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

Quality Management Committee Meeting

Monday, November 17, 2025, 12:30 p.m.

Meeting Location: Broward Regional Health Planning Council Conference Room

Join the meeting now
Meeting ID: 253 807 535 170
Passcode: W5un64Pm
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 4

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 November 17, 2025
5. **ACTION:** Approval of Minutes from August 18, 2025 **(Handout A)**
6. Discussion Items:
    a. **Action Item:** Review and Approve QMC Workplan Activities for FY2026-2027**(Handout B)**
7. Old Business:
    a. **Discussion:** Summary from Listening Tour Session #3, October 20, 2025 **(Handout C1, C2)**
8. New Business
    a. **Discussion:** Update QMC FY2025-2026 Workplan, *PCS Staff* **(Handout D)**
    b. **Discussion:** Update Clinic Quality Management FY2025-2026 Workplan Activities, CQM Support Staff **(Handout E)**
    c. **Presentation:** Network Activities Updates, CQM Support Staff **(Handout F)**

Work Plan Activity 2.4: Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals; Work Plan Activity 3.1: Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.

9. Recipient's Report
10. Data Request
11. Public Comment
12. Agenda Items for Next Meeting
    a. To Be Determined
    b. **Next Meeting Date:** January 12, 2026 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.

November 2025

Broward HIV Health Services Planning Council Calendar

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

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

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

November 2025

Broward HIV Health Services Planning Council Calendar

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

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

Handout A

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

Quality Management Committee Meeting
Monday, August 18, 2025 – 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: 253 807 535 170 Passcode: W5un64Pm
Or call in (audio only): +1 469-998-5921; Phone Conference ID 226 656 416#

MINUTES

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

QMC Members Present: S. McLeod, V. Biggs, F. D'Amore, B. Fortune-Evans, J. De La Nuez, W. Colby, R. Jimenez
QMC Members Absent: O. Davy (excused)
Ryan White Part A Recipient Staff Present: R. Pena, T. Thompson, B. Spaulding, J. Roy
Ryan White Part B Recipient Staff Present: S. Cook
Planning Council Support Staff Present: D. Liao, S Isidore, M. Lacroix, G. Berkeley-Martinez, J. Beal, D. Cestaro-Seifer, M. Rosiere
Guest Present: B. Mester, J. Saboe-Rodriguez, J. Rodriguez, M. DiMaria, K. St. Preux

1. Call to Order, Welcome & Public Record Requirements

The QMC Chair officially convened the meeting at **12:34 p.m**. and extended a warm welcome to all attendees. 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 **August 18, 2025**, Quality Management Committee meeting was proposed by **V. Biggs**. This was seconded by **R. Jimenez** and passed unanimously.

   The approval for the minutes of the **May 19, 2025**, Quality Management Committee meeting was proposed by **V. Biggs**. The motion with the correction was seconded by **J. De La Nuez** and passed unanimously.

   Motion #1: V. Biggs, on behalf of QMC, made a motion to approve the August 18, 2025 Quality Management Committee agenda and seconded by R. Jimenez. The motion was adopted unanimously.

   Motion #2: V. Biggs, on behalf of QMC, made a motion to approve the May 19, 2025 Quality Management Committee Minutes with corrections and seconded by J. De La Nuez. The motion was adopted unanimously.

4. **Discussion Items**
   a. None.
5. **Old Business**
   a. None.
6. **New Business**
   a. **Discussion:** CQM Workplan Updates
      D. Liao explained that this information will be covered in the next item.

   b. **Presentation:** CQM Support Updates

      D. Liao presented the CQM Support updates for Quarter Two, highlighting key activities and outcomes. She detailed a specialized training session conducted for oral health providers focused on managing agitation and aggression within HIV clinical care environments. Additionally, she summarized the results of the Network meetings held by Behavioral Health, Medical, and Medical Case Management teams.

D. Liao also reviewed the provider surveys completed across the three service areas: Medical providers submitted 7 surveys, Medical Case Managers completed 10, and Behavioral Health providers contributed 7. All providers were encouraged to actively engage their clients in the upcoming Listening Session scheduled for August 12, 2025.

T. Thompson noted that the County Attorney's Office (CAO) is expected to receive the SDMs around the same time as the HIVPC General Body's review. Should the CAO propose substantial revisions, the Part A Office will return the documents to the Planning Council for further consideration. B. Spaulding provided clarification on the CAO's role in the SDM review process.

D. Liao explained the PDSA (Plan-Do-Study-Act) Cycle and the agencies' progress in completing it. She listed and categorized the "Aim Statements" of each agency.

V. Biggs inquired whether any agencies were actively addressing the needs of clients who are not virally suppressed. D. Liao and G. Martinez confirmed that such efforts are underway. B. Spaulding added that she had submitted a data request to the MAI Subcommittee focused on this population.

D. Liao also provided a summary of the recent in-person Quality Network meeting, where participants engaged in an interactive activity centered on the PDSA Cycle. D. Cestaro-Seifer emphasized the critical role of strategic planning in delivering effective services to clients

c. **Presentation:** QMC Policy and Procedures

S. Isidore provided an overview of the revised policies and procedures, outlining the specific updates and the rationale behind each change.

V. Biggs expressed concern that the "Purpose" section lacked clarity. In response, G. Martinez clarified that the section serves as a broad summary of QMC's functions, with detailed information available in other parts of the document.

Motion #3: V. Biggs, on behalf of QMC, made a motion to approve the QMC Policy and Procedures, and seconded by R. Jimenez. The motion was adopted unanimously.

7. **Recipient Report**

T. Thompson shared that the Broward RWPA Office participated in a Reverse Site Visit at HRSA's main office. It was noted that publicly available gender data will be

limited to “Male” and “Female.” At this time, no updates have been made to demographic categories or Federal Poverty Level (FPL) reporting.

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 October 20, 2025, at 12:30PM at BRHPC. QMC will attend the PSRA Data Presentations in July. M. Rosiere recommended adding the Integrated Plan and ACA enrollment to the agenda.

    D. Cestaro-Seifer highlighted challenges in reaching certain consumer groups, including African American women, caregivers, and individuals who are not virally suppressed. To improve participation in the Listening Tour, she recommended offering both childcare and eldercare services. B. Fortune-Evans raised concerns about HIVPC’s lack of experience in providing elder care. In response, D. Cestaro-Seifer suggested partnering with a community-based eldercare agency. C. Williams volunteered his organization, *Ready for the World LLC*, to provide these services and outlined how the care would be implemented.

    B. Mester proposed surveying clients to identify barriers that may prevent them from attending the Listening Tour. T. Thompson noted that only 1,000 of the 8600 clients in PE have opted to receive emails from the Recipient Office. He clarified that while childcare is an allowable expense, no funding has been allocated for it, and eldercare is not currently an allowable expense.

    T. Thompson recommended that QMC consider making a motion to reschedule Listening Session #3 in coordination with PSRA. D. Cestaro-Seifer added that PSRA expressed interest in holding the session in the morning to better accommodate individuals who are only available during that time.

    The committee listed the following concerns:

    - Other committees hold meetings on Thursdays, which may prevent some HIVPC members from attending.
    - Consumers may not be able to attend at that time due to work or other obligations.
    - Concerns that the energy will not be the same at that time, compared to later in the day.

Motion #4: V. Biggs, on behalf of QMC, made a motion to request that PSRA reschedule the Listening Tour Session #3 to a different time and date, and seconded by R. Jimenez. The motion was adopted unanimously.

11. Announcements

- None

12. Adjournment

There being no further business, the meeting was adjourned at **1:48 p.m.**

QMC Attendance for CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	21	C	17	21	19	C	C	18					
1	Biggs, V.	X	C	X	X	X	C	C	X					
2	D'Amore, F., V. Chair	X	C	X	X	X	C	C	X					
3	Fortune-Evans, B., Chair	X	C	E	X	X	C	C	X					
4	Jimenez, R.	X	C	X	X	A	C	C	X					
5	Julio De La Nuez	X	C	A	X	X	C	C	X					
6	McLeod, S.	X	C	X	X	X	C	C	X					
7	Williams, Colby				N	X	C	C	X					
8	Davy, Olivia						N	C	E					
	Quorum = 5	6	C	4	6	6	C	C	7					

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 B

Quality Management Committee (QMC) Workplan FY2026-2027

Meeting Time & Frequency: Every third Monday of the month, from 12:30pm to 2:30pm
Committee Purpose: 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.

T =On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Evaluate the Clinical Quality Management (CQM) Program for effectiveness and impact						
1.1	Ensure the CQM Program remains responsive, data-informed, and aligned with federal (policy clarification notice 15-02) and local quality standards.	1. Review quarterly progress on the CQM Annual Work Plan. 2. Provide feedback and recommendations to improve program implementation and goal attainment.	QMC/CQM Staff	Quarterly		
Objective 2: Monitor and strengthen implementation of the (QMC) Workplan						
2.1	Ensure accountability and continuous progress toward committee goals by conducting regular reviews of the QMC Workplan. These reviews help identify barriers, assess timelines, and refine priorities to maintain alignment with evolving client needs and systemwide quality improvement efforts	1. Conduct quarterly reviews of the QMC Workplan to track progress, identify barriers, and adjust timelines or priorities as necessary. 2. Establish annual QMC goals informed by data and community input; define measurable objectives and actionable strategies to achieve them.	PCS/CQM staff	Quarterly		
Objective 3: Evaluate quality improvement initiatives to enhance service delivery and client outcomes						
3.1	Assess the effectiveness, relevance, and impact of quality improvement initiatives across the Ryan White Part A system to ensure services are equitable, client-centered, and aligned with clinical best practices.	1. Review presentations and data on strategies targeting vulnerable or out-of-care populations; assess their effectiveness and recommend improvements to the appropriate HIVPC committee and Ryan White Part A Office. 2. Monitor Quality Improvement Projects (QIPs) implemented by service	QMC/CQM staff	Bi-annually		

		providers; assess outcomes and provide feedback to strengthen future initiatives.				
Objective 4: Ensure Service Delivery Models reflect current standards and client needs						
4.1	Conduct annual evaluations of Service Delivery Models (SDMs) to verify alignment with the latest HIV clinical guidelines, Public Health Service (PHS) standards, and the evolving needs of clients. This process supports consistent, high-quality care across all Ryan White Part A-funded services and informs necessary updates to improve service effectiveness.	Evaluate SDMs as presented by the Recipient Office to ensure alignment with current HIV clinical guidelines and evolving client needs; recommend updates as needed in coordination with the System of Care Committee.	Recipient CQM staff	Annually		
Objective 5: Assess and address the evolving service needs of people living with HIV (PWH)						
5.1	Ensure Ryan White services are responsive to the lived experiences, barriers, and priorities of PWH through data-driven analysis and community input.	1. Review findings from annual needs assessments, including focus groups, surveys, and evaluations. 2. Identify underserved populations and analyze client-level data to uncover disparities across the HIV Care Continuum. 3. Develop recommendations for the PSRA Committee to address identified service gaps during service prioritization/ranking.	PCS/CQM Staff	April and May 2026		

Handout C1

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

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

WHO WAS IN THE ROOM

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

HIVPC
Broward County HIV Health Services Planning Council

COMMUNITY FEEDBACK: BENEFITS

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

COMMUNITY FEEDBACK: CHALLENGES

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

HIVPC
Broward County HIV Health Services Planning Council

COMMUNITY FEEDBACK: SUGGESTIONS

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

KEY TAKEAWAYS FROM PARTICIPANT SURVEYS

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

HIVPC
Broward County HIV Health Services Planning Council

SUMMARY

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

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

Discussion

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

Summary

Date: Monday, October 20, 2025

Time: 4:30 PM to 6:30 PM

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

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

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

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

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

Highlights from survey comments:

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

Handout D

Quality Management Committee (QMC) Work Plan FY2025-2026

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 2026, 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.

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 (such as the 50+ community, people moving into Medicare, people moving into ACA, and the LGBTQ community) and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities. (Integrated Plan 2022-2026, Goal 2, Strategy 2.4)		x	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: a. Universal Standards b. Legal Services c. Health Insurance Premium & Cost Shairng Assistance - HICP d. Medical Case Management - MCM e. Integrated Primary Care & Behavioral Health -IPCBH f. Non-Medical Case Management g. Food Bank h. Substance Abuse (Outpatient) i. Mental Health Services j. Centralized Intake Eligibility Determination - CIED k. Emergency Financial Assistance - EFA l. AIDS Pharmaceutical Assistance (Local Pharmacy) m. Medical Nutrition Therapy												
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		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.												
2.5 Conduct quarterly reviews of the QMC Annual Workplan.	QMC	Track Progress of the QMC in completed activities	Assess progress on completing QMC activities.			x									

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 E

Broward EMA CQM Annual Work Plan FY 2025-2026

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														

Handout F

Quarter Three Clinical Quality Management(CQM) Support Activities

November 17, 2025

PRESENTED BY
DANIELLE LIAO, MPH

BROWARD COUNTY
HUMAN SERVICES
DEPARTMENT

RYAN WHITE PART A PROGRAM

Medical Case Management

Service Delivery Model

Medical Case Management

- Reviewed 2026 ACA Open Enrollment Updates
- Discussed MCM activities and Service Delivery Model (SDM) improvements
- Focused on enhancing access, coordination, and client experience

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RYAN WHITE | PART A

BROWARD COUNTY
HUMAN SERVICES
DEPARTMENT

RYAN WHITE PART A PROGRAM
Integrated Primary Care & Behavioral Health
Service Delivery Model

Medical Provider

- Reviewed ACA Open Enrollment Updates and Integrated Primary Care & Behavioral Health SDM Discussion
- "Anal Cancer Prevention: Current Challenges and Controversies" AETC Training by Dr. Grant Ellsworth
  - Discussed prevention strategies for individuals living with HIV
  - Case study presentation from a RWPA provider

Behavioral Health

- Discussed RW Mental Health and Substance Use SDM
- Focused on improving care coordination and integrated behavioral health with medical services

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Quality Network

- Hosted Quality Improvement Project(QIP) office hour session
  - Provided collaborative guidance to agencies on strengthening HIV case management
  - Discussed strategies to enhance client engagement and advance continuous quality improvement

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QIP PLANNER 2025-2026

This planner is a recommended timeline for deliverables related to the QIP process.

Checkpoint check-ins are one-on-one virtual check-ins and provide an opportunity to check in with the CQM team. Time slots are available from 10 am to 3 pm.

QIP PHASE	STARTING	ENDING
STEP 1: GEARING UP FOR QIPS	3/1/2025	4/30/2025
STEP 2: IDENTIFYING THE OPPORTUNITY	5/1/2025	5/28/2025
STEP 3: AIM STATEMENTS	5/29/2025	7/2/2025
STEP 4: PDSA CYCLES	7/3/2025	11/5/2025
STEP 5: PRELIMINARY DATAREVIEW AND EVALUATION	11/6/2025	1/7/2026
STEP 6: QIP POSTER	1/8/2026	2/282026

CHECKPOINT DUE DATES	DATE
Build an Agency QIP Team to Identify Areas for Improvement	5/7/25
Data Stratification	5/28/25
Problem Statement and AIM Statement	6/11/25
PDSA Pre-Planning and Quality Measures	7/2/25
PDSA Cycle Planning Form	8/20,9/24,11/5
Preliminary Data Review and Evaluation	1/7/26
QIP Poster	2/4/26

MARCH

M	T	W	T	F	S	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL

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28	29	30				

MAY

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19	20	21	22	23	24	25
26	27	(28)	29	30	31	

JUNE

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JULY

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28	29	30	31			

AUGUST

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SEPTEMBER

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29	30					

OCTOBER

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NOVEMBER

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DECEMBER

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29	30	31				

JANUARY

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

M	T	W	T	F	S	S
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2	3	(4)	5	6	7	8
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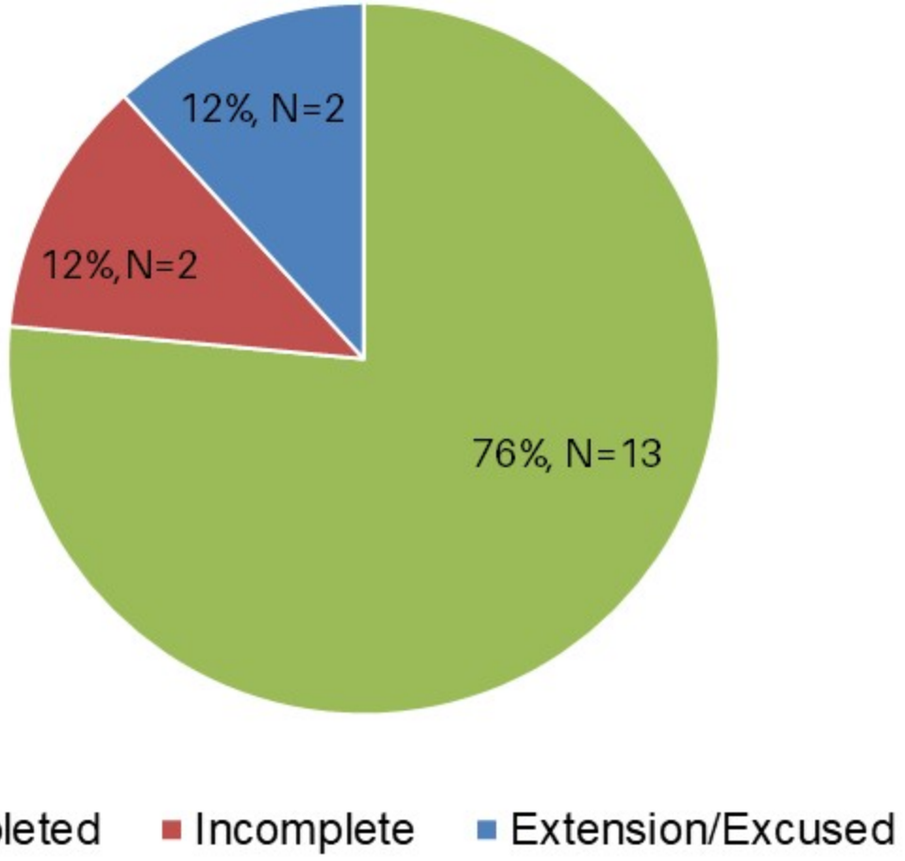
Checkpoint Submission Status



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Health Insurance Premium Assistance Program

ACA Insurance Open Enrollment

November 1st – December 15th

for Coverage beginning 1/1

December 16th – January 15th

for Coverage beginning 2/1

Step #1: Enroll In an APPROVED Health Insurance Plan (required)

For assistance with enrolling in Insurance: call 1-844-441-4422 or visit: https://enroll.brhpc.org

Step #2: Enroll In Premium Assistance @ Enroll.BRHPC.org (required)

- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05, -08, or -21S) or Silver (24J01-03 or -19S), you MUST choose a NEW PLAN for 2026 to continue receiving premium assistance.

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

For medication copayment assistance, the call Pharmacy Help Desk at 1-800-364-6331

Step #4: *Recertify Eligibility Annually & Don't Let It Expire (required)*

If your eligibility expires, your premium payments will no longer be made by the program.
For State of Florida Drug Assistance Program eligibility assistance, call 1-844-381-2327.

BRHPC

For premium assistance program enrollment or payment questions, contact: Broward Regional Health Planning Council or our enrollment partner, American Exchange at **1-844-441-4422.**

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

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

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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