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

System of Care Committee Meeting

Thursday, March 7, 2024 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via WebEx

Chair: Jose Castillo • Vice Chair: Kendra Hayes

Click here to join the meeting
Meeting ID: 240 489 793 143
Passcode: 7e3B8b

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

I. Call to Order/Establishment of Quorum
   a. Welcome from the Chair
   b. Meeting Ground Rules
   c. Statement of Sunshine
   d. Introductions & Abstentions
II. Moment of Silence
III. ACTION: Approval of Agenda for March 7, 2024
IV. ACTION: Approval of Minutes from November 2, 2023 **(Handout A)**
V. Public Comment
VI. Unfinished Business
   a. None.
VII. New Business
   a. Review Service Delivery Models:
      i. Centralized Intake Eligibility Determination (CIED) **(Handout B)**
VIII. Recipient Report
IX. Public Comment
X. Agenda Items for Next Meeting
   a. Review Service Delivery Models:
      i. Integrated Primary Care and Behavioral Health (IPCBH)
      ii. Universal SDM
      iii. Minority AIDS Initiative SDMs
      iv. Health Insurance Cost Sharing Program (HICP)
   b. Quality Improvement Projects Overview -FY2023-2024

XI. Next Meeting Date: April 4, 2024, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XII. Announcements
Fort Lauderdale AIDS Walk, Saturday, March 9, 2024: HIVPC Volunteers Needed

XIII. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

March 2024

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
					1 **South Florida AIDS Network Meeting (SFAN)** **9:30 AM** **Microsoft Teams** **Join the meeting now** Meeting ID: 278 498 424 286 Passcode: J8fKu4	2
3	4	5 **Support Services Network Meeting** **9:00AM-10:15AM** **Community Empowerment Committee Meeting (CEC)** **3:00PM– 5:00PM** **Location: BRHPC/Microsoft Teams**	6	7 **System of Care Committee Meeting** **9:30AM – 11:30AM** **Location: BRHPC/Microsoft Teams**	8	9 **AIDS Walk & Music Festival** **8:00 AM-2:30 PM**
10 **Women and Girls HIV/AIDS Awareness Day**	11	12	13	14	15	16
17	18 **Quality Management Committee Meeting** **11:30AM– 2:30PM** **Location: BRHPC/Microsoft Teams**	19	20  **Native HIV/AIDS Awareness Day**	21 **Priority Setting & Resource Allocation Committee Meeting** **9:30AM -12:30PM** **Executive Committee Meeting** **12:45PM – 2:45PM** **Location: BRHPC/Microsoft Teams**	22	23
24	25	26	27 **Quality Network Meeting** **9:00 AM – 10:15 AM**	28 **HIV Planning Council General Body Meeting** **9:30AM – 11:30AM** **Locations: BRHPC/Microsoft Teams**	29	GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

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

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

March 2024

Broward HIV Health Services Planning Council Calendar

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

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

System of Care Committee Workshop

Thursday, November 2, 2023 - 9:30 AM
Meeting via Broward Regional Health Planning Council & WebEx

DRAFT MINUTES

SOC Members Present: J. Castillo (Chair), V. Biggs, T. Pietrogallo, A. Murphy, F. D'Amore, E. Chrispin, Hayes, K.

SOC Members Absent: None

SOC Members Excused: None

Ryan White Part A Recipient Staff Present: T. Currie, Q. Cowan, B. Miller

PCS/CQM Staff Present: D. Liao, M. Patel, N. Del Valle

Guests Present: D. Shamer, B. Mester, S. Cook, C. McLeary

Call to Order, Welcome from the Chair & Public Record Requirements

The SOC Co-Chair called the meeting to order at 9:35 a.m. The Co-SOC Chair welcomed all meeting attendees that were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including recording minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the SOC Vice-Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

1. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters about HIV/AIDS and services in Broward County. There were no public comments.

2. Meeting Approvals

   The approval for the agenda of the November 2, 2023, System of Care Committee meeting agenda was proposed by V. Biggs, seconded by *T. Pietrogallo*, and passed unanimously. The approval for the minutes of September 7, 2023, meeting was proposed by *V. Biggs*, seconded by *E. Chrispin*, and passed unanimously.

   Motion #1: *V. Biggs*, on behalf of the SOC, made a motion to approve the November 2, 2023, System of Care Committee meeting agenda and seconded by *T. Pietrogallo*. The motion was adopted unanimously.

   Motion #2: *V. Biggs,* on behalf of the SOC, made a motion to approve the September 7, 2023, System of Care Committee meeting minutes as presented and seconded by *E.*

***Chrispin*. The motion was adopted unanimously.**

3. New Business

   a. Review of Service Delivery Models:

   The Recipient Part A Office presented and conducted a Q& A session on the updates to the following Service Delivery Models: Food Services, Non-Medical Case Management, and Medical Case Management. The SOC made the following recommendations and highlighted the certain issues under each Service Delivery Model:

   - Food Service Delivery Model:
     - In Broward County, the Part A Office should remove the food receipt requirement for Ryan White consumers.
     - The Part A Office should add more clarification and details surrounding food supplements.
     - The Part A office should consult with Publix regarding electronic receipts.
     - The Part A office should consult with the West Palm Beach EMA on how they approach a client's requirement to show proof of grocery purchases.

   - Non-Medical Case Management Service Delivery Model:
     - SOC recommended less stigmatizing language in the SDMs.
     - Peer Navigators and Case managers should be able to enroll Ryan White Clients into the Affordable Care Act Insurance Plan.
     - Part A and EHE personnel need to be trained in all the services that Ryan White Clients are eligible for.

   - Medical Case Management Service Delivery Model:
     - The handling of medical case management duties should be delineated by the manager's expertise.

   Motion #3: V. Biggs motioned to approve and send SOC's recommendations to QMC. The motion was seconded by K. Hayes and adopted unanimously.

4. Recipient Report
   None

5. Public Comment

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

   No comment.

6. Agenda Items for Next Meeting

   - TBD
   - Next Meeting Date: January 4, 2023, at 9:30 a.m. Location: BRHPC and via WebEx

7. Announcements
   None.

10. Adjournment

    There being no further business, the meeting was adjourned at 10:52 a.m.

SOC Attendance for CY 2023

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	5	2	2	6	4	1	6	3	7	5	2		
0	0	5	**1**	Chrispin, E.	CX	X	A	C	A	C	A	A	A	C	X		
0	1	0	**2**	Pietrogallo, T.	CX	X	X	C	X	C	X	X	X	C	X		
0	0	1	**3**	Ruffner, A.	CX	X	X	C	X	C	X	X	A	C	Z- Resigned		
0	1	0	**4**	Biggs, V.	CX	X	X	C	X	C	X	X	X	C	X		
0	1	0	**5**	Castillo, J. Chair	CX	X	X	C	X	C	X	X	X	C	X		
0	1	2	**6**	D'Amore, F.	CX	X	X	C	A	C	X	A	X	C	X		
1	1	0	**7**	Murphy, H.A.	CX	X	X	C	X	C	X	X	X	C	X		
				Hayes, K., V. Chair											X		
				Quorum = 5		7	6		5		5	5	5		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

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Centralized Intake and Eligibility Determination Service Delivery Model

Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definition

Centralized Intake and Eligibility Determination (CIED) is a standalone non-medical case management intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The CIED service provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

II. Key Service Components & Activities

In addition to the CIED Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of CIED services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

The CIED service must be provided at centralized offices or with staff stationed at Ryan White Part A core medical or support service sites. CIED appointments are preferred, however, walk-in clients may be accommodated if the schedule permits. Appointment time slots must be available during standard business hours. The CIED service provider must provide extended services hours. It is up to the CIED service provider's discretion to determine what those extended hours should be.

For new Ryan White Part A clients, intake appointments must be scheduled to be in-person. If a client is homebound or unable to attend an in-person appointment, they may request a home visit from a CIED Eligibility Specialist. It is expected of the CIED service provider to have a dedicated live telephone operator during standard business hours.

Client Intake and Orientation

During the intake process, CIED must ensure clients are aware of all Broward Ryan White services, including those they may be eligible for. Clients must be provided with information regarding Ryan White services and other community resources that the client is eligible for when referrals are needed.

It is expected of the CIED service provider to maintain an updated list of all Ryan White Part A providers and service locations to distribute to clients. The CIED service provider must ensure that clients are familiarized with the Broward Ryan White Part A system of care. It is expected of the CIED service provider to review Ryan White orientation materials with the client that are provided by the Broward County Recipient Office.

III. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1.1 Increase client access to the Ryan White system of care. ~~Increase access, retention, and adherence to primary medical care.~~	1.1. 85% of clients will be recertified within 45-14 days prior to their eligibility expiration date. ~~95% of Part A clients who have not had a primary medical care visit within the last six months at the time of recertification shall have primary medical care or medical case management appointment scheduled within five business day.~~ ~~85% of clients will not experience a lapse in Ryan White Part A eligibility.~~	1.1.1. Client appointment record in designated HIV Human Services Software System (HSSS) 1.1.2. Progress notes in designated HIV HSSS. 1.1.3. Referral record in designated HIV HSSS.
2. Decrease client retention in care barriers.	2.1 95% of clients will not experience a lapse in Ryan White Part A eligibility.	2.1.1. Client appointment record in designated HIV HSSS.

IV. Assessment

The CIED service provider must develop, implement, and document their policies and procedures for authenticating eligibility for a Ryan White Part A client, screen for duplication of services, and ensure that Ryan White is the payer of last resort. If a client is eligible for third-party benefits, the CIED service provider must assist them in applying for those benefits and develop a benefits service plan. The service plan will ensure that there is follow-up on outstanding benefits applications, steps are taken to resolve benefits issues, and clients have the appropriate referrals in place.

- ***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, etc.*

The CIED service provider must schedule Ryan White Part A core medical or support services appointments for new clients within three business days. Transportation services must be available, including bus passes, to ensure engagement in care.

Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. The provider must complete all required fields of the client profile in the designed HIV Human Services Software System (HSSS) at the time of intake and include any third-party benefits received. Clients must have a signed and dated Plan of Care Information System (PCIS) Consent Form and Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form in the designated HIV HSSS. Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV HSSS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine a household's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within Broward County (annually)
4. Insurance eligibility with third party payers (to determine what the client may be eligible for, including but not limited to Medicaid, Medicare, private health insurance plans, employee-sponsored health insurance plans, etc.) (annually)
5. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida counties only)

Recertification

Clients must complete recertification for Ryan White Part A services every year after initial eligibility determination is completed, or sooner if determinants of eligibility change. The CIED service provider must contact clients to schedule their annual recertification appointment date at least 45-days prior to their eligibility expiration date. Recertification appointment date reminders must be made via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.

Clients will need to provide a self-attestation form every other year, or sooner if determinants of eligibility change. This self-attestation form is utilized across the state and attests to address, income, and eligibility of third-party payers. The CIED provider will offer technical assistance to clients who need guidance to complete the self-attestation form.

The CIED service provider must offer clients the option to recertify through the online Ryan White Part A Client Recertification Portal. The CIED service provider will set up user accounts for clients and provide technical assistance as needed. A user guide for using the Ryan White Part A Client Recertification Portal can be found here: Recertification Portal User Guides (English, Spanish, & Creole).

V. Standards for Service Delivery

Table 2. CIED Standards for Service Delivery

Standard	Measure
1. The CIED service provider completes client profile in the designated HIV Human Services Software System (HSSS) and collects required forms at initial intake appointment.	1.1. Client profile completed in the designated HIV HSSS. 1.2. PCIS Form signed and dated by client in the designated HIV HSSS. 1.3. Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form signed and dated by client in the designated HIV HSSS.
2. Client completes a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits.	2.1. Dated eligibility documentation in the designated HIV HSSS. 2.2. Documentation of third-party benefits eligibility in the designated HIV HSSS.
3. Each client is informed about all Ryan White services, third-party benefits, and other community resources, and is referred as applicable.	3.1. List of Ryan White Part A providers and service locations distributed to client. 3.2. Documentation of referral record in the designated HIV HSSS.
4. The CIED service provider assists clients eligible for third-party benefits in applying for those benefits and develops a benefits service plan.	4.1. Documentation of third-party benefits eligibility in the designated HIV HSSS. 4.2. Benefits service plan and progress notes in the designated HIV HSSS.
5. Client completes recertification ~~or self-attestation~~ for Ryan White Part A services annually after initial eligibility determination is completed, or sooner if determinants of eligibility change.	5.1. Dated eligibility documentation in the designated HIV HSSS.
6. Client completes self-attestation for Ryan White Part A services every other year, or sooner if determinants of eligibility change.	6.1. Documentation of self-attestation form is in the designated HIV HSSS.
7. If a CIED service provider receives a Notice of Eligibility from another Florida jurisdiction or Ryan White Part, the CIED service provider will verify residency and eligibility for specific services prior to Part A certification.	7.1. Documentation of Notice of Eligibility from a Florida jurisdiction or Ryan White Part notated in the HIV HSSS.
8. New Ryan White Part A clients are scheduled for primary medical care or support service appointments within three business days of initial eligibility date.	8.1. Client appointment record in the designated HIV HSSS.

Standard	Measure
9. The CIED service provider schedules annual recertification appointments at least 45-14 days prior to client's eligibility expiration date.	9.1. Client appointment record in the designated HIV HSSS.
10. The CIED service provider conducts recertification appointment date reminders via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.	10.1. Client progress notes in the designated HIV HSSS.
11. The CIED service provider offers client the option to recertify through the online Ryan White Part A Client Recertification Portal.	11.1. Client progress notes in the designated HIV HSSS.
12. The CIED service provider must not discharge or terminate a client file prior to an eligibility date expiring. Upon termination of active client file, a client's discharge is closed and contains a closure summary documenting the case disposition.	12.1. Closed cases include documentation stating the reason for closure and a closure summary. 12.2. Supervisor signs off on closure summary indicating approval. 12.3. Supervisor review is completed in situations where provider intends to terminate services related to a client who threatens, harasses, or harms staff. 12.4. Documentation of Case Closure Form and client case is recorded in the designated HIV HSSS.

Centralized Intake and Eligibility Determination: Broward Outcomes and Indicator Data

Indicator 1.1 Key:

Numerator: Clients in the denominator that had an appointment record for "Medical Care" that was created within one (1) day of the "Date Completed" in the Ryan White Certification.

Denominator: Clients who received a CIED service during the reporting period, who had a Ryan White Certification completed during the reporting period and who had not had a Medical Appointment in the status of "Kept" in the 6 months prior to the certification "Date Completed".

CIED Service Outcomes & Indicators	FY23-24 Q1	FY 23-24 Q2	FY23-24 Q3
Outcome 1: Increased access, retention, and adherence to Primary Medical Care. **Indicator 1.1 – 95% of Part A clients who have not had a primary medical care visit within the last six (6) months at the time of recertification have a primary medical care or disease case management appointment scheduled within one (1) business day.**	$\frac{24}{29} = 82.76\%$	$\frac{51}{64} = 79.69\%$	$\frac{66}{84} = 78.57\%$

Indicator 1.2 Key:

Numerator: Client eligibility periods in the denominator that did not have a change reason indicating the eligibility had expired within the reporting period.

Denominator: Client eligibility periods within the reporting period where at least one of the eligibility flags is set to "Yes".

CIED Service Outcomes & Indicators	FY23-24 Q1	FY 23-24 Q2	FY23-24 Q3
Outcome 1: Increased access, retention, and adherence to Primary Medical Care. **Indicator 1.2 - 80% of eligibility enrollments will not experience a lapse in Ryan White Part A.**	$\frac{3687}{3694} = 99.81\%$	$\frac{4180}{4186} = 99.86\%$	$\frac{3064}{3070} = 99.80\%$

Whether you're walking, running, or dancing, your support makes a difference. It takes all of us working together to bring this celebration to life. See you at the beach!

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.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

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

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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

HIVPC ATTENDANCE POLICIES

BROWARD COUNTY CODE OF ORDINANCES
CHAPTER 1, ARTICLE XII. BOARDS, AUTHORITIES AND AGENCIES GENERALLY

GENERAL REQUIREMENT AND POLICIES

Sec. 1-233. Terms of appointees to Broward County agencies, authorities, boards, committees, commissions, councils, and task forces; quorum

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Removal based on Attendance

1. Board meetings on a quarterly or less frequent basis: Members will be removed after two (2) consecutive unexcused absences or missing two (2) properly noticed meetings in one (1) calendar year.
2. Board meetings more frequently than quarterly: Members will be removed after three (3) consecutive unexcused absences or missing for (4) properly noticed meetings in one (1) calendar year.

Excused Absences

Require written notice to the chair of the board prior to the meeting (when practicable). The chair of the board shall determine whether the absence meets the criteria for an excused absence. Members may be excused **ONLY** for the following reasons:

1. Member performing an authorized alternative activity relating to outside advisory board business that directly conflicts with the properly noticed meeting;
2. Death of an immediate family member (spouse, father, mother, stepparent, in loco parentis, child, or stepchild domiciled in member's household);
3. Death of member's domestic partner;
4. Member's hospitalization;
5. Member summoned for jury duty; or
6. Member is issued a subpoena by a court of competent jurisdiction.

Non-excused absences

1. Out of town business.
2. Doing business or attending a meeting for member's company.
3. Attending another meeting as an elected official.
4. Car problems.

Requirements of Appointment

Any advisory board appointee who fails to meet the requirements of his or her appointment, including residency, if required to live in the district, is automatically disqualified, and his or her appointment shall immediately cease and be deemed vacant.

Quorum Rules

Once a quorum has been established by members physically present at a meeting, members who are not physically present may attend and participate in such meeting by telephone.

Appointees shall notify the board coordinator *at least two (2) business days prior* to the scheduled meeting date as to whether they will or will not attend the meeting. This will allow the cancellation of a meeting due to a lack of quorum prior to the actual meeting date.

If a board member does not confirm to the board coordinator that he or she will be present, at least 2 days prior to the meeting, he or she will be marked absent where such failure results in the meeting being cancelled for lack of quorum.

HIVPC ATTENDANCE POLICIES

If a meeting is **scheduled and a sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting:

- Members present will be marked as attending.
- Members who telephone in, will be marked as attending.
- Members not present will be marked absent.
- Members, who did not confirm they were attending and attend, will be marked present.

If a meeting is **scheduled and a sufficient number of members to have quorum DID NOT CONFIRM** that they will be physically present at the meeting, **THE MEETING WILL BE CANCELLED PRIOR TO THE MEETING DATE**:

- Members who intended to telephone in, will be marked absent.
- Members, who did not confirm that they were attending, will be marked absent.
- Members who confirmed they would be attending will be marked *present* and it will be noted on the attendance sheet that the meeting was cancelled.

If a meeting is **scheduled and sufficient number of members to constitute a quorum CONFIRMED** that they will be physically present at the meeting, **BUT QUORUM WAS NOT PRESENT AT THE MEETING, THE MEETING WILL BE CANCELLED**:

- Members present will be marked as attending but it will be noted that the meeting was cancelled.
- Members not present will be marked absent.
- Members, who telephone in, will be absent.
- Members, who did not confirm that they were attending, and attend, will be marked present.
- Members who did not confirm that they were attending, and do not attend, will be marked absent.

(Ord. No. 79-36, § 1, 6-20-79; Ord. No. 89-19, § 1, 5-9-89; Ord. No. 92-4, § 1, 3-10-92; Ord. No. 92-13, § 1, 5-12-92; Ord. No. 92-46, § 1, 11-10-92; Ord. No. 95-18, § 1, 4-11-95; Ord. No. 1999-06, § 1, 2-23-99; Ord. No. 2001-01, § 1, 1-9-01; Ord. No. 2001-10, § 1, 3-27-01; Ord. No. 2002-10, § 1, 3-18-02; Ord. No. 2003-21, § 1, 6-10-03; Ord. No. 2005-01, § 1, 1-11-05; Ord. No. 2005-16, § 1, 6-28-05; Ord. No. 2006-17, § 1, 6-13-06; Ord. No. 2008-36, § 1, 9-9-08; Ord. No. 2009-39, § 1, 6-23-09; Ord. No. 2012-30, § 1, 10-23-12; Ord. No. 2014-08, § 1, 02-25-14)

End of Packet