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, May 1, 2025 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

Join the meeting now
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmY0MThlM2UtNWFhMC00MDg1LTlmMmMtMjUwZjU3NThlZTcz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%22df400b73-e09f-4638-a7b6-0750be4ecb25%22%7d
Meeting ID: 256 553 685 164
Passcode: df2wy9Zr

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 Item: Approval of Agenda for May 1, 2025
IV. Action Item: Approval of Minutes from April 3, 2025 **(Handout A)**
V. Public Comment
VI. Standard Committee Item(s): None.
VII. Old Business: None.

VIII. New Business

a. **Update:** Priority Setting and Resource Allocation and System of Care Listening Tour Session #2, July 17, 2025, 6:00PM-8:00PM, at Broward Regional Health Planning Council **(Handout B)**
b. **Presentation:** HIV Needs Assessment 2024-2025 **(Handout C)**
    i. *Work Plan Activity 1.1: Receive Needs Assessment training and presentation on the most recent needs assessment.*

IX. Discussion Items:

a. **Action Item:** Make recommendations for "How Best to Meet the Need" Language to Priority Setting and Resource Allocation Committee **(Handout D)** *Work Plan Activity 1.3: Develop How Best to Meet the Need (HBTMTN) language based on findings annually.*

X. Recipient Report

XI. Public Comment

XII. Announcements

- Ujima Men's Collective **Man Up Festival**: **Saturday, May 3, 2025**, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
- HIVPOSSIBLE & SOS ***A Salute to Percussions: Music to Soothe the Soul & Heal the Community*****,** featuring expert discussions on diabetes, kidney disease, HIV, and stigma, along with a Gospel Drum Shed, school drum line, and cultural arts expressions. **Saturday, May 10, 2025**, from 2:00 PM to 6:00 PM at Smitty's Wings (1134 NW 6TH ST, Fort Lauderdale, FL 33311). Don't miss this inspiring blend of music and health education!
- June 1st Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.

XIII. Agenda Items for Next Meeting

a. To be Determined

XIV. Next Meeting Date: Thursday, June 5, 2025, at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference

XV. Adjournment

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

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie• Nan H. Rich • Tim Ryan •Hazelle P. Rogers• Michael Udine Broward County Website

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

May 2025

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit HIV Health Service Planning Council for updates.					
				1 System of Care Committee Meeting (SOC) 9:30AM – 11:30AM Location: BRHPC/MS Teams	2 Medical Case Management Network 2:30PM-3:45PM	3
4	5	6 Community Empowerment Committee Meeting (CEC) 3:00PM– 5:00PM Location: BRHPC/MS Teams	7	8	9	10
11	12	13 Minority AIDS Initiative Subcommittee Meeting 12:30PM – 2:30PM Locations: BRHPC/MS Teams	14	15 Priority Setting and Resource Allocation Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams Executive Committee Meeting 12:45PM – 2:45PM Location: BRHPC/MS Teams	16	17
18 HIV VACCINE AWARENESS DAY MAY 18th	19 Quality Management Meeting (QMC) 12:30PM– 2:30PM Location: BRHPC/MS Teams	20	21 Quality Network Meeting (CQM) 9:00AM-10:15AM	22 HIV Planning Council Meeting 9:30AM – 11:30AM Locations: BRHPC/MS Teams	23	24
25	26	27	28	29	30	31 GET CARE BROWARD TREAT HIV | BEAT HIV

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**.

May 2025

Broward HIV Health Services Planning Council Calendar

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

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

Handout A

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

System of Care Committee Meeting
Thursday, April 3, 2025 - 9:30 – 11:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

SOC Members Present:, J. Castillo (Chair), K. Hayes (Vice Chair), J. De La Nuez, T. Pietrogallo, A. Murphy

Members Absent: F. D'Amore

Ryan White Part A Recipient Staff Present: T. Thompson, R. Pena, B. Miller, J. Roy

Planning Council Staff Present: D. Liao, M. Lacroix, S. Isidore, G. Martinez, J. Beal

Guests Present: J. Shirley, J. Hidalgo, J. Rivero, C. Williams, T. Walker, R. Louis XVI

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

The SOC Chair called the meeting to order at **9:38 A.M**. The SOC Chair welcomed all meeting attendees who were present. Attendees were notified that the SOC meeting is based on Florida's "Government-in-the-Sunshine Law and meets reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the SOC Chair, Committee members, Recipient Staff, PCS & CQM Staff, and guests by roll call, and a moment of silence was observed.

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.

Meeting Approvals

The approval for the April 3, 2025, agenda of the Systems of Care Committee meeting was proposed by K. Hayes seconded by T. Pietrogallo and passed unanimously.

Motion #1: K. Hayes, on behalf of the SOC Committee, made a motion to approve the April 3, 2025, System of Care Committee agenda. The motion was seconded by T. Pietrogallo and adopted unanimously.

The approval for the minutes of the March 6, 2025 meeting was proposed by T. Pietrogallo seconded by K. Hayes and passed unanimously.

Motion #2: T. Pietrogallo, on behalf of SOC, made a motion to approve the March 6, 2025 System of Care minutes. The motion was seconded by K. Hayes and passed unanimously.

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 raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments**.**

Standard Committee Items

None.

Discussion Item

None.

Old Business

None.

New Business

a. HIV Needs Assessment Overview **(Handout B)**
    i. *Work Plan Activity 1.1 Receive Needs Assessment training and presentation on most recent needs assessment.*

    M. Lacroix, PCS staff, delivered the Needs Assessment Overview Presentation to the committee. Following the presentation, committee members and guests engaged in a brief discussion.

    J. Hidalgo noted that the presentation began by stating the purpose of a Needs Assessment is to focus on HIV primary healthcare. She inquired whether that was the central objective of the assessment. In response, G. Martinez, PCS staff, explained that the Needs Assessment takes a broad approach, examining unmet needs, physician and practitioner surveys, and other relevant data.

    J. Hidalgo then asked if a population-focused Needs Assessment, similar to past surveys that gathered input from a large number of individuals, would be conducted. G. Martinez clarified that a portion of that survey is shared with the state, and once it is approved, participation in that effort will proceed.

    K. Hayes raised a question about whether the current Needs Assessment includes specific populations, such as transgender individuals, given the current political climate. T. Thompson, from the Part A Office, responded that, at this time, the Recipient Office has not received any formal written policies regarding new official directives. The office is proceeding with caution and maintaining standard practices until direct guidance is received from HRSA, at which point further information can be provided.

b. How Best to Meet the Need Language Overview **(Handout C)**

i. Work Plan Activity 1.3: Develop How Best to Meet the Need (HBTMTN) language based on findings annually.

S. Isidore from the PCS staff delivered the “How Best to Meet the Need Language Overview” presentation to the committee. A brief discussion among committee members and guests followed.

During the discussion, J. Hidalgo raised a concern regarding the term “DIS Outreach Workers” listed under “Core Medical Services” (#14) in one of the recommended language sections. T. Thompson clarified that, per the Universal SDM, clients who fall out of care are referred to DIS. J. Hidalgo emphasized that DIS staff are not outreach workers, noting that the title, job description, and training do not align with that designation. T. Thompson suggested continuing the conversation offline. G. Martinez reminded the group that the document and language recommendations can be updated at the May meeting.

J. Castillo sought clarification on recommendation #13, which states: “When an alert is noted in the HIV Management Information System (Provide Enterprise - PE), proof of documented action must be recorded.” T. Thompson explained that this requirement aimed to ensure documentation of actions taken on alerts in PE. However, implementing this feature would require a new statement of work, which has not been prioritized due to budget constraints—though the recommendation remains valid. While missed appointments and labs are flagged, there's currently no way to track responses to custom alerts. It remains on the Recipient’s Office radar but cannot be addressed at this time due to competing priorities.

T. Pietrogallo commented that the main concern is the lack of a mechanism to indicate when alerts—such as for CD4 results or missed appointments—have been addressed. J. Shirley added that alerts are visible to all, but a key issue lies with clients seen by private providers. She advised that clients should work closely with CIED staff to share the necessary documentation—such as lab results and orders—so that it can be properly entered into the system. CIED staff cannot input data without physical copies.

J. Roy, representing the Part A Office, concluded that the overall takeaway is the need for greater accountability among providers to ensure accurate and up-to-date data entry. She noted that her team will meet internally to explore strategies for improving data accuracy and relevance across systems.

c. Update on Ryan White Services and Consumer Handbook: Recipient Office

B. Miller from the Part A Office provided a brief update on the Ryan White Services and Consumer Handbook. She shared that the draft has been submitted to Assistant Director Cassandra Evans for review. After receiving general feedback on the language, the next step is to add the new subrecipients to the handbook and update the corresponding service categories they provide.

Once those updates are completed, the draft will be reviewed through the appropriate chain of command. After finalizing the language, the team will move forward with designing the client handbook. B. Miller also emphasized the importance of incorporating input from the Planning Council during this process. She noted that while the updates are underway, the review process may take some time due to the number of individuals

involved. She assured the committee that she would provide updates as progress continues. There were no additional questions from the committee following the update.

Recipient Report

T. Thompson from Part A Office provided a verbal report. He shared that monthly meetings with providers have commenced, and the office is in the process of collecting and organizing their contact information. Efforts are also underway to get new providers acclimated to the Provide Enterprise (PE) system.

He highlighted an orientation held on Friday, March 28, 2025, which he felt was impactful and informative. The event featured several guest presenters and covered important topics such as Service Delivery Models and key data elements. He expressed appreciation to all attendees and noted the office is considering hosting a similar orientation next year, or potentially on an ongoing basis.

Regarding federal guidance, T. Thompson reiterated that there has been no official update from HRSA concerning executive orders, so operations will continue as usual until further notice. He also informed the committee that the provider contact list is nearing completion. Two versions will be created: one consumer-facing version with general contact information and a brief overview of services offered, and an internal version that will include more detailed information, such as direct contact numbers. There were no additional questions from the committee following his update.

Data Requests

None.

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 raise other matters of HIV/AIDS and services in Broward County. There was no public comment.

Agenda Items for Next Meeting

I. Receive a presentation on the findings from the 2022-2025 HIV Needs Assessment
II. Vote on the How Best to Meet the Need Language recommendations for Ryan White Service Categories
III. Next Meeting Date and Location: The next SOC meeting will be held on May 1, 2025; at 9:30 am at Broward Regional Health Planning Council.

Announcements

- **South Florida AIDS Network (SFAN):** South Florida AIDS Network (SFAN) Community Feedback Forum: We invite community members, Ryan White recipients, case managers, and organizations to join this informative session. Broward County updates on HIV funding, Medicaid, Ryan White, and other resources. Thursday, April 10, from 6:00 PM to 8:00 PM. ArtServe – Our Foundation Hall, located at 1350 E. Sunrise Boulevard, Fort Lauderdale, FL, 33304.

- **Ryan White Part A Listening Tour**: We invite you to join us for the Ryan White Part A Listening Tour, a chance for you to share your experiences, challenges, and ideas to help improve the Ryan White system. Your voice matters, and this is an opportunity to ensure your feedback is heard and considered in shaping the future of services. The first session will be held at the AIDS Healthcare Foundation, located at 700 SE 3rd Ave, Fort Lauderdale, FL 33316, from 3:00 PM to 5:00 PM. We encourage you to attend and be part of this important conversation. Your input can make a difference!
- Ujima Men's Collective **Man Up Festival**: Saturday, May 3, 2025, from 12:00 PM to 5:00 PM at Reverend Samuel Delevoe Memorial Park (2520 NW 6th St, Fort Lauderdale, FL 33311). This exciting event will feature entertainment, health screenings, and fun competitions! Don't miss out on the three-legged race, water balloon toss, food trucks, and more. We hope to see you there!
- Join us for ***A Salute to Percussions: Music to Soothe the Soul & Heal the Community*****,** featuring expert discussions on diabetes, kidney disease, HIV, and stigma, along with a Gospel Drum Shed, school drum line, and cultural arts expressions. Saturday, May 10, 2025, from 2:00 PM to 6:00 PM at Smitty's Wings (1134 NW 6TH ST, Fort Lauderdale, FL 33311). Don't miss this inspiring blend of music and health education!
- **Poverello Center Updates:**
    - **Snack & Shop:** Held every Tuesday
    - **Live Music:** Every Thursday
    - **Mobile Unit Services:** Available on Fridays, offering syringe exchange
    - **Men's and Women's Group:** Next meeting is scheduled for Wednesday, April 16; the group meets every third Wednesday of the month
- June 1st Ryan White-eligible participants in the Health Insurance Continuation Program (HICP) will be required to undergo an orientation that covers all aspects of the HICP program, including their responsibilities. Clients must sign to acknowledge they have received this orientation before they can begin receiving HICP services.

Adjournment

There being no further business, the meeting was adjourned at **10:33AM.**

Attendance CY 2025

Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	2	C	6	3									
1	Pietrogallo, T.	X	C	X	X									
2	Castillo, J. Chair	E	C	X	X									
3	D'Amore, F.	X	C	X	A									
4	Murphy, H.A.	E	C	X	X									
5	Hayes, K., V. Chair	X	C	X	X									
6	De La Nuez, J.	X	C	A	X									
	Quorum = 4	4	C	5	5									

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

System of Care Committee Meeting Minutes – April 3, 2025 Minutes prepared by PCS Staff

THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL PRESENTS

Handout B

VOICES OF THE COMMUNITY

THURSDAY, JULY 17, 2025

6:00PM-8:00PM SESSION #2

We want to hear YOUR voice

Broward Regional Health Planning Council (BRHPC)

200 Oakwood Lane, Suite 100 Hollywood, FL 33020

Why Should You Come Out?

- Talk about the issues that matter to **you**
- Recommend changes **you** want to see
- Food & Refreshments
- Raffle Prizes

Join Us Virtually:

This is an AUDIO recorded Public Event

Meeting ID: 229 861 900 316 Passcode: ZK9RM3sY

For More Information Contact: 954-561-9681 Ext. 1244 or 1343 hivpc@brhpc.org

Handout C

System of Care (SOC): BROWARD RYAN WHITE PART A EMA NEEDS ASSESSMENT 2024-2025 OVERVIEW

Debbie Cestaro-Seifer, MS, RN & Jeffrey Beal, MD, AAHIVS
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of Thursday, May 1, 2025

Needs Assessment 2024-2025

Project Aim

Assess the various services offered by the Broward Ryan White Part A EMA and measure/learn how well the services enhance the ability of clients to become sustainably virally suppressed.

Needs Assessment 2024-2025

Intentional Approach with Attainable Outcomes

OUR GOAL: Propose recommendations to the Broward RW Part A EMA to enhance the efficiency of disease case management, peer support, and medical services, to enable 95% of clients to attain sustainable viral suppression or undetectability by 2025.

Key Needs Assessment Activities

- **Activity 1:** Conduct Client Focus Groups
- **Activity 2:** Review Subrecipient Medical Case Management (MCM) and Peer Counselor Job Descriptions
- **Activity 3:** Develop and Conduct MCM and Medical Provider-Focused Needs Assessment Activities
- **Activity 4:** Conduct Interviews with Collaborative Community Partners and Programs

HIVPC
Broward County HIV Health Services Planning Council

Consumer – Improving RW Part A Services

- Improve/expand case manager outreach services
- Simplify the co-pay process
- Provide gas cards for transportation
- Offer online recertification
- Create/locate more affordable housing options for people with HIV in Broward County

Consumer – Ongoing Obstacles

- Emotions of embarrassment and social stigma
- Lack of awareness about accessible services
- Burdensome documentation and bureaucratic obstacles
- Problems related to safe and affordable housing
- Difficulties in reaching out to service providers

Medical Case Manager Roles and Responsibilities

What elements were lacking in the MCM job descriptions?

- MCMs play a vital role in coordinating HIV care services.
- Numerous job descriptions fail to outline the specific tasks and competencies needed to deliver effective HIV MCM services.
- Information is absent regarding the necessity for ongoing education for MCMs in HIV treatment and care.
- The criteria for onboarding MCMs to assist individuals with HIV in managing their chronic illness and overall well-being is vague.
- There is a lack of reference to quality improvement or the expectation for MCMs to analyze client outcome and service utilization data.

The Medical Case Managers' Role is Not Well Understood by Clients

- Revise the BRHPC and Broward Part A websites to feature information on the availability and usage of MCM services
- Conduct client satisfaction surveys specific to MCM services to learn what clients like best about working with MCMs. Share this feedback with new and returning clients.
- Medical Case Managers (MCMs) report that they can accommodate additional clients in their caseloads. All agencies providing Broward RW Part A MCM services should document referral pathways. The MCM Network should analyze the data and discuss opportunities to create new MCM referral pathways to assist clients who have not attained viral suppression or undetectable status.

Peer Counselor Roles and Responsibilities

What elements were lacking from the Peer job descriptions?

- There were no formal Peer Counselor job descriptions for Part A Peer Counselors
- One agency had a two-sentence description of a Peer Counselor
- In 2017, five RW Part A agencies had written job descriptions for Peer Counselors. What happened?
- In 2023-34, Peers asked to be trained in providing HIV educational sessions with groups of clients. This was a missed opportunity!

Medical Practitioner and MCM – Service Delivery

- Focus on establishing an EPIC interface with PE.
- Address problems concerning timely access to housing, mental health, and substance abuse services.
- Tackle the shortage of subspecialty care providers.
- Refer to service providers who possess specialized training or have experience working with underserved populations
- Create formal pathways to support people connecting to care and HIV self-management. The first 12 months are crucial in supporting clients new to HIV treatment and care and those reengaging in care.

Medical Practitioner and MCM – Patient Outcomes

- Analyze Care Continuum by Agency Sites – look for best practices
- Use innovative strategies to address the challenges clients have in staying connected to care and attaining viral suppression home visits, and age-specific support groups
- Conduct monthly practice reviews of viral suppression and missed appointments
- Provide a team-oriented approach to the issues of aging

Medical Practitioner and MCM – Patient Satisfaction

- Ensure comfort in Medical Practitioner interactions
- Ensure a welcoming environment from the front door to the back door of each agency
- Consider patient home/work locales in selecting Primary Medical Home
- Lead the support service team to provide a safety net of coordinated services that help patients stay connected to HIV care

Collaborative Community Partners/Programs- Service Delivery

- Enhance staff training regarding available resources and skill development.
- Tackle issues related to staff turnover and the necessary training.
- Create stronger community engagement and communication channels to assist individuals with HIV in maintaining an undetectable viral load
- Incorporate additional faith-based ministries and organizations.
- Raise awareness among non-RW providers about RW programs.
- Form a dedicated on-demand team for addressing the health needs of people newly diagnosed with HIV and returning to HIV care

Collaborative Community Partners/Programs- Patient Outcomes

- Analyze recidivism rates and gather details about the challenges faced.
- Gather information on missed appointments and pinpoint particular barriers.
- Evaluate and provide feedback on the new housing program associated with EHE.
- Review MCM care plans for clients who have not reached undetectable viral loads, ensuring the use of evidence-based and evidence-informed methods that promote client success.
- Conduct a comparative study of EHE MCM and RW Part A MCM, highlighting distinctions in service delivery models that improve success rates within the HIV Continuum of Care.

Collaborative Community Partners/Programs- Patient Satisfaction

- Tackle the high turnover rate among MCMs and accelerate training and involvement in efforts to eliminate the HIV epidemic in Broward County.
- Enlist additional PEERS to join the care team throughout the entire RW Part A network.
- Ensure that peers have uniform job descriptions across all Part A subrecipient organizations.
- Evaluate the effectiveness of incentives in improving essential aspects of care.

"How Best to Meet the Need"

HIVPC
Broward County HIV Health Services Planning Council

Needs Assessment 2024-2025 Review & Recommendations

Implement RWPA data summit to focus on integrating data into decision-making

- **Address lower viral loads among Black/African Americans,** Haitian, and Youth/adolescent (18-28 yrs old)
- **Increase consumer utilization of patient portals**
- Resolve consumer confusion between MCM and NMCM
- **Include PEERS in quarterly network meetings**
- MCMs, Practitioners, and Mental Health specialists need to attend quarterly network meetings

HIVPC
Broward County HIV Health Services Planning Council

Needs Assessment 2024-2025: Review & Recommendations (cont.)

- Track new and returning patient trends to identify care gaps
- Standardize job description for PEERS and number of PEERS
- Improve access to Mental Health and Substance Abuse services
- Streamline recertification and co-pay processes
- Promote employment and financial literacy programs to improve health equity
- Provide quarterly agency-specific data to support targeted interventions

Needs Assessment 2024-2025: Review & Recommendations (cont.)

- Tackle housing obstacles that affect retention in care.
- Recognize community referral options that facilitate secure housing for clients.
- Track MCM turnover rates in the RW Part A system of care and suggest interventions to improve MCM retention.
- Increase telehealth adoption and training for clients and providers

HIVPC
Broward County HIV Health Services Planning Council

Talk to Consumers- All Consumers!

Clients receiving RW Part A services in Broward possess important perspectives regarding the services they utilize and the services they do not utilize. **We need to hear from everyone.**

Timely address consumer grievances by following a resolution process based on **best practices**.

Ensure that after every focus group or interview with a consumer, a support person—such as an eligibility specialist, case manager, or peer counselor—is present to **assist them with their needs.**

Share the strengths and the limitations of the Broward RW Part A Program with Network members who are actively providing services to clients. **This is how we get better**.

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

Discussion

Handout D

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE PRIORITIES/NEED LANGUAGE"
Recommendations by the System of Care Committee to the
Priority Setting Resource Allocation Committee for FY 2026-2027

ALL SERVICES

Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
1. Ensure that client-level data entered into the HIV Human Services Software System (HSSS) (Provide Enterprise - PE) is verified and accurate.	1. This is a requirement in the Universal SDM; providers were given ample notification during the last monitoring cycle. Failure to have up-to-date and accurate information in PE during the FY25-26 Monitoring cycle will result in corrective action plans (CAPs).
2. When an alert is noted in the HIV Human Services Software System (HSSS) (Provide Enterprise - PE), proof of documented action must be recorded in the HIV/ MIS	2. This item was pursued; however, there is no way to program it within PE. The Recipient office would have to pay to make it possible, and currently, there are conflicting priorities in the Statement of Works.
3. Ensure that effort is made and documented in the HIV Human Services Software System (HSSS) (Provide Enterprise - PE) that eligible clients are oriented on Private Insurance/ Affordable Care Act (ACA) options and that clients either opt in or out.	3. Same issue as number 2. However, we can reapproach this recommendation.
Previous Recommendations	**Previous Recommendations**
1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).	1. The Recipient office is working on a client resource guide, but a video production for a visual tour may not be feasible at this moment.
2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations).	2. At the time, the county was actively supporting cultural competency initiatives; however, these efforts have now been indefinitely tabled.
3. Ensure collaboration and knowledge sharing between Providers and Peers in delivering HIV treatment and care (2021-2022 Broward County HIV Community Needs Assessment).	3. The Recipient Office funds Peer Counseling as a service category under EHE. Peer counseling was always allowable under case management.
4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)	4. Providers are required to offer after-hours services, though the required number of hours remains unchanged.
5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems	5. Providers are required to establish MOUs for service, though it is not currently a requirement to share with the Recipient office

to help clients address all their needs.	
6. Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service training for staff, and provide follow-up as needed.	6. The Recipient Office and the HIVPC conduct surveys, listening sessions, and focus groups.
7. Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.	7. Subrecipients coordinate and collaborate with Disease Intervention Specialists through the Broward County Health Department.
8. Enhance the emphasis on adherence and retention in medical care, inclusive of sub-populations not achieving viral load suppression, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age	8. We established disparities in care back in 2019/2020 and contracted with an MAI NMCM provider to facilitate services. Retention in Care (RIC) has been steadily increasing amongst vulnerable populations
9. Integrate care collaboration with members of the client's service providers.	9. Case Conferencing is an allowable taxonomy, and the recipient office encourages providers to utilize it.
10. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.	10. Reporting has been structured and changed over the last few years; however, most data is still by human entry.
11. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources	11. There is no significant update on this matter, and it remains uncertain whether it is permissible under contracts. At present, it is not a requirement.
12. Co-locate services where applicable, to facilitate a medical home for Part A clients.	12. No update on this.
13. Inform appropriate parties that coverage of services is contingent on available funds.	13. The Recipient Office includes payment contingent on funds in the contract.
14. Ensure that subrecipients have a plan to address payment of services when funds are low.	14. The Recipient Fiscal Team asks this question during monitoring of subrecipient agencies
15. Providers will follow HHS guidelines for newly diagnosed clients who are not virally suppressed until virally suppressed.	15. Required activity outlined in universal standards and service delivery models

CORE MEDICAL SERVICES

Outpatient Ambulatory Health Services (OAHS)

Services Criteria: (≤ 400%)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Educate clients about: a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months	1. The recipient office is working on this by coordinating with the State of Florida and changing reports/views in PE to show clients who may be eligible.

before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day), b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and c. Private Insurance/ Affordable Care Act (ACA) Options.	
2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).	2. We have had a few educational sessions about Food and Medical Nutritional Therapy with providers.
3. Test and Treat and integrating behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provision of services.	3. PHQ2-PHQ9 are already required. Increased funding is not an option at the moment.
4. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.	4. All those are covered under IPCBH.
5. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients who require a higher level of care.	5. Already required
6. Integrate care provider collaboration with members of the client's treatment team outside of the organization.	6. Several providers collaborate, but the Recipient office can increase
7. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.	7. Unsure in this case what "shared" means. Service categories share similar outcomes
8. Care Coordinators will monitor the delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.	8. This is covered under case management if the client has accepted case management.
9. Provide after-hours services availability to include Crisis Intervention.	9. After-hours services are contractually required.
10. Coordinate referrals with other service providers; conduct follow-up with clients to ensure linkage to referred services.	10. When a client is referred, follow-up is required
11. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).	11. Subrecipients received training on the recommended HIV and HCV topics a few years ago.
12. Incorporate prevention messages into the medical care of PWH/A: Undetectable=Untransmittable (U=U), or Treatment as Prevention	12. Current requirement under the standards of care.
13. Report clients who have fallen out of care to Disease Intervention Specialists (DIS), to determine if clients are not in care or have moved to a different jurisdiction.	13. Current requirement in universal standards

AIDS PHARMACEUTICALS (LOCAL)

Services Criteria: (≤ 400%)
FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Include drugs used for Test and Treat.	1. Included in the service delivery model
2. Report clients who have fallen out of care to Disease Intervention Specialists to determine if clients are not in care or have moved to a different payer source.	2. Included in the service delivery model

ORAL HEALTH CARE (OHC)

Services Criteria: (≤ 400%)
FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Make provision for the increased demand for services due to increased service locations.	1. Included in the service delivery model
2. Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.	2. Included in the service delivery model
3. Increase Oral Health Care collaboration with mental health providers.	3. Included in the service delivery model
4. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.	4. Included in the service delivery model

HEALTH INSURANCE CONTINUATION PROGRAM (HICP)

Criteria: (≤ 400% PL); first time only ≥ 50% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Establish a protocol to increase clients' access to HICP.	1. Complete
2. Develop materials for clients to use as quick references.	2. Complete
3. Assist with prior authorizations and the appeals process.	3. This is not a function of HICP
4. Maintain routinized payment systems to ensure timely payments of deductibles and co-payments.	4. Complete

MENTAL HEALTH SERVICE (MH)

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined
Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to reengage the client in care for mental health services quickly	1. Included in the service delivery model
2. Provide Trauma-Informed Mental Health Services, referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma.	2. Included in the service delivery model
3. Provide after-hours availability to include Crisis Intervention.	3. Included in the service delivery model

MEDICAL CASE MANAGEMENT

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services.	1. Included in the service delivery model
2. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those about late enrollment penalties. *(CEC Community Conversations - Long Term Survivors Awareness Day, 2023)*	2. Included in the service delivery model
3. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.	3. Included in the service delivery model
4. Report changes in viral load status as clients progress through the program.	4. Included in the service delivery model

MEDICAL NUTRITION THERAPY (MNT)

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Ensure that a licensed registered dietitian or other licensed nutrition professional provides a medically tailored menu and food choice development.	1. Included in the service delivery model
2. Ensure that diets and meals recommended by a licensed registered dietician or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical provider to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-	2. Included in the service delivery model

related health outcomes for clients.

3. Coordinate referrals with other service providers; conduct follow-ups with clients and provide feedback to prescribing clinicians on patients' progress

3. Included in the service delivery model

SUBSTANCE ABUSE OUTPATIENT

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).	1. Included in the service delivery model

SUPPORT SERVICES

Case Management (Non-Medical)

Services Criteria: (≤ 400% PL)
FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Educate clients about: a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before clients turn 65. *(CEC Community Conversations -Long Term Survivors Awareness Day, 2023),* b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and c. Private Insurance/ACA Options.	1. Included in the service delivery model
2. Implement the Test and Treat Program to increase linkage to care, retention in care, and viral load suppression.	2. Included in the service delivery model

3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication, pick up, co-payments, staying in network, etc.	3. Included in the service delivery model
4. Provide education to reduce fear and denial and promote entry into primary medical care.	4. Included in the service delivery model
5. Educate clients on the importance of remaining in primary medical care.	5. Included in the service delivery model
6. A minimum of 30% of personnel funded for Non-Medical Case Management should be allocated to Peers.	6. Included in the service delivery model
7. Incorporate prevention messages into the medical care of PWH/A.	7. Included in the service delivery model
8. Educate consumers on their role in the case management process.	8. Included in the service delivery model
9. Provide initial/ongoing training and development for HIV peer workers.	9. Included in the service delivery model
10. Overview of health care plan summary benefits (coverage and limitations).	10. Included in the service delivery model
11. Educate the client on the different types of health care providers (i.e., Primary Care, Urgent Care, and Specialty Care).	11. Included in the service delivery model
12. Follow up with all newly diagnosed clients within 90 days of certification to ensure their engagement in care.	12. Included in the service delivery model

CENTRALIZED INTAKE AND ELIGBILITY DETERMINATION (CIED)

Services Criteria: HIV+ Broward County Resident (All Clients)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Educate clients about: a. Medicare enrollment guidelines, especially those about late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations - Long Term Survivors Awareness Day), b. Social Security Disability Insurance (SSDI) and potential Medicare and or Medicaid benefits that are effective within 48 months of a client receiving SSDI, and	1. This is not within CIED's scope. **Updated language:** CIED informs clients aged 64 to begin preparing to transition to Medicare and directs them to create an online account at www.ssa.gov**.**

c. Private Insurance/ACA Options.	
2. Provide guidance to clients for Ryan White Part A/B dual eligibility determination due to the (reciprocity and NOE process).	2. Current standard procedure
3. Ensure the locations and service hours target historically underserved populations that HIV disproportionately impacts.	3. CIED staff are based at eleven (11) RW agencies located within underserved areas.
4. Maintain collaborative agreements with treatment adherence programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.	4. CIED has MOUs with eight (8) RW agencies, which house CIED staff
5. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and include the following: a. Client rights and responsibilities, b. Names of providers complete with addresses and phone numbers, and c. Grievance procedures.	5. CIED will distribute client handbooks once received from the Recipient Office. The CIED consent form includes client rights and responsibilities, a directory of providers with full contact details, and grievance procedures.
6. Always offer a dedicated live operator phone line during normal business hours.	6. This feature is accessible through the Broward Regional Health Planning Council at **954-566-1417**.
7. Ensure that the intake data collected for transgender clients is sufficient to make full use of transgender-related categories in PE.	7. It is recommended that this item be removed in accordance with **Executive Order 14168**, issued on January 20, 2025.
8. Follow up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.	8. This does not fall under CIED's responsibilities and should be reclassified as a recommendation under Non-Medical Case Management.

EMERGENCY FINANCIAL ASSISTANCE

Services Criteria: (≤ 400% FPL)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Include drugs used for Test and Treat.	1. Included in the EFA service delivery model
2. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients	2. Included in the EFA service delivery model

FOOD SERVICES

Services Criteria: (FPL as of 10/1/2023)

The FPL for Food Bank Services to 0 – 200 FPL with 2 units per month

The FPL for Food Bank Services to 201 – 300 FPL with 1 unit per month

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	
Previous Recommendations	**Previous Recommendations**
1. Create more information about the food services eligibility for medical providers, clinical teams, and case managers.	1. Included in the service delivery model
2. Increase communication with the client's primary care physicians and nutrition counselors to ensure the client's nutrition needs are being met.	2. Included in the service delivery model
3. Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as it relates to managing their health.	3. Included in the service delivery model

LEGAL SERVICES

Services Criteria: (≤ 400% FPL)

FY2026-2027 FPL To Be Determined

Recommended Language

Recommendations for FY2025-2026	**Recipient Response Recommendations for FY2025-2026 Status as of 04.28.2025**
No Recommended language for FY2025-2026	

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.