subject to change and may be revised at any time. In addition to the Universal SDM, Providers must adhere to applicable service category specific SDMs, Health Resources and Services Administration RWHAP legislation and policies, the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments.

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## II. Intake Procedure

Providers must follow a documented intake procedure to verify RWHAP client eligibility and collect documentation required to complete the client file. Providers must verify that all client information in the designated HIV Human Services Support Services (HSSS) is correct and current. The following items must be included in the intake procedure, at a minimum:

1. Verification of client eligibility in designated HIV HSSS prior to providing a service
2. Screening for other available funding streams for the provided service
3. Client receipt of provider's client rights and responsibilities and grievance policy annually
4. Client assessment of medical and support service needs, education on available HIV services, and how to access needed services
5. Completed release of confidential information and records forms for external provider referrals and/or disclosures with signature, as applicable

Providers must schedule a Centralized Intake and Eligibility Determination appointment using the designated HIV MIS for clients with expired eligibility or within 45 days of eligibility expiration.

**Table 1. Intake Procedure Standards**

| Standard | Measure |
|---|---|
| 1. Client eligibility is verified prior to providing a service. | 1.1. Client eligibility is active in designated HIV HSSS prior to date of provided service. |
| 2. Clients are screened for other available funding streams. | 2.1. Documentation of screening for other available funding streams in client file. |
| 3. Clients receive provider's client rights and responsibilities and grievance policy annually. | 3.1. Documentation of client receipt, via signature, of provider's client rights and responsibilities and grievance policy in client file. |
| 4. Provider completes assessment of medical and support service needs with clients. | 4.1. Completed assessment in client file. |
| 5. Clients receive education on available HIV services and how to access services. | 5.1. Documentation of education provided in client file.<br>5.2. Referrals for identified service needs and referral communication documented in client file. |

| Standard | Measure |
|---|---|
| 6. Client/guardian signature on release of confidential information and record forms for external provider referrals and/or disclosures, as applicable. | 6.1. Release of confidential information and record forms for referrals and/or disclosures signed by client/guardian in client file. |

## III. Linkage and Retention

All providers are responsible for assessing client retention in primary medical care and adherence to antiretroviral treatment (ART) and linking clients to needed services. Assessment of retention in primary medical care and adherence to ART should include, at minimum:

- Primary medical care appointments
- Viral load and CD4 laboratory test results
- Adherence to prescribed ART

Clients must visit their primary medical care physician at least once every six months. Clients who do not have a kept primary medical care appointment documented in the last six months must be immediately referred to primary medical care. Providers must document attempts in the client file.

Providers must ensure clients are prescribed and adherent to ART. Clients not prescribed ART must be immediately referred to a prescribing provider. Clients with ART adherence challenges must be immediately reviewed by a prescribing provider to assist them. Then, a prescribing provider may consult with RWHAP Medical Case Manager and pharmacist to assess and introduce patient-centered interventions. This may include, but not be limited to individualized care plans, collaborative decision-making, and patient emotional support, etc. An ART care plan may be developed to guide and support patients reaching their goals. Providers must document attempts in the client file. Providers can refer to the most recent updated U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

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Client viral load and CD4 laboratory tests must be completed and documented every six months. The provider must ensure each client file has current viral load and CD4 laboratory test results documented in the designated HIV HSSS. If a client file does not have current viral load and CD4 laboratory test results documented in the designated HIV HSSS, the provider must request updated results from the client and/or refer the client to a prescribing medical provider. Providers must document requests for laboratory test results and/or associated referrals in the client file.

Clients enrolled in Private Care may benefit from bringing their Viral Load results to the CIED Office and Case Manager to be manually entered into the HIV HSSS.

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**Referrals**

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients who do not achieve an Undetectable Viral Load (UD) (VL) within 4 months of being prescribed Anti-retroviral (ARV) treatment and do not show an adequate trend toward a UD VL.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients returning to care with a VL of 200 copies/ML or more.

Providers who submit mandatory referrals for Medical Case Management are responsible for initial follow up.

**No-Shows**

Providers must have a documented procedure for handling appointment no-shows and cancellations that ensures attempts are made to engage clients in care. Providers must also monitor and access data to assess trends in missed appointments to prevent gaps in HIV care. The provider must assess each client for the cause(s) of no-shows, initiate referrals, and/or provide resources needed to prevent future no-shows. The procedure must include how the provider identifies and tracks appointment no-shows and the process for responding to a no-show. If no contact is made and the client has had no recent contact with other RWHAP providers as identified in the designated HIV HSSS, the provider must report the client to the Florida Department of Health – Broward County PROACT Program. All follow up and communication must be documented in the client file.

**Client Suspension Procedure**

Clients who violate program guidelines, such as purchasing prohibited items, may receive a temporarily suspension from using program services. Before suspending a client, the Provider must obtain written consent from the Part A Office. Clients may not be recommended for suspension unless they have received at least one verbal warning, which must be documented in the Progress Notes.

**Case Closures**

Providers must have a documented procedure for handling case closures. Case closures must be documented in the client file and must include, at minimum:

- Date and summary of case closure
- Reason for case closure
- Client transfer or referral to another agency or Ryan White Program, if applicable
- Supervisor signature on care closure summary

**Client Expulsion Procedure**

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provide must first attempt de-escalation and give the client the option of an alternative provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 1 business day of the incident and before the expulsion is finalized. The staff of the agency or provider must document the incident in the client's progress notes. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

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**Commented [RP5]:** FY 2023-2024 Needs Assessment recommendation.
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**Commented [RP6]:** FY 2023-2024 Needs Assessment recommendation. CDC standard for detectable viral load is 200 copies / ML. The recommendation referenced 24, the number has been adjusted to reflect official guidelines.
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**Commented [PR7]:** Added after feedback from SOC
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Examples of extreme circumstances include,

- Assault with objects or deadly weapons
- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

**Table 2. Linkage and Retention Standards**

| Standard | Measure |
|---|---|
| 1. Clients are assessed for retention in primary medical care. | 1.1. Last kept primary medical care appointment in client file.<br>1.2. Documented attempts to link client to primary medical care in client file. |
| 2. Clients are assessed for ART adherence challenges. | 2.1. Documentation of ART adherence assessment in client file.<br>2.2. Referrals and referral communication documented in client file. |
| 3. Clients have current viral load and CD4 laboratory results documented in the designated HIV HSSS every six months. | 3.1. Viral load and CD4 laboratory results documented in client file.<br>3.2. Documented attempts to obtain viral load and CD4 laboratory results. |
| 4. Clients who are not virally suppressed are referred to Case Management and/or other needed support services | 4.1. Viral load and CD4 laboratory results documented in client file.<br>4.2. Documented attempts to link client to a prescribing medical provider/Medical Case Management service in client file. |
| 5. Referrals are made in the designated HIV HSSS~~MIS~~ within one business day of client encounter. | 5.1. Referrals in designated HIV HSSS~~MIS~~.<br>5.2. Referral communication documented in client file. |
| 6. Provider follows documented procedure for handling appointment no-shows and cancellations. | 6.1. No-show follow up and communication documentation in client file. |
| 7. Upon termination of active case management services, a client's case is closed and contains a closure summary documenting the case disposition.~~Case closures meet minimum documentation requirements.~~ | 7.1. Closed cases include documentation stating the reason for closure and a closure summary.<br>7.2. Supervisor signs off on closure summary indicating approval.<br>7.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff.<br>~~7.1.~~7.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS.~~Case closure~~ |

**Commented [RP8]:** After various incident reports filed by multiple providers, a recommendation to include a clause to redirect exceptionally complex cases to alternative care has been included in this SDM.

**Commented [RP9R8]:** Added " 1 Business day"

**Commented [RP10R8]:** Added "The staff of the agency or provider must document the incident in the client's progress notes."

**Commented [RP11R8]:** Added "The staff of the agency or provide must first attempt de-escalation and give the client the option of an alternative provider. "

**Commented [RP12]:** The Chicago EMA Universal Service Delivery Standard highlights a safety policy in their section 7 of standards.

**Commented [RP13]:** For Comparison, the Boston EMA has a standard for Refusal of services where the measure in place is "Documentation of each client that has been refused a service with the rational for refusal". Additionally, there is a Protocol for incident reporting.

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| Standard | Measure |
|---|---|
| | ~~documentation in client file.~~ |

## IV. Personnel Standards

Providers must adhere to the required minimum credentials outlined in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers. Providers must have a standardized orientation and training process to ensure staff have the knowledge and skills to provide services. Newly hired employees must have introductory HIV training within three months of hire.

Providers must notify the recipient office in writing of any staffing changes or title changes related to the contracted services within 5 business days of staffing or title change.

**Network Meetings**

Provider agencies must have attendance at all network meetings presented by the Clinical Quality Management team with a minimum of 1 representative that is appropriate to the business and goals of the network meeting in question. The CQM Team will notify each Provider/Agency on network meetings that are appropriate for attendance.

The CQM Team will, at the beginning of each fiscal year, identify agency staff who will attend CQM network meetings. CQM network meeting series will be established in Microsoft Office with identified staff as contacts for each agency.

**Commented [RP14]:** Updated language based on updated Non Medical and Medical Case management services SDMs.

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**Commented [RP16]:** This was included to maintain a more up to date provider contact list.

**Commented [PR17R16]:** Updated Language to include "Title change" per SOC recommendation.

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HANDOUT B2

# SDM Presentation

Presented by Broward County
Ryan White Part A Office

# Fiscal Year 2024-2025

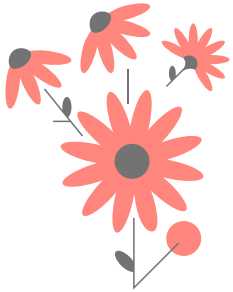
## Universal
## Service Delivery Model

# Universal

- **The Universal Service Delivery Model applies to all service categories in the Broward County Ryan White Program. The standards listed in this document are derived from the HRSA National Monitoring standards for Ryan White Part A recipients, and Broward County EMA internally developed standards tailored to the specific needs of the program.**

# HRSA Guidelines

- **Under RWHAP Part A, the national monitoring standards list key components to be applied to all services, these key components are reflected in the current version of Broward County's RWHAP Universal SDM.**



# Linkage & Retention

- **After receiving feedback from the latest HIV Planning Council meeting, the clause has been revised to the linkage and retention section III.**
- **The clause allows for clients enrolled in private care to bring their Viral Load results to the CIED office AND/OR Case Manager to be manually entered in the HIV HSSS.**

Clients enrolled in Private Care may bring their Viral Load results to the CIED Office to be manually entered into the HIV HSSS.

**Post HIVPC**

Clients enrolled in Private Care may benefit from bringing their Viral Load results to the CIED Office and Case Manager to be manually entered into the HIV HSSS.

# Referrals

- **After HIVPC feedback, the language under the "Referrals" section of the SDM has been updated to include a mandatory medical case management referral for clients who do not achieve a durably undetectable status after 6 months of an initial undetectable test result.**

**Referrals**

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV HSSS within 1 business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

Providers (Non-Medical Case Management) must issue a mandatory referral for Medical Case Management Services for clients who are NOT durably undetectable.

Durably Undetectable status is when a client has a viral load that remains undetectable for at least 6 months AFTER their first Undetectable Viral Load (UD) (VL) test result. A client that does not have a UD VL after being prescribed Anti - retroviral (ARV) therapy and an adequate trend toward a UD VL post a preliminary UD VL test result 6 months prior, may need medical evaluation to ensure the ARVs prescribed are suitable for the client.

# Expulsion

- **After HIVPC feedback the Client Expulsion Procedure clause language has been revised to read as follows.**

**Client Expulsion Procedure**

In the most extreme circumstances where a client is displaying violent or other inappropriate behavior to staff or others the client may be expelled from services by the agency or provider. The staff of the agency or provide must first attempt de - escalation and give the client the option of an alternative provider. The staff of the agency or provider must report the incident to the Ryan White Part A office within 1 business day of the incident and before the expulsion is finalized. The staff of the agency or provider must document the incident in the client's progress notes. The Ryan White Part A Office will engage the client and service provider(s) to determine the most appropriate course of action.

Examples of extreme circumstances include.

- Assault with objects or deadly weapons
- Verbal threats to incite violence
- Inappropriate behavior with staff such as lewd behavior

Providers can file incidents using the incident report form.

# Resources


1) Boston Public Health Commission. (n.d.-a). FY 2023 service standards Ryan White Part A boston ema. FY 2023 Service Standards  Ryan White Part A Boston EMA. https://www.boston.gov/sites/default/files/file/2023/03/FY 23 Ryan White Service Standards.pdf

2) Centers for Disease Control and Prevention. (2023, August 9). HIV treatment as prevention. Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/risk/art/index.html

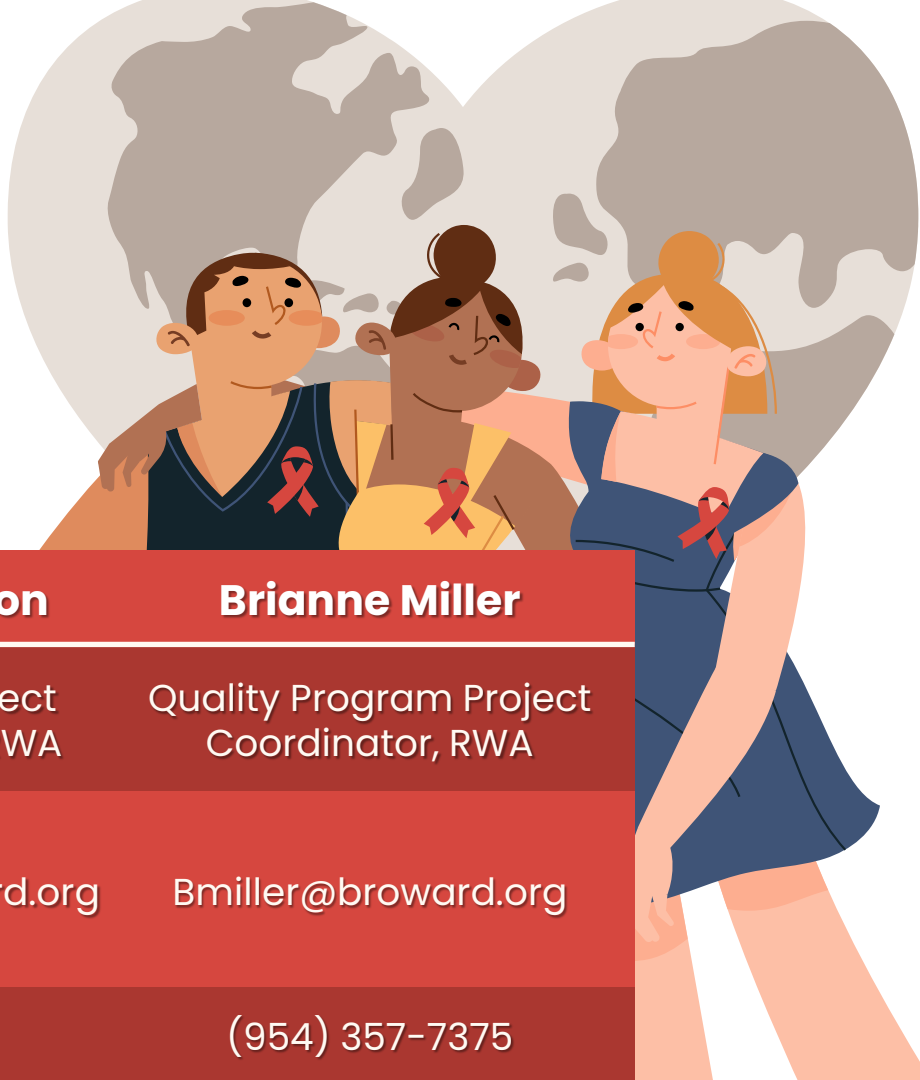
3) Chicago Department of Public Health. (n.d.). Chicago. Chicago Eligible  Metropolitan Area  Ryan White Part A  Standards of Care. https://www.chicago.gov/content/dam/city/depts/cdph/HIV_STI/2019 Chicago EMA Standards of Care- Final Approved CDPH PHIMC 8_13_19.pdf

4) National Insitute of Allergy and Infectious Diseases. (2024, February 8). 10 things to know about HIV suppression | niaid: National Institute of Allergy and Infectious Diseases. https://www.niaid.nih.gov/. https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression

5) U.S. Department of Health and Human Services Health Resources and Services Administration HIV/AIDS Bureau. (2023, March). Part A manual - Ryan White HIV/AIDS Program - HRSA. Ryan White HIV/AIDS Program Part A Manual. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/manual-part.pdf

# THANKS!

**Do you have any questions?**



| Richard Pena | Timothy Thompson | Brianne Miller |
|---|---|---|
| Quality Program Project Coordinator, EHE/RWA | Quality Program Project Coordinator Senior, RWA | Quality Program Project Coordinator, RWA |
| Ripena@broward.org | Timthompson@broward.org | Bmiller@broward.org |
| (954) 357-5393 | (954) 357-7811 | (954) 357-7375 |

# HANDOUT C

| Quality Management Committee (QMC) Work Plan FY2024-2025 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| The work plan is intended to help guide the work of the committee and to assist the Quality Management Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X". | | | | | | | | | | | | | | | | |
| **GOAL: By February 2024, systematically monitor, evaluate, and continuously recommend improvements to the quality of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.** | | | | **Baseline** | **Target** | **Q1** | | **Q2** | | **Q3** | | **Q4** | | | | |
| | | | | | | | | | | | | | | | | |
| **Objective 1:Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.** | | | | | | | | | | | | | | | | |
| **Activities** | **Responsible Party** | **Outcomes** | **Action Steps** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | |
| 1.1 Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations. | CQM Staff, QMC, Quality Network | Increase understanding of needs assesment process | Develop Committee knowledge of Needs Assessment purpose and process. | | | | | | | | | | | | | |
| 1.2 Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC and PSRA Committee. | CQM Staff, QMC, Quality Network | Increase access to care and improve health outcomes | Idenitify underserved populations and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities | | | | | **X** | | | | | | | | |
| **Objective 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.** | | | | | | | | | | | | | | | | |
| **Activities** | **Responsible Party** | **Outcomes** | **Action Steps** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | |
| 2.1 Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care. | QMC,SOC, PCS, and CQM Team | Increase access to care and improve health outcomes | Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3) | | | | | | | | | | | | | |
| 2.2 Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines. | CQM Staff, QMC, Networks | Increase access to care and improve health outcomes | Perform annual review and make modifications when indicated on the following SDMs:<br>a. Universal Standards<br>b. Legal Services<br>c. Health Insurance Premium & Cost Shairng Assistance - HICP<br>d. Disease Case Management - DCM<br>e. Integrated Primary Care & Behavioral Health -IPCBH<br>f. Non-Medical Case Management<br>g. Food Bank<br>h. Substance Abuse (Outpatient)<br>i. Mental Health Services<br>j. Centralized Intake Eligibility Determination - CIED<br>k. Emergency Financial Assistance - EFA<br>l. AIDS Pharmaceutical Assistance (Local Pharmacy) | **X** | **X** | **X** | | **X** | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among RW Part A service providers. | QMC and SOC | Increase knowledge of Ryan White Part A's system of care | Receive presentations regarding QIPs and if required, make recommendations to improve health outcomes for RWPA clients. | **X** | | | | | | | | | | | |
| 2.4 Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals. | QMC | Completed annual QMC Workplan | Recommend improvement to QMC activities. | | | | | | | | | | | | |
| **Objective 3: Routinely evaluate the CQM Program and identify areas for improvement.** | | | | | | | | | | | | | | | |
| **Activities** | **Responsible Party** | **Outcomes** | **Action Steps** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** |
| 3.1 Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals. | QMC and CQM team | Identify goals and objectives for upcoming year | Review CQM Workplan every quarter and provide reccomendations to achieve Workplan goals | **X** | | | | **X** | | | | | | | |
| LEGEND: "**X**" =Action Completed; **Blue** = Planned | | | | | | | | | | | | | | | |

HANDOUT D

# Broward EMA Ryan White Part A Program

## Health Outcomes Presentation

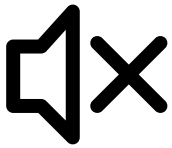
Quality Management Committee Meeting

July 15, 2024

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

PRESENTED BY
DANIELLE LIAO, MPH

# Housekeeping Rules



## Mute Microphone

Participants will be automatically muted to limit background noise

## Identify Yourself

State your name and agency when speaking

## Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification

## Raise Your Hand

The “raise hand” option will notify the presenter of any questions that may arise

## Ask Questions

Please save questions until the end of each slide

# HIV Care Continuum Definitions

- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **Retained in Care:** HIV+ clients who had two or more *medical care services at least three months apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):** HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

***Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.***

# HIV Care Continuum Definitions

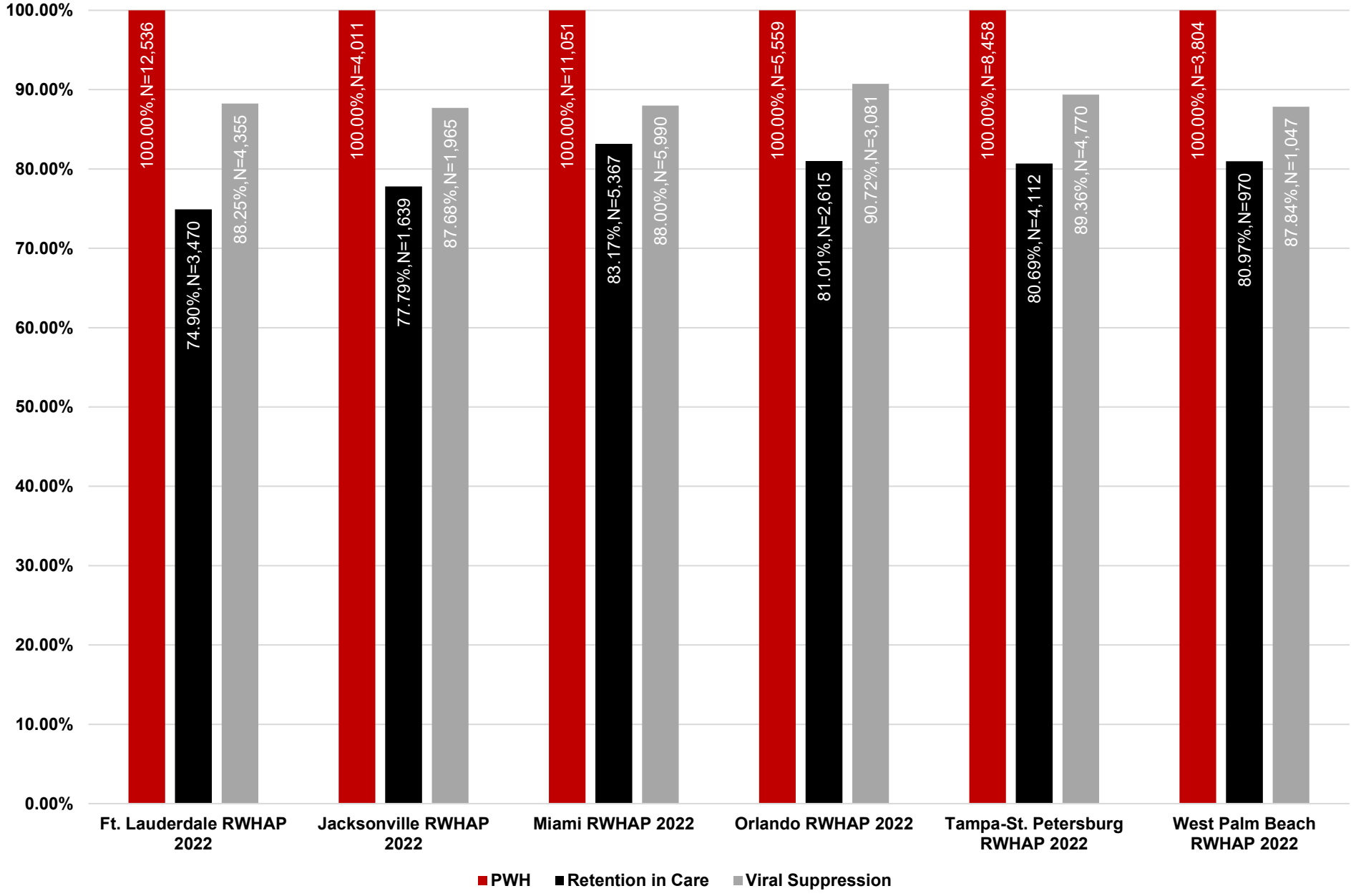
- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical care during the reporting period
- **On ARV:** Includes self-reported data.

# FY 23 -24 Annual Data Review

The purpose of this presentation is to review specific data for fiscal year 2023-2024 and discuss opportunities for improvement.

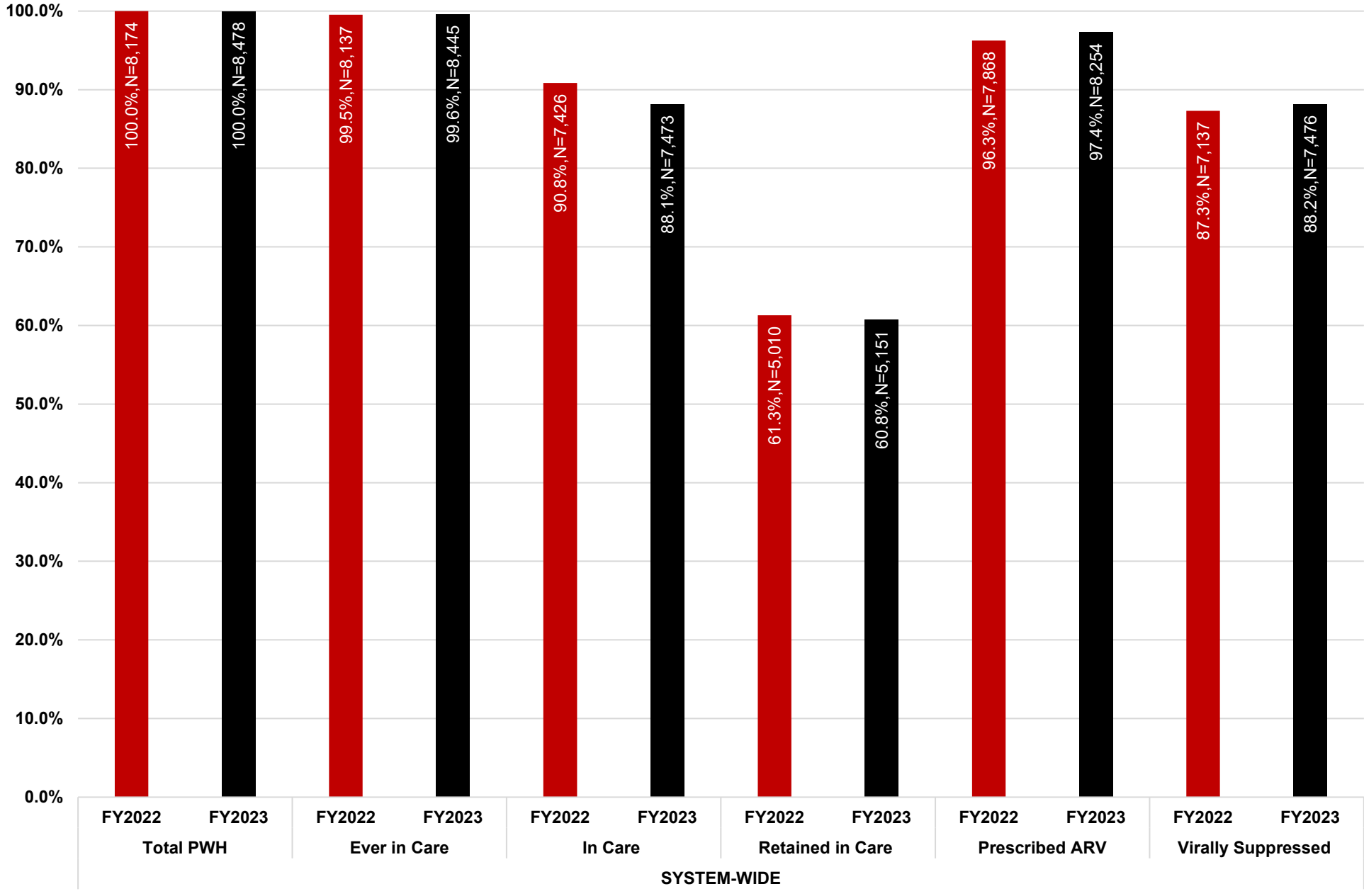
***Data presented is based off information entered in Provide Enterprise.***

# 2022 Ryan White HIV/AIDS Program Clients, Retention and Viral Suppression Rates, Florida EMAs



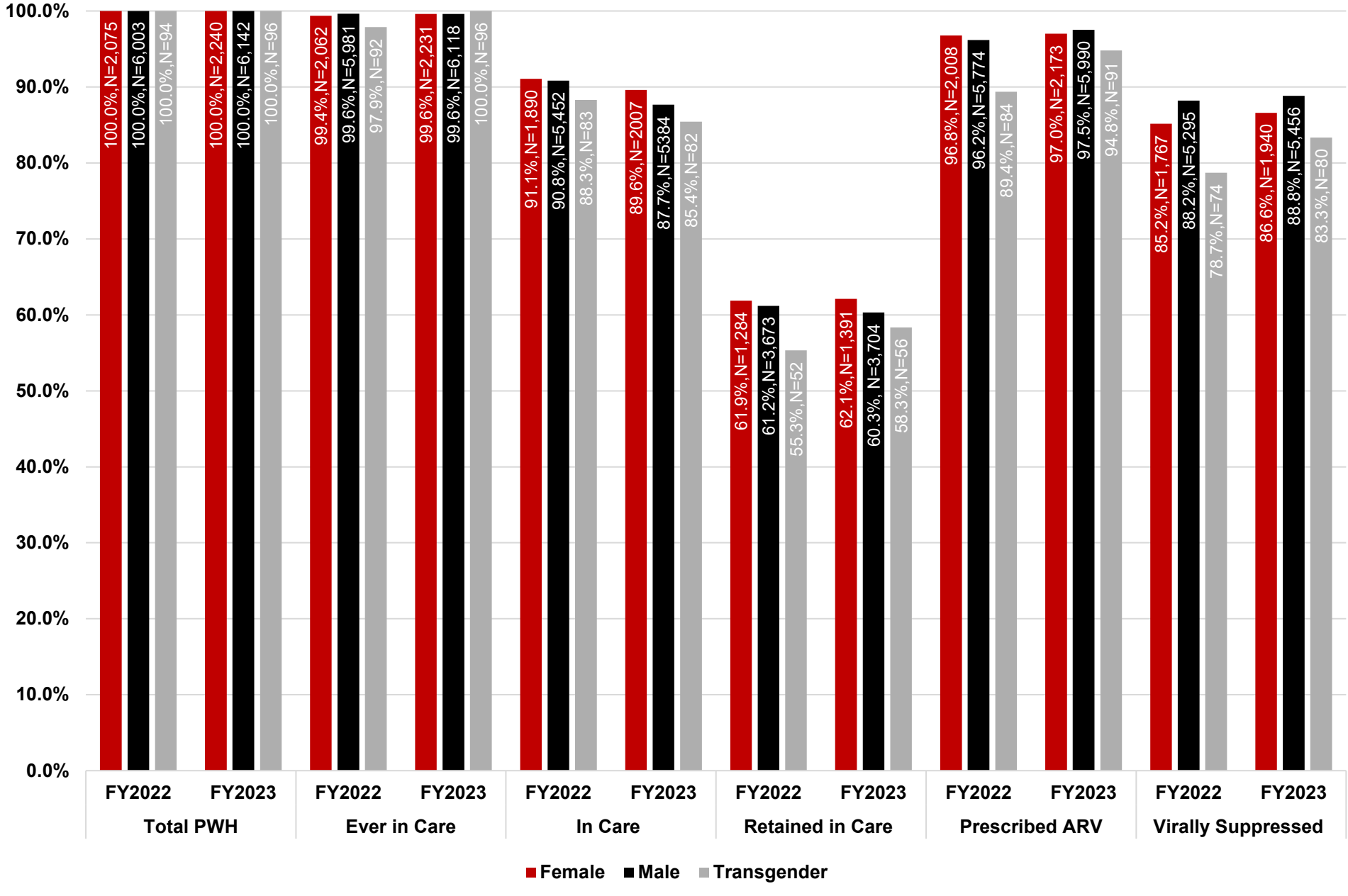

*Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023.*

# HIV Care Continuum Systemwide, Broward EMA, FY2022 and FY2023



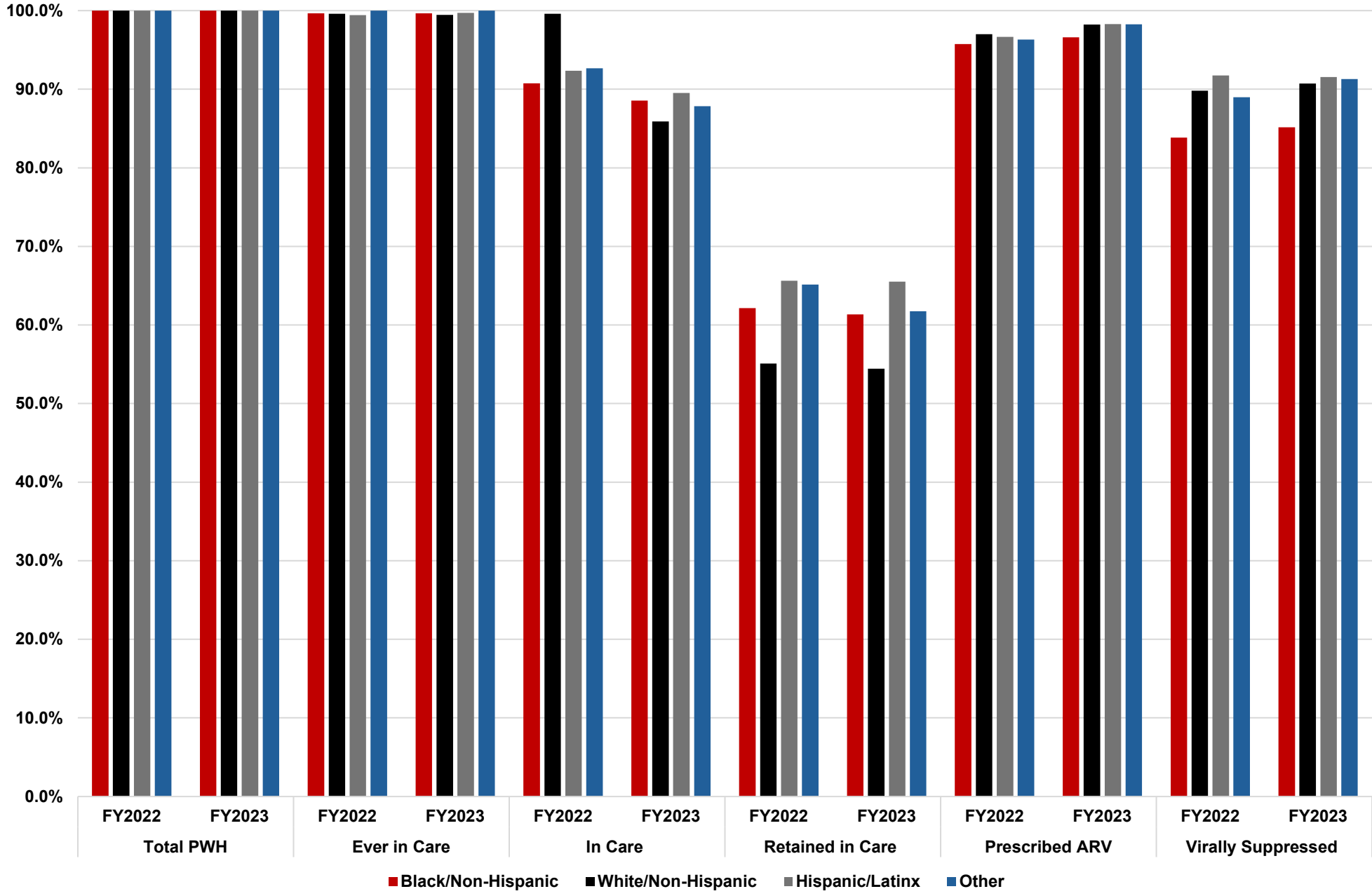

*Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024*

# HIV Care Continuum Gender, Broward EMA, FY2022 and FY2023




*Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024*

# HIV Care Continuum Race/Ethnicity, Broward EMA, FY2022 and FY2023



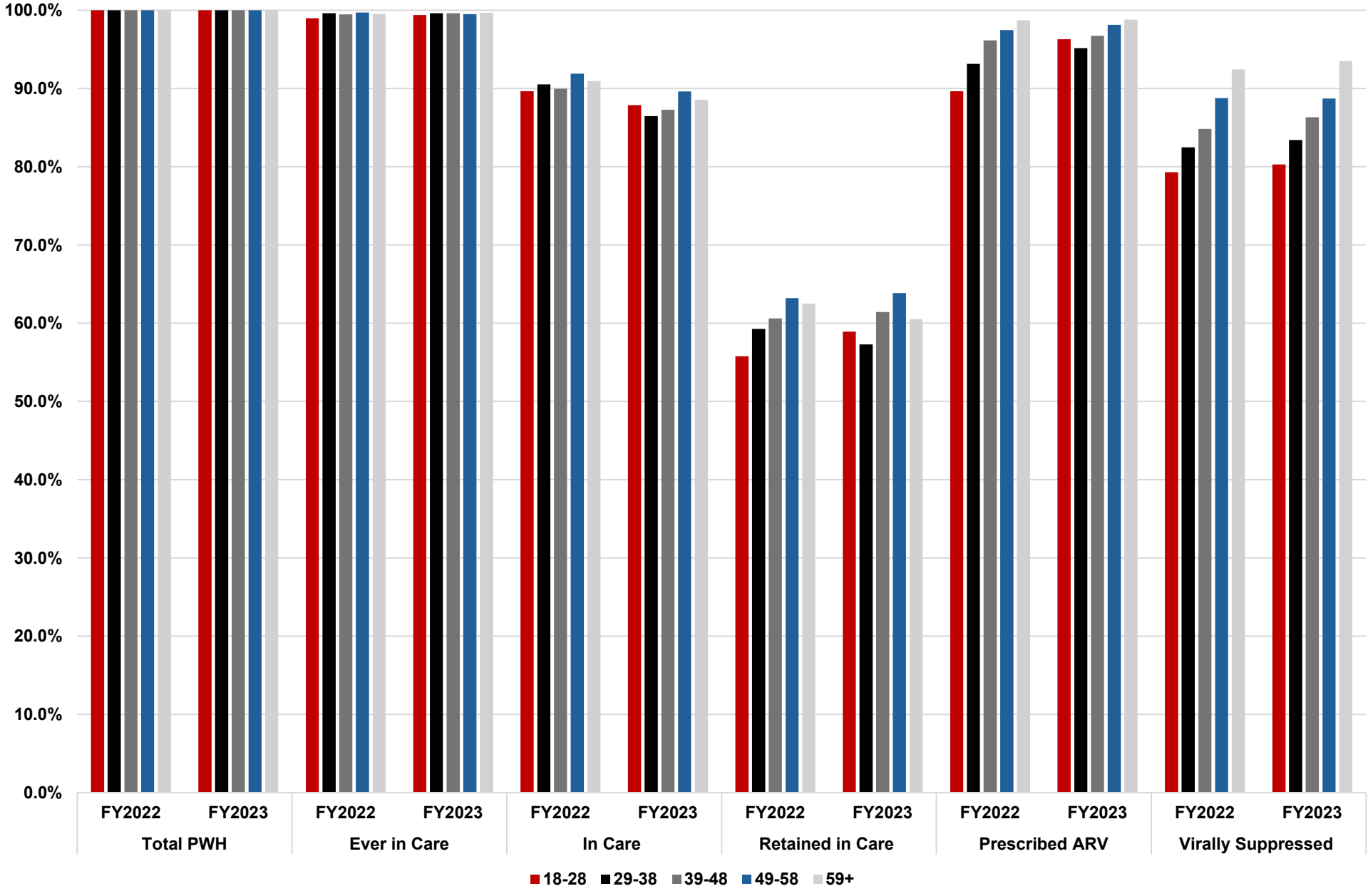

*Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024; Other includes Alaskan Native, American Indian, Asian , Native Hawaiian, and Pacific Islander*

# HIV Care Continuum Race/Ethnicity, Broward EMA, FY2022 and FY2023

| Race/Ethnicity | FY2022 People Living With HIV | FY2022 Ever in Care | FY2022 In Care | FY2022 Retained in Care | FY2022 Prescribed ARV | FY2022 Virally Suppressed |
|---|---|---|---|---|---|---|
| Black (Non-Hispanic) (N) | 3,953 | 3,940 | 3,587 | 2,457 | 3,785 | 3,314 |
| Black (Non-Hispanic) % | 100% | 99.7% | 90.7% | 62.2% | 95.8% | 83.8% |
| White (Non-Hispanic) (N) | 2,009 | 2,001 | 2,001 | 1,107 | 1,949 | 1,804 |
| White (Non-Hispanic) % | 100% | 99.6% | 99.6% | 55.1% | 97% | 89.8% |
| Hispanic/Latinx (N) | 2,094 | 2,082 | 1,934 | 1,374 | 2,024 | 1,921 |
| Hispanic/Latinx % | 100% | 99.4% | 92.4% | 65.6% | 96.7% | 91.7% |
| Other (N) | 109 | 109 | 101 | 71 | 105 | 97 |
| Other % | 100% | 100% | 92.7% | 65.1% | 96.3% | 89% |
| **Race/Ethnicity** | **FY2023 People Living With HIV** | **FY2023 Ever in Care** | **FY2023 In Care** | **FY2023 Retained in Care** | **FY2023 Prescribed ARV** | **FY2023 Virally Suppressed** |
| Black (Non-Hispanic) (N) | 4,138 | 4,124 | 3,664 | 2,539 | 3,997 | 3,524 |
| Black (Non-Hispanic) % | 100.0% | 99.7% | 88.5% | 61.4% | 96.6% | 85.2% |
| White (Non-Hispanic) (N) | 1,986 | 1,975 | 1,706 | 1,081 | 1,951 | 1,802 |
| White (Non-Hispanic) % | 100.0% | 99.4% | 85.9% | 54.4% | 98.2% | 90.7% |
| Hispanic/Latinx (N) | 2,224 | 2,218 | 1,991 | 1,457 | 2,186 | 2,036 |
| Hispanic/Latinx % | 100.0% | 99.7% | 89.5% | 65.5% | 98.3% | 91.5% |
| Other (N) | 115 | 115 | 101 | 71 | 113 | 105 |
| Other % | 100.0% | 100.0% | 87.8% | 61.7% | 98.3% | 91.3% |

*Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024; Other includes Alaskan Native, American Indian, Asian , Native Hawaiian, and Pacific Islander*

# HIV Care Continuum Age, Broward EMA, FY2022 and FY2023




*Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024*

# HIV Care Continuum Age, Broward EMA, FY2022 and FY2023

| Age Group | FY2022 People Living With HIV | FY2022 Ever in Care | FY2022 In Care | FY2022 Retained in Care | FY2022 Prescribed ARV | FY2022 Virally Suppressed |
|---|---|---|---|---|---|---|
| 18-28 (N) | 488 | 493 | 442 | 275 | 442 | 391 |
| 18-28 % | 100% | 99% | 89.7% | 55.8% | 89.7% | 79.3% |
| 29-38 (N) | 1,564 | 1,558 | 1,416 | 927 | 1,457 | 1,290 |
| 29-38 % | 100% | 99.6% | 90.5% | 59.3% | 93.2% | 82.5% |
| 39-48 (N) | 1,557 | 1,549 | 1,401 | 944 | 1,497 | 1,321 |
| 39-48 % | 100% | 99.5% | 90% | 60.6% | 96.1% | 84.8% |
| 49-58 (N) | 2,137 | 2,131 | 1,964 | 1,351 | 2,083 | 2,383 |
| 49-58 % | 100% | 99.7% | 91.9% | 63.2% | 97.5% | 88.8% |
| 59+ (N) | 2,414 | 2,403 | 2,196 | 1,509 | 2,383 | 2,232 |
| 59+ % | 100% | 99.5% | 91% | 62.5% | 98.7% | 92.5% |
| Age Group | FY2023 People Living With HIV | FY2023 Ever in Care | FY2023 In Care | FY2023 Retained in Care | FY2023 Prescribed ARV | FY2023 Virally Suppressed |
| 18-28 (N) | 487 | 484 | 428 | 287 | 469 | 391 |
| 18-28 % | 100.00% | 99.38% | 87.89% | 58.93% | 96.30% | 80.29% |
| 29-38 (N) | 1,672 | 1,666 | 1,446 | 958 | 1,591 | 1,395 |
| 29-38 % | 100.00% | 99.64% | 86.48% | 57.30% | 95.16% | 83.43% |
| 39-48 (N) | 1,623 | 1,617 | 1,417 | 997 | 1,570 | 1,401 |
| 39-48 % | 100.00% | 99.63% | 87.31% | 61.43% | 96.73% | 86.32% |
| 49-58 (N) | 2,083 | 2,073 | 1,867 | 1,330 | 2,044 | 1,848 |
| 49-58 % | 100.00% | 99.52% | 89.63% | 63.85% | 98.13% | 88.72% |
| 59+ (N) | 2,603 | 2,595 | 2,306 | 1,576 | 2,572 | 2,434 |
| 59+ % | 100.00% | 99.69% | 88.59% | 60.55% | 98.81% | 93.51% |

*Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024*

# HIV Care Continuum:

# Notable Data Trends

## FY2022 &FY2023

- There were no notable changes in the reported systemwide data.

# HIV Care Continuum: Notable Data Trends FY2022 &FY2023

**Subpopulations:**

- **Female clients** and **Male clients:** there were no notable changes in retention in care and viral suppression between FY22 and FY23.
- **Transgender clients:** 3% retention rate increase
  - 4.6% viral suppression rate increase between the reporting periods

# HIV Care Continuum:

# Notable Data Trends

## FY2022 &FY2023

**Subpopulations:**

- **Black (Non-Hispanic) ,White (Non-Hispanic), and Hispanic/Latinx clients:** there were no notable changes in retention in care and viral suppression between FY22 and FY23.
- **Other***: 3.4% retention rate decrease

*Other includes Alaskan Native, American Indian, Asian , Native Hawaiian, and Pacific Islander

# HIV Care Continuum: Notable Data Trends FY2022 &FY2023

- **Subpopulations:**
  - **18-28 age range:** 3.13% retention rate increase
  - **29-38 age**,**39-48 age, 49-58 age, and 59+ age range clients:** there were no notable changes in retention in care and viral suppression between FY22 and FY23.

# Any Questions?

# Thank you!

*The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.*

# HANDOUT E

## Broward EMA CQM Annual Work Plan FY 2024-2025

| Goals and Objectives | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Responsible Party | Comment/Outcomes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.** | | | | | | | | | | | | | | |
| 1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators. | X | | | X | | | X | | | X | | X | CQM Staff, QMC, Quality Network | |
| 2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations. | | | | X | | | X | | | X | | | CQM Staff, QMC, Quality Network | |
| 3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings. | X | | | X | | | X | | | X | | X | CQM Staff, QMC, Networks | |
| **Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.** | | | | | | | | | | | | | | |
| 1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines. | | | | | | | | | | | | X | CQM Staff, QMC, Networks | |
| 2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals. | | | | | | | | | | X | X | | CQM Staff, QMC | |
| 3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes. | X | | | X | | | X | | | X | | X | CQM Staff, QMC | |
| 4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year. | | X | X | X | | | | X | X | | X | X | CQM Staff, Quality Network | |
| 5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies. | | | X | | | X | | X | | | X | | CQM Staff | |
| 6. Provide technical assistance to providers as needed. | X | X | X | X | X | X | X | X | X | X | X | X | CQM Staff | |
| **Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.** | | | | | | | | | | | | | | |
| 1. Distribute the annual CQM Program Report. | | X | | | | | | | | | | | CQM Staff | |
| 2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders. | X | | | | X | | | X | | | X | | CQM Staff | |
| 3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network. | X | | | X | | | X | | | X | | | CQM Staff | |
| 4. Provide routine CQM Program updates to the HIVPC. | X | | | X | | | X | | | X | | | CQM Staff | |
| 5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments. | | | | | | | | | | | X | | CQM Staff | |
| **Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.** | | | | | | | | | | | | | | |
| 1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals. | X | | | X | | | X | | | X | | X | CQM Staff, QMC | |
| 2. Review CQM Program performance measures for efficacy and relevance and make changes as needed. | | | | X | | | X | | | X | | X | CQM Staff, QMC, Networks | |
| 3. Conduct surveys of all meetings and make suggested improvements. | | | | X | | | X | | | X | | X | CQM Staff | |
| 4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan. | X | | | X | | | | | | | | | CQM Staff | |
| 5. Survey efficacy of CQM Program communication methods. | | | | | | X | | | | | | X | CQM Staff | |
| **Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.** | | | | | | | | | | | | | | |
| 1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system. | X | | | X | | | X | | | X | | X | CQM Staff, Recipient Staff | Patient Satisfaction is being reassessed for FY 24-25 based on HRSA recommendations. |
| 2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA. | X | | | | | | | | | | | X | CQM Staff, Recipient Staff | The Part A Office will provide the patient satisfaction survey results to CQM staff from provider reports. |
| **Goal 6: Develop a CQM Quality Improvement Project** | | | | | | | | | | | | | | |
| 1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes. | X | | | X | | | X | | | X | | X | CQM Staff | |
| 2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates. | | X | | X | | X | | X | | X | | X | CQM Staff, Recipient Staff | |
| 3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP | | | | X | | | X | | | X | | X | CQM Staff | |
| 4. Analyze FY 23-24 data from CQM QIP and report findings to Recipient staff and QMC | | | | X | | | X | | | X | | X | CQM Staff, Recipient Staff, QMC | |
| **X = goal for objective completion** | | | | | | | | | | | | | | |
| **= in progress** | | | | | | | | | | | | | | |
| **= completed** | | | | | | | | | | | | | | |
| **= planned** | | | | | | | | | | | | | | |

# HIV HEALTH SERVICES PLANNING COUNCIL
# MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

# KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
# RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

# Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

# Frequently Used Terms

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

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

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

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

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