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, March 16, 2026, 12:30PM.

Meeting Location: Broward Regional Health Planning Council Conference Room

Click Here to Join Quality Management Committee Meeting
Meeting ID: 229 189 305 731 13
Passcode: HQ2wm9p5

Chair: Bisiola Fortune-Evans • Vice Chair: Matt Patterson

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 March 16, 2026
5. **ACTION:** Approval of Minutes from January 12, 2026 **(Handout A)**
6. Discussion Items:
    a. **Action Item:** Health Insurance Continuation Program Service Delivery Model, *Recipient Office* **(Handout B)**

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.

Rationale: *The PSRA committee requested that the Quality Management Committee (QMC) review the Health Insurance Continuation Program (HICP) scope of service and Service Delivery Model (SDM) in light of recent changes affecting client insurance coverage. The review will help determine whether the current SDM, which does not allow HICP to cover insurance premiums, continues to meet the needs of clients and the Ryan White Part A system, and whether any updates or adjustments may be warranted.*

MOTION #27: M. Patteson, on behalf of PSRA, made a motion requesting that the Quality Management Committee review the Health Insurance Continuation Program (HICP) scope of service and Service Delivery

Model (SDM) to determine whether it continues to meet the needs of the Ryan White Part A system. The motion was seconded by S. Tinsley. Following discussion, the motion passed unanimously.

b. **Discussion:** A Brief Review of Provide Enterprise (PE), *Recipient Office* **(Handout C)**
c. **Presentation:** Clinical Quality Management (CQM) Support Activities; *CQM Support Staff* **(Handout D)**
d. **Review:** Quality Management Work Plan FY2026-2026; *PCS Support* **(Handout E)**

7. Old Business: None
8. New Business: None
9. Recipient's Report
10. Data Request
11. Public Comment
12. Agenda Items for Next Meeting
    a. To Be Determined
    b. **Next Meeting Date:** April 13, 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.

March 2026

Broward HIV Health Services Planning Council Calendar

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3 Community Empowerment Committee (CEC) 3:00PM - 5:00PM	4	5 PSRA Committee Meeting 9:30AM - 11:30PM	6	7
8	9	10	11	12	13	14
15	16 Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	17 	18	19 PSRA Committee Meeting 9:30AM - 11:30PM Executive Committee Meeting 12:45PM - 2:45PM	20	21
22	23	24	25	26 HIV Planning Council Meeting 9:30AM to 11:30AM	27	28  Fort Lauderdale Beach Park 8:00AM to 1:00PM
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. **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**.

March 2026

Broward HIV Health Services Planning Council Calendar

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

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.

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

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

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

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

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

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

Handout A

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

Quality Management Committee Meeting

Monday, January 12, 2026 – 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#

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

QMC Members Present: B. Fortune-Evans, V. Biggs, F. D'Amore, S. McLeod, O. Davy, C. Williams, M. Patterson
QMC Members Absent: R. Jimenez, J. De La Nuez
Ryan White Part A Staff Present: T. Thompson, B. Spaulding, J. Roy
Planning Council Support Staff Present: G. Berkeley Martinez, M. Lacroix, S. Isidore, D. Liao, D. Cestaro-Seifer, J. Beal
Guest: S. Cook, L. Robertson, S. Tinsley, J. Castillo, J. Saboe Rodriguez, J. Shirley, B. Barnes, T. Richards, C. Richardson

Call to Order, Welcome & Public Record Requirements

The QMC Chair officially convened the meeting at **12:34PM**. 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.

1. **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.

2. **Meeting Approvals**

Motion #1: V. Biggs on behalf of QMC, made a motion to approve the January 12, 2026 Quality Management Committee agenda and seconded by F. D'Amore. The motion was adopted unanimously.

Motion #2: V. Blggs, on behalf of QMC, made a motion to approve the November 17, 2025 Quality Management Committee Minutes with corrections and seconded by F. D'Amore. The motion was adopted unanimously.

3. **Discussion Items**
    a. **Action:** Review Service Delivery Models, *Recipient Office*
        i. Integrated Primary Care and Behavioral Health SDM
        ii. Medical Case Management SDM

B. Spaulding, Part A Representative, reviewed recommended changes to the Integrated Primary Care and Behavioral Health and Medical Case Management Service Delivery Models (SDM). The committee discussed access and utilization of Medical Case Management (MCM). V. Biggs questioned current MCM coverage, its necessity for clients not virally suppressed, and where it is required in the SDM. B. Spaulding clarified that MCM is not mandatory, clients cannot be forced to participate, and the issue is systemic, noting providers should emphasize the distinction between MCM and Non-medical Case Management (NMCM).

S. Tinsley asked how clients could be ensured access to case management and how eligibility is determined. Spaulding highlighted EMA variations, including whether Centralized Intake Eligibility Determination (CIED) could require engagement with MCM and NMCM. J. Shirley noted that CIED referrals are not always completed due to client choice or staffing limitations. D. Cestaro-Seifer emphasized long-standing confusion about MCM versus NMCM and recommended process mapping and QIPs to improve linkage to services.

V. Biggs asked what steps are needed for system-level changes. B. Spaulding stated she was unsure, noting she had not previously seen system changes at this scale and was unclear on the recipient-level process, though the possibility of making MCM mandatory was raised. J. Castillo added that, as discussed during the System of Care meeting, changes would likely require contractual updates through the RFP followed by revisions to the SDM. B. Fortune-Evans agreed with starting with process mapping to identify smaller gaps before pursuing broad contractual changes. Following the discussion, the committee made a motion.

Motion #3: On behalf of the QMC, F. D'Amore made a motion to approve the Integrated Primary Care and Behavioral Health and MCM SDM for forwarding to the HIV Planning Council. The motion was seconded by F. D'Amore and adopted unanimously.

4. **Old Business**
None.

5. **New Business**
    a. **Discussion:** Provider Appreciation Week, CQM staff
        i. February 18, 2026, from 11:30 AM to 3:45 PM. Location: Anne Kolb Nature Center (751 Sheridan Street, Hollywood, FL 33019)

D. Liao, CQM Support Staff, announced that QMC and SOC members are invited to attend the in-person QIP Leaders Presentations in lieu of their regular February meetings. The event will feature QIP presentations only, with no Part presentations, and is expected to include 17 agencies. Materials are expected to be shared approximately one week in advance to allow time for review and questions. Members will be able to RSVP through a QR code and Eventbrite via the HIVPC. B. Fortune-Evans added that attendance will count toward committee attendance requirements, even if members are only able to attend for one to one-and-a-half hours, noting the value of observing quality improvements within the RW system of care and supporting committee goal development.

    b. **Discussion:** Annual HIVPC Retreat, PCS Staff
        i. February 26, 2026, from 9:00 AM to 4:00 PM. Location: Anne Kolb Nature Center (751 Sheridan Street, Hollywood, FL 33019)

M. Lacroix, PCS Staff, provided an overview of the retreat and its purpose. The retreat is designed to review key data and community needs assessment findings to guide and strengthen strategic planning for the 2027–2031 HIV Prevention and Integrated Care Plan, ensuring a responsive, data-driven approach to improving outcomes. Members were asked to RSVP via Eventbrite.

c. **Discussion:** Updates regarding the AIDS Drug Assistance Program

B. Barnes opened the discussion and reported that, effective March 1, 2026, ADAP eligibility will be reduced from 400% to 130% of the Federal Poverty Level, potentially impacting 2,000 or more clients statewide. B. Fortune-Evans emphasized the discussion was for questions and concerns, not final decisions.

V. Biggs raised concerns about clients' access to employer-sponsored insurance, sustainability of ADAP as a state-funded program, and removal of Biktarvy and similar medications from the formulary, noting potential risk of resistance. F. D'Amore stressed the urgency of timely client communication ahead of ACA enrollment deadlines.

J. Roy noted the state is in the midst of drafting letters to impacted clients, and Part A is coordinating with Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Federally Qualified Health Center (FQHCs), Florida Department of Health (FDOH), insurers, pharmaceutical partners, and National Alliance of State and Territorial AIDS Directors (NASTAD) to identify resources and mitigation strategies. She noted communication challenges due to client confidentiality and stated case managers may need direct outreach via phone or in-person contact. Biggs raised concerns about inadvertent disclosure through state-issued letters, which J. Roy will elevate to federal leadership.

M. Patterson asked if changes could trigger a special enrollment event; J. Roy noted she would explore options but highlighted fiscal limitations. S. Tinsley and B. Fortune-Evans noted that nonpayment or plan cancellations are not qualifying life events, leaving clients at risk of losing coverage. Concerns were also raised about clients with comorbidities and continuity of specialty care, with potential strategies including contracting with specialty providers.

The discussion addressed medication alternatives. J. Beal cited literature supporting two-pill regimens as clinically effective alternatives, emphasizing provider oversight and consistent messaging. B. Fortune-Evans noted adherence and mental health challenges for long-term clients accustomed to single-pill regimens, which J. Beal agreed should be mitigated through education and coordinated support.

B. Fortune-Evans recommended including peer advocates or consumers in leadership-level discussions. S. Tinsley and V. Biggs volunteered, and J. Roy encouraged formal recommendations for participation. Commissioners will be briefed via executive summary; direct advocacy by members is allowed as private citizens, while only the Planning Council Chair, Lorenzo Robertson, may speak formally on the Council's behalf.

B. Barnes concluded by noting the unprecedented nature of the changes, the need for continued discussion, and transparency. J. Roy reiterated Part A's commitment to a collaborative, system-wide response with ongoing engagement at local, state, and federal levels.

6. Recipient Report

None.

7. Data Request

None.

8. 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.

9. Agenda Items/Tasks for Next Meeting

To be Determined.

10. Announcements

None.

11. Adjournment

There being no further business, the meeting was adjourned at **1:52PM.**

QMC Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	12												
1	Biggs, V.	X												
2	D'Amore, F., V. Chair	X												
3	Fortune-Evans, B., Chair	X												
4	Jimenez, R.	A												
5	Julio De La Nuez	A												
6	McLeod, S.	X												
7	Williams, Colby	X												
8	Davy, Olivia	X												
	Quorum = 5	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 B

BROWARD COUNTY HUMAN SERVICES DEPARTMENT

RYAN WHITE PART A PROGRAM

Health Insurance Continuation Program

Service Delivery Model

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Broward County Human Services Department
Health Insurance Continuation Program
Service Delivery Model

The Service Delivery Model serves as a minimum set of standards to be followed by all providers of Health Insurance Continuation Program services funded by the Broward County Human Services Department through its Community Partnerships Ryan White Part A Program.

For purposes of this Service Delivery Model ("SDM"), the term "provider" means any entity or group that has an agreement with Broward County Human Services. The term "Client" describes an individual who is eligible for County-funded services. As capitalized, the "Agreement" refers to the executed contract between the County and the provider.

I. PROGRAM DEFINITION

The Health Resources and Services Administration's (HRSA) Health Insurance Premium and Cost Sharing Assistance Program provides financial assistance for eligible Clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. Health insurance also includes standalone dental insurance for this service category[1]. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible Clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible Clients; and/or
- Paying cost sharing on behalf of the Client.

In Broward County, the Health Insurance Premium and Cost Sharing Assistance Program is referred to as the Health Insurance Continuation Program (HICP). This includes the provision of financial assistance paid on behalf of eligible Clients living with HIV to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under a Ryan White AIDS Drug Assistance Program (ADAP)-approved Affordable Care Act (ACA) health care coverage program.

The goal of this program is to maintain a client's private health insurance coverage, thus minimizing the Client's reliance on the Ryan White Part A program for services. No payments or reimbursements can be made directly to a client.

HICP is available to assist low-income, program-eligible Clients. HICP assistance is limited

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02*. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

to out-of-pocket HIV/AIDS-related healthcare coverage costs, including:

- Medical deductibles,
- Copayments,
- Coinsurance (for medications that are not on the Ryan White ADAP Formulary)

These Clients must be enrolled in an ADAP Premium Assistance program and an ADAP-approved ACA health insurance plan. The Ryan White Part A program does not assist with ACA premium payments, as the Florida ADAP pays these premiums. The coverage of HICP is also **limited** to the annual out-of-pocket max per Client, as detailed in the taxonomy table. A complete financial assessment and disclosure from the Client is required in all cases. The HICP service provider must have policies and procedures to inform and assist Clients in navigating the service category.

The HICP service provider will coordinate with third-party providers to assist with Client access to services and maintain a list of providers for medical and pharmaceutical services that accept HICP payments. At a minimum, this provider list must be updated each time a new provider agrees to be added to the list, and it may be shared with Clients upon request. The HICP service provider must also communicate, at minimum upon Client request, with third-party providers to inform them of the details of HICP reimbursement and assist in gaining provider acceptance of HICP third-party reimbursement.

- ***Third-Party Benefits:*** *An example of third-party benefits include, but is not limited to Medicaid, Medicare, Private Health Insurance plans, Supplemental Nutrition Assistance Program (SNAP), Employer-sponsored Health plans, Affordable Care Act (ACA) Marketplace Health Insurance plans, etc.*
- ***Aids Drugs Assistance Program:*** *The AIDS Drug Assistance Program (ADAP) is a statewide, federally funded prescription medication program for low-income people living with HIV. This program provides access to medications to eligible clients either directly or by purchase of health insurance that includes coverage for HIV medications.*
- ***Affordable Care Act:*** *The Affordable Care Act (ACA) is a comprehensive reform law, enacted in 2010, that increases health insurance coverage for the uninsured and implements reforms to the health insurance market. Under the Affordable Care Act, patients who may have been uninsured due to preexisting conditions or limited finances can secure affordable health plans through the health insurance marketplace in their state.*

II. KEY SERVICE COMPONENTS AND ACTIVITIES

Broward County, HSD-funded HICP service providers are required to adhere to the HICP Service Delivery Model (SDM). Additionally, all providers must adhere to the minimum requirements outlined in the Broward County Ryan White Part A Universl SDM, the Title XXXVI - HIV Health Care Services. Providers are expected to comply with rules set forth by the applicable State, Federal and local standards and guidelines relevant to services

delivered within this service category. Providers must also adhere to standards and requirements outlined in the Broward County Human Services Department Provider Handbook for Contracted Service Providers, and applicable contract adjustments for service-specific Client eligibility requirements.

As a service category, HICP can assist with HIV-related medication copayments and deductibles, as well as HIV-related doctor visits, lab visits, and outpatient procedure visits. This assistance is limited, not guaranteed and is dependent on funding availability.

Prior to receiving health insurance assistance, Clients must review, understand, and accept in writing all HICP policies and procedures approved by the Broward County Ryan White Part A Recipient Office and the HICP service provider. Documentation of acceptance of these policies must be signed and dated by the Client.

Table 1: HICP Requirements for Medications and Medical Services

Medical Services	Medications
Medical service(s) must be covered by a Client's ADAP-approved health insurance plan.	Medications must be covered by a Client's ADAP-approved health insurance plan.
Medical service(s) must be provided by an **in-network** provider on the Client's insurance plan. Out-of-network provider visits, labs, and other services are not covered.	Medications **cannot** be listed on the Florida ADAP Formulary.
Payments cannot be made for services provided in the emergency department, for hospital-based inpatient service, or for conditions that are not related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.	Payments cannot be made for medications to treat conditions that are not related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.

Population of Focus/ Eligibility Criteria

The population of focus for this service category are individuals who are Broward County residents with HIV/AIDS who earn less than or equal to 400% of the Federal Poverty Guidelines, are uninsured or under-insured, have barriers to economic stability and have no other means or funding source to receive services. For a full description of the population of focus, the details will be in the Broward County's Ryan White Part A Universal SDM.

Documentation of Eligibility

The provider must verify Client's financial and program eligibility for treatment prior to Client receiving services. Verification of Client eligibility is accomplished by examining supporting documentation.

The Client completes a benefits assessment with Centralized Intake and Eligibility Determination (CIED) to determine Ryan White Part A services and other third-party benefits. The benefits assessment is documented in the designated HIV Human Services Software System (HIV HSSS) and the Client receives a notice of eligibility determining if they are eligible for HICP services. The provider must include all supporting documentation in the Client's record in the designated HIV HSSS and note the outcome of the eligibility verification.

Client Orientation

The HICP service provider must ensure that new and returning Clients are familiarized with the HICP process. The HICP service provider must review all orientation materials, policies and procedures, and Client acknowledgment forms with the Client that the Broward County Recipient Office approves. Documentation of acceptance of the Client acknowledgment form must be signed and dated by the Client at the end of the orientation. Clients must be informed that the Ryan White Part A program cannot assist with paying any fees/penalties from prior years associated with the Client not having an ADAP-approved health insurance plan. Clients must also be notified that a service provider does not have to accept third-party payments. Ultimately, it is up to the service provider to agree to third-party payments.

Clients must be informed that it is their responsibility to share information regarding HICP reimbursement with their service provider at least four (4) weeks before their next scheduled appointment date to gain provider buy-in and encourage the service provider to coordinate payment assistance setup with the HICP service provider. The HICP service provider must make clear to the Client that HICP cannot reimburse the Client for copays, deductibles, or another coinsurance that the Client pays out-of-pocket to a provider.

If the facility chooses not to accept, the Client can either:

- Choose another service provider that accepts HICP payment assistance or
- Proceed with the appointment, which will make the Client responsible for making the payment themselves. HICP cannot reimburse payments made by the Client.

Payment Verification

The HICP service provider must, upon request by a Client or service provider, inform healthcare providers about the HICP process, including billing setup, steps, covered services, and expected timelines. The HICP service provider must have a system in place to ensure funds pay only for eligible pharmaceuticals and in-network outpatient services. The HICP service provider must ensure that all funds are being used as a last resort when Clients utilize their existing ADAP-approved ACA insurance plan.

The HICP service provider must examine documentation to ensure copayments, coinsurance, and deductibles are valid based on eligible insurance plan benefits, insurer, and HICP policies.

The HICP provider must encourage Clients to schedule relevant medical appointments before January since the Ryan White fiscal year ends on February 28 (29), and reimbursements cannot be made across Ryan White fiscal years. HICP Clients are responsible for submitting a request for payment to HICP within 30 calendar days of the rendered service(s) and must be encouraged to proactively follow up with their providers if

billing for services is not received on time. Payment of invoices received after 30 calendar days are dependent on HICP funding availability. The HICP service provider must notify Clients within 5 calendar days if they will not accept their payment request for any reason.

All invoices for payment may be sent via email or fax and include the following:

- Client's Legal Name
- Date of Birth
- Date of Service
- Amount and type of payment request (Copayment, Coinsurance, or Deductible)

Payment verification documentation must show that the insurance covered the service(s) and that those service(s) were HIV-related to the extent that the services were intended to treat conditions related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. The HICP service provider must receive documentation from a medical practitioner indicating a client received an HIV-related service for eligible payments to be processed.

The HICP service provider cannot process any invoices after the closeout period at the end of the Ryan White fiscal year nor pay the service provider on the Client's behalf after the indicated deadline.

Coordination with Third Party Providers

The HICP service provider must educate Clients on services available through HICP and provide guidance on HICP processes, timelines, and limitations. The HICP service provider must strongly encourage Clients to use their insurance plan in-network providers. Failure of Clients to utilize their in-network insurance plan will result in a disallowance of cost-sharing support.

III. STANDARDS FOR SERVICE DELIVERY

Table 2. HICP Standards for Service Delivery

Standard	Measure
1. Clients acknowledge acceptance of HICP policies, procedures, timelines, and limitations during orientation to HICP.	1.1. The HICP Policies and Procedures Acknowledgment form is signed and dated by the Client and uploaded in the designated HIV HSSS.
2. Clients are instructed to offer information regarding HICP to their medical and pharmaceutical service providers no fewer than four (4) weeks before the next scheduled appointment.	2.1. The HICP Policies and Procedures Acknowledgment form is signed and dated by the Client and uploaded to the designated HIV HSSS.
3. The HICP service provider verifies that the eligible insurance plan was effective	3.1. An active insurance policy is documented in the designated HIV

Standard	Measure
on the date of service.	HSSS.
4. The HICP service provider verifies that services were provided by a service provider that is in the insurance plan's network.	4.1. Documentation of the service provider's participation in the HIV HSSS network.
5. The HICP service provider must develop a system to ensure funds pay only for in-network outpatient services.	5.1. Documentation of HICP policies and procedures in designated HIV HSSS.
6. The HICP provider must scan invoices and proof of payment.	6.1. Documentation of insurance information in the designated HIV HSSS. 6.2. Verify that the invoice and payment are correct. 6.3. Duplication of documents will not be accepted. 6.4. All invoices for payment must include the Client's legal name, Date of Birth, Date of Service, Amount, and type of payment request (Copayment, Coinsurance, or deductible)
7. The HICP service provider must process eligible health insurance invoice(s) within 15 calendar days of receiving payment requests from the Client.	7.1. Documentation of date of receipt of copay, coinsurance, and/or deductible payment request in designated HIV HSSS. 7.2. Proof of payment (invoice) is documented in the designated HIV HSSS.
8. The HICP service provider will, at the request of the Client or a medical or pharmaceutical service provider, orient/educate service providers regarding the benefits of HICP to gain the provider's acceptance of HICP third-party payments.	8.1. Documentation of orientation/education interaction enters in the designated HIV HSSS.
9. The HICP service provider will maintain a list of providers for medical and pharmaceutical services that accept HICP payments.	9.1. Documentation of the provider list is updated, at minimum, once a year and distributed to Clients with physical and/or digital copies.

IV. Outcomes and Indicators

Table 3. Outcomes, Indicators, and Measure

Outcomes	Outcome Indicators	Data Source (Where the data used to complete the quarterly report is found, verified, and kept)	Measure (Who collects data, when how; special calculation instructions, if needed)
1. Clients maintain consistent access to medical care due to prompt invoice(s) payment.	1.1. 85% of provider(s) payments are processed within 10 calendar days of receiving all required payment documents from Clients.	Documentation of Client recertification recorded in Provide Enterprise, also known as the HIV Human Services Software System (HIV HSSS) Monthly data compilation tracking sheets. Progress notes in designated HIV HSSS.	Comparison of quarterly averages. **Calculation:** The total number of invoices processed within 10 calendar days. / The total number of submitted eligible invoices within the reporting period.

Handout C

A Brief Review of Provide Enterprise (PE)

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Prepared by Ryan White Part A Recipient Staff

March 16, 2026

Purpose of the Presentation

- **Purpose:** To provide a high-level overview of how data moves through the Provide Enterprise System, identify which data is readily accessible, and recommend areas where data availability could be improved.

Types of Data Reports

- There are **two kinds of data reports** inside Provide Enterprise.
- The data report is either a “Service Record” report or a “Ledger” Report.
- **Service Record Report** is when a report depends upon the entry of the record into the Provide Enterprise System. *An example would be the Care Continuum*.
- **Ledger Report** is when a report depends upon the completion of invoices. *An example of this would be Service Reports or Outcomes*.

The Two “Big” Reports for Planning Council

- The first is **Care Continuum data**. This runs on a rolling 12-month basis and always covers the 12 months prior to the date we set. *For example, if we set 2/28/2026, it will run the previous 12 months*.
- The second is **Ledger type data**. This includes the PSRA projections and the utilization report, both of which are based on invoicing.
- Care Continuum Data may not always align with Ledger. Ledger data will always run for a time period, such as Quarterly or Month-to-Month, within the fiscal year. Since the Care Continuum Report covers 12 months prior to the client's totals, the two may not align entirely.

Importing vs Manual Entry

- Data enters the system in two ways: it is either **imported by the agency** or **manually entered**.
- Most agencies choose to import data, and PE includes built-in safeguards to prevent invalid or incomplete data from being uploaded.
  - Examples:
    - missing lab values in lab imports,
    - services not linked to a fee,
    - incomplete demographic information, etc.

Data Information

- We have easy access to items such as
  - Demographic Information,
  - Cost Per Client,
  - Service Category Spending,
  - Viral Suppression,
  - Retention in Care,
  - Lab Values, and
  - Referral Information
- We have access with some level of effort to: Cost per Client by Demographics, Viral Suppression & Retention in Care by Combined Demographics. Essentially, anything that may slice through different demographics at different levels of the care continuum. *However, this will likely not require much effort soon.*

Data Requests

- The goal of this discussion was to identify which data requests are time-intensive versus those that are easier to produce.
- Our data capabilities are improving, allowing faster access to needed information.
- **What data does QMC foresee the Planning Council needing in the future?** *Keep in mind that some data—such as provider information for privately insured clients—is not readily accessible to us.*

Questions?

Timothy Thompson, Program Project Coordinator Sr. Data/Quality

Handout D

Clinical Quality Management (CQM) Support Q4 Activities

March 16, 2026

PRESENTED BY
DANIELLE LIAO, MPH

Quarter 4 Activities Overview

- December 1, 2025 – February 28, 2026
- Ryan White Part A – Clinical Quality Management Support
- Networks Included:
  - Support Services Network
  - Oral Health Network
  - Behavioral Health Network
  - Quality Network
  - Medical Case Management Network

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Quarter 4 Highlights

Key Focus Areas

- Strengthening **documentation practices** through SOAP note training
- Expanding provider capacity to **address substance use through SBIRT**
- Supporting agencies in implementing **Quality Improvement Projects** (QIPs)
- Promoting **evidence-based interventions and data-driven decision making**
- Facilitating cross-network collaboration and shared learning

Overall Outcome

- Improved service documentation
- Increased provider confidence in addressing substance use
- Enhanced implementation of quality improvement initiatives

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Support Services Network

December 2, 2025, Training

Topic: SOAP Documentation (Subjective, Objective, Assessment, Plan)

- Key Points:
  - Importance of documentation for **legal compliance and continuity of care**
  - Guidance on structuring **SOAP notes with measurable data and client goals**
- Additional Discussion:
  - How to document services completed when clients are not present
  - Use of narrative documentation for certain social support activities
- Impact:
  - Standardized documentation practices
  - Improved record accuracy and quality monitoring

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Oral Health Network

January 7, 2026, SEAETC Training

Topic: Addressing Substance Use Disorder in Dental Settings through SBIRT (Screening, Brief Intervention, and Referral to Treatment)

- Training Objectives:
  - Identify **two screening tools** for risky substance use
  - Apply **brief intervention communication strategies**
  - Identify treatment **referral resources**
- Key Topics Covered:
  - Screening tools for substance use
  - SBIRT techniques in dental settings
  - Professional boundaries when addressing substance use
- Impact:
  - Increased provider confidence in identifying substance use concerns
  - Improved ability to connect patients to treatment resources

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Behavioral Health Network

January 13, 2026, SEAETC Training

Topic: SBIRT (Screening, Brief Intervention, and Referral to Treatment)

- Key Content:
  - Overview of screening tools:
    1. AUDIT
    2. DAST
    3. TAPS
  - Use of guiding communication techniques
  - Normalizing conversations about substance use
- Impact:
  - Strengthened evidence-based practices
  - Improved early identification and referral pathways
  - Increased provider capacity to address substance use

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Quality Network Activities

December 10, 2025 – QIP Checkpoint 6 Review

- Focus Areas:
  - Reviewing preliminary **Quality Improvement Project (QIP) data**
  - Aligning interventions with **aim statements and project goals**
- Additional Learning:
  - Importance of **starting small with evidence-based practices**
  - Use of expanded data measures, examples include:
    1. Viral load
    2. Visit attendance
    3. Case management utilization

Quality Network Activities

January 21, 2026, Meeting-Office Hour Session

Topic: QIP implementation progress across agencies

- Challenges Identified:
  - Data collection barriers
  - Time constraints for staff
  - Implementing PDSA cycles within time constraints
- Agency Feedback for Quality Network and QIP Improvements:
  - Increased **office hours and technical assistance**
  - Greater flexibility with **data collection timelines**
  - Encouraging **partnerships between smaller and larger agencies**

Quarter 4 Summary

Key Outcomes

- Expanded training on **case note documentation and SBIRT practices**
- Increased support for **Quality Improvement Project implementation**
- Continued focus on **evidence-based interventions and measurable outcomes**

Looking Ahead

- Continue QIP implementation and evaluation
- Expand training opportunities
- Increase technical assistance for providers
- Strengthen collaboration across provider networks

Upcoming Activities

- FY25-26 QIP **Virtual** Presentations-April 15th

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Handout E

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 Clinical Quality Management 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		
1.2	Review the current Priority Setting and Resource Allocation (PSRA) scorecard template to assess clarity, usability, and alignment with program goals.	Identify any areas for improvement and forward recommendations to the PSRA Committee	QMC	May 2026		
Objective 2: Monitor and strengthen implementation of the (QMC) Workplan						
2.1	Develop annual Quality Management Committee goals and identify objectives, strategies/action steps to achieve goals.	Recommend improvement to QMC activities.	PCS/CQM staff	Annually		
2.2	Conduct quarterly reviews of the Quality Management Committee Annual Workplan.	Assess progress on completing QMC activities.	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,	1. Review presentations and data on strategies targeting vulnerable or out-of-care populations; assess their effectiveness and recommend improvements to the appropriate	QMC/CQM staff	Bi-annually		

	client-centered, and aligned with clinical best practices.	HIVPC committee and Ryan White Part A Office. 2. Monitor Quality Improvement Projects (QIPs) implemented by service 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, listening sessions, community forums, 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.	PCS/CQM Staff	April and May 2026		

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.