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

System of Care Committee Meeting

Thursday, November 6, 2025 - 9:30AM to 11:30AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Join the meeting now
Meeting ID: 256 553 685 164
Passcode: df2wy9Zr
Chair: Jose Castillo • Vice Chair: Kendra Hayes

Purpose. The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

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 November 6, 2025
IV. Action Item: Approval of Minutes from October 2, 2025 **(Handout A)**
V. Public Comment
VI. Standard Committee Item(s): System Mapping Updates, *Recipient Office*
VII. Discussion Items:
   a. **Action Item:** FY 2026-2027 SOC Workplan **(Handout B)**
VIII. Old Business:
   a. **Data Request:** A breakdown comparing the percentage of nonmedical case management and programs like CIED in Broward County to those in other EMAs across Florida. **(Handout C1, C2)**
IX. New Business
   a. **Review:** Provider Capacity and Capability Survey (Needs Assessment Activity), *PCS Staff* **(Handout D)**
X. Recipient Report
XI. Public Comment

XII. Announcements

XIII. Agenda Items for Next Meeting

a. **Discussion:** Centralized Intake and Eligibility Determination Program Review (cont.)

XIV. Next Meeting Date: Tuesday, January 6, 2026, 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.

November 2025

Broward HIV Health Services Planning Council Calendar

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

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

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

November 2025

Broward HIV Health Services Planning Council Calendar

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

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

HIVPC Committee Descriptions

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

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

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

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

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

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

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

Handout A

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

System of Care Committee Meeting
Thursday, October 2, 2025 - 9:30AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

Chair: Jose Castillo • Vice Chair: Kendra Hayes

DRAFT MINUTES

SOC Members Present: J. Castillo (Chair), A. Murphy, F. D'Amore, K. Hayes, T. Pietrogallo, Julio De La Nuez

Members Absent: Julio De La Nuez

Ryan White Part A Recipient Staff Present: G. James, T. Thompson, R. Pena, W. Cius, J. Roy

Planning Council Staff Present: D. Liao, S. Isidore, M. Lacroix, M. Rosiere, D. Cestero-Seifer, J. Beal

Guests Present: D. Robertson, J. Rivero, J. Saboe-Rodriguez, J. Shirley, J. Hidalgo, H. Singh, K. Whyte, H. Bahi, J. Rodriguez, S. Cook

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

The SOC Chair called the meeting to order at **9:36 a.m.** The SOC Chair welcomed all attendees. 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, followed by a moment of silence.

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 October 2, 2025, agenda of the Systems of Care Committee meeting was proposed by K. Hayes, seconded by F. D'Amore, and passed unanimously.

The approval for the minutes of the August 7, 2025, meeting was proposed by F. D'Amore, seconded by A. Murphy, and approved with no further corrections.

Motion #1: K. Hayes, on behalf of the SOC Committee, made a motion to approve the October 2, 2025, System of Care Committee agenda. The motion was seconded by F. D' D'Amore and adopted unanimously.

Motion #2: F. D'Amore, on behalf of the SOC Committee, made a motion to approve the August 7, 2025, System of Care Committee meeting minutes as presented. The motion was seconded by A. Murphy and adopted unanimously.

Following approval of the August meeting minutes, the SOC Chair recommended adding "System Mapping Updates" as a standing committee item. The Chair noted that nearly two years have passed since the topic was last discussed, with limited progress made, and expressed that the maps were expected to be close to completion by now.

T. Thompson clarified that the system mapping discussions originally began in 2019–2020 and were revisited in 2021. Although significant efforts were made last year to advance the project, competing priorities prevented continued work.

M. Rosiere suggested that, if time permitted, the committee discuss what specific outcomes they hope to achieve—for example, whether to begin by mapping the entire system across all parts and funding sources before narrowing the focus.

T. Thompson recommended adding a timeline discussion to the next SOC agenda. The committee then proceeded to make a motion.

Motion #3: On behalf of the SOC Committee, T. Pietrogallo moved to add "System Mapping Updates" as a new standard SOC committee item. The motion was seconded by K. Hayes and passed unanimously.

Public comment.

None.

Standard Committee Items

None.

Discussion Items

a. **Update**: Part A/EHE Services Pamphlet; Recipient Staff

   T. Thompson clarified that the current Part A/EHE Services pamphlet presented is a draft version. While updates are still needed, such as correcting hours of operation, refining grammar, and other formatting adjustments, the Recipient Office aimed to share a general overview at this stage.

   Committee Comments & Recommendations:
   1. The Part B contact number currently listed connects to the main Florida Department of Health line. S. Cook will provide the direct phone number for the ADAP/Part B department to ensure more accurate routing.

2. When presenting the Broward system of care, consider overlaying the number of People with HIV (PWH) on the initial Broward County map, ideally broken down by ZIP code for greater clarity.
3. Rather than listing only the location and phone number for Emergency Financial Assistance (EFA), include a brief explanation of what EFA entails, eligibility criteria, and encourage individuals to consult their Medical Case Manager (MCM) for support.
4. Under the Mental Health section, add references to 988 (Suicide & Crisis Lifeline) and
   - 211 (community resource helpline) to expand access to immediate support services.

b. **Discussion:** Freedom of Choice Form; Recipient Staff

J. Shirley, CIED Program Director, briefly explained the purpose of the Freedom of Choice Form and highlighted the key updates that were made.

c. **Discussion:** Centralized Intake and Eligibility Determination Program Review; SOC Chair

SOC Chair J. Castillo opened the discussion by explaining the purpose of adding the CIED Program to the agenda—to review the program's intent, assess its current operations, and determine whether any changes are needed. He also suggested exploring opportunities to better distribute responsibilities between medical case managers and certified peer specialists, as well as gaining a historical perspective on the program.

The committee then reviewed the table included in the Coordination Call Summary (Handout D1). Dr. J. Hidalgo raised several points, noting that it would be helpful to identify which jurisdictions have received HRSA-approved waivers from the 75/25% funding distribution requirement. She also suggested including information on which jurisdictions have expanded Medicaid coverage for case management. Additionally, she noted that the District of Columbia should be included, as it now operates a centralized eligibility determination system.

J. Castillo added that it would be valuable to see what percentage of Florida jurisdictions have a CIED-like system, and among those, the breakdown between non-medical case management and CIED services. Following this discussion, the committee proceeded to make a motion.

Motion #4: On behalf of the SOC Committee, F. D'Amore moved to submit a data request for a breakdown comparing the percentage of nonmedical case management and programs like CIED in Broward County to those in other EMAs across Florida. The motion was seconded by K. Hayes and approved unanimously

Following the motion, PCS staff noted that Handouts D2–D4 were included as reference materials explaining the origins of CIED. J. Castillo asked Dr. J. Hidalgo to provide a brief overview of why CIED was created, how it has evolved, and to continue the discussion at the next meeting.

Dr. Hidalgo explained that the reference report dated back to 2006–2007, a period when

the program was in its early stages. At that time, Provide Enterprise (PE) had not yet been implemented. She highlighted key considerations: 1) evaluating how CIED operates, 2) whether it continues to meet client needs, and 3) exploring ways to make both medical and non-medical case management more effective by optimizing staff capacity to serve more clients with high-quality support.

J. Castillo acknowledged that centralizing services through CIED has been beneficial for clients but suggested considering whether some responsibilities could be shared with case managers to enhance efficiency.

The committee then held a brief discussion about the growing number of clients aging within the system and how best to address their evolving needs. The Chair concluded by noting that the discussion on CIED's purpose and structure will continue at the next meeting.

Old Business

a. None.

New Business

a. None.

Recipient Report

T. Thompson, Part A Representative, provided a brief verbal report noting that data sharing has been completed and monitoring will begin during the first week of November. Notification letters are expected to be sent to agencies 30 days in advance. He emphasized the importance of ensuring that all information in the PE system—including progress notes, lab results, and other documentation—is current and accurate.

Data Requests

None.

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

Agenda Items for Next Meeting

II. Next Meeting Date: November 6, 2025. at 9:30 a.m. Location: BRHPC and via Microsoft Teams Video Conference. Location: Broward Regional Health Planning Council

Announcements

- **Poverello Center**
    - **Women's Support Group:** Every third Monday of the month
    - **Men's Support Group:** Every third Wednesday of the month

- **Food Pantry Inventory Notice:** Starting in September, the pantry will close four hours early on the last business day of each month to conduct inventory**.**
- **Aging with Grace A Poverello Luncheon:** October 29, 2025, from 1:00 PM to 3:00 PM at The United Church of Christ. This event will provide opportunities to learn about Rent and Utilities Assistance, receive free HIV and STI testing, and access chiropractic and massage therapy for pain relief, among other services.
  For more information and to register, visit: Luncheon Registration

- **Voices of the Community: Listening Tour Session #3** – Monday, October 20, 2025, from 4:30 PM to 7:30 PM at Gilda's Club (4850 W. Prospect Road, Fort Lauderdale, FL 33309). This session provides clients with an opportunity to share their experiences, concerns, and recommendations related to the Ryan White system. Click here to register!

Adjournment

There being no further business, the meeting was adjourned at **11:11 AM**

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	5	C	7	C	2			
1	Pietrogallo, T.	X	C	X	X	X	X	C	X	C	X			
2	Castillo, J. Chair	E	C	X	X	X	X	C	X	C	X			
3	D'Amore, F.	X	C	X	A	X	X	C	X	C	X			
4	Murphy, H.A.	E	C	X	X	X	X	C	X	C	X			
5	Hayes, K., V. Chair	X	C	X	X	X	X	C	X	C	X			
6	De La Nuez, J.	X	C	A	X	X	X	C	X	C	A			
	Quorum = 4	4	C	5	5	6	6	C	6	C	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

Handout B

System of Care Committee (SOC) Workplan FY2026-2027

Meeting Time & Frequency: Every first Thursday of the month from 9:30am to 11:30am.
Committee Purpose: The System of Care Committee aims to evaluate the system of care in Broward County and analyze the impact of local, state, and federal policy and legislative issues impacting people living with HIV in the Broward County EMA. The Committee will be responsible for advising the Council on how these issues may impact the Broward County EMA and may recommend response strategies.

T =On Target; B = Behind Target; C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Assess whether Ryan White Part A services are being delivered as intended by analyzing client needs, service gaps, barriers to access, and health outcomes.						
1.1	Receive Needs Assessment training and presentation on the most recent Ryan White services needs assessment.	1. Develop committee knowledge of the Needs Assessment purpose and process. 2. Provide recommendations for future needs assessment based on the presentation.	PCS Staff	April 2026 – May 2026		
1.2	Receive presentations on service utilization trends and health outcomes within the Ryan White Part A system of care.	1. Utilize data-driven analysis to guide the revision of the How Best to Meet the Need (HBTMTN) language for clarity, accuracy, and effectiveness 2. Make recommendations to PSRA or QMC committees.	PCS/CQM Staff	April 2026 – May 2026		
1.3	Review and revise the HBTMTN language. Upon HIVPC approval, it serves as guidance for the Ryan White Part A Recipient on effectively addressing service priorities.	1. Evaluate the language used in HBTMTN and develop recommendations based on input from the Recipient, health outcomes data, and the Needs Assessment. 2. Forward recommendations to the PSRA committee.	SOC	May 2026		
Objective 2: Assess viral load suppression challenges within the Ryan White Part A population and provide targeted recommendations for specific subpopulations to the appropriate HIVPC standing committees.						
2.1	Review a system map of services and recommend ways to engage/	1. Based on evidence-based guidance, recommend targeted strategies and interventions for vulnerable populations	SOC/PCS Staff	Annually		

	reengage PWH who are not in care or are not virally suppressed.	who may not seek care or who may have fallen out of care. 2. Provide recommendations/findings to the appropriate HIVPC committee.				
Objective 3: Conduct annual review of quality improvement projects						
3.1	Receive presentations on Quality Improvement Projects (QIPs) among service providers.	Receive presentations regarding annual QIPs to identify trends and gaps in performance, helping the committee monitor progress and challenges across the system.	CQM Staff	February 2026		
Objective 4: Conduct annual review of service delivery models						
4.1	Conduct annual review and present findings to QMC for potential updates to service delivery models (SDM) as needed.	Review service delivery models and provide recommendations for updates to QMC as needed.	SOC	January 2027		

Handout C1

SOC Data Request: Breakdown comparing the percentage of nonmedical case management and programs like CIED in Broward County to those in other EMAs across Florida.

MCM = Medical Case Management; NMCM = Non-Medical Case Management

		Part A Award			MAI Award				
Florida EMA/TGA Jurisdiction	**Service Category**	**Current FY**	**Prior FY Carryover**	**Part A Total**	**FY23-FY24**	**Prior FY Carry-Over**	**MAI Total**	**Part A + MAI Total Award**	**Percent of total award**
Fort Lauderdale	MCM	$783,648	$0	$783,648	$142,776	$125,000	$267,776	$1,051,424	7%
	NMCM	$1,720,528	$0	$1,720,528	$585,189	$0	$585,189	$2,305,717	16%
Jacksonville (TGA)[1]	MCM	$1,287,527	$0	$1,287,527	$480,342	$0	$480,342	$1,767,869	32%
	NMCM	$192,470	$0	$192,470	$0	$0	$0	$192,470	4%
Miami	MCM	$5,864,807	$0	$5,864,807	$271,005	$374,265	$645,270	$6,510,007	27%
	NMCM	$0	$0	$0	$0	$0	$0	$0	0%
Orlando	MCM	$2,332,305	$0	$2,332,305	$0	$0	$0	$2,332,305	23%
	NMCM	$0	$0	$0	$0	$0	$0	$0	0%
Tampa	MCM	$2,641,269	$330,000	$2,971,269	$0	$0	$0	2,971,269	31%
	NMCM	$0	$0	$0	$0	$0	$0	$0	0%
West Palm Beach	MCM	$898,623	$55,496	$954,119	$148,573	$30,212	$178,785	$1,132,904	17%
	NMCM	$468,954	$33,278	$502,232	$68,738	$0	$68,738	$570,970	8%

Findings

- Broward EMA allocates 16% to Non-Medical Case Management (NMCM) and 7% to Medical Case Management (MCM), a lower MCM share than other EMAs.
- Jacksonville and Tampa prioritize MCM with 32% and 31%, while NMCM funding is minimal (4% in Jacksonville, 0% in Tampa).
- Miami leads in total MCM funding ($6.5M), allocating 27% to MCM
- Orlando, Tampa, and Miami report no funding for NMCM.
- West Palm Beach distributes 17% to MCM and 8% to NMCM.
- Orlando was the only location to fund **Referral for Health Care and Support Services**, dedicating $1.4M (13.75%) of its support services budget

Observations

Medical Case Management (MCM) continues to be the primary funding focus across Florida EMAs, while Broward EMA stands out for its comparatively greater investment in Non-Medical Case Management (NMCM), supported by a centralized intake and eligibility system.

TGA - Transitional Grant Area or "TGA" means an area defined by the HRSA with 1,000 to 1,999 reported AIDS cases in the most recent five (5) years and has a population of at least 50,000.

EMA - Eligible Metropolitan Areas: At least 2,000 AIDS cases in the most recent five years and has a population of at least 50,000.

Source - HRSA. (n.d.). *Expenditures Report FY2023-2024.* fy2023-part-a-expenditure-report.pdf

Ft. Lauderdale FY2023 Part A and MAI Expenditure Report

Handout C2

FORT LAUDERDALE	PART A AWARD			MAI AWARD			PART A + MAI TOTAL AWARD	Percent
	CURRENT FY	PRIOR FY CARRYOVER	PART A TOTAL	CURRENT FY	PRIOR FY CARRY-OVER	MAI TOTAL		
1. Core Medical Services Subtotal	**$10,016,434**	**$0**	**$10,016,434**	**$271,651**	**$454,874**	**$726,525**	**$10,742,959**	**75.08%**
a. AIDS Drug Assistance Program (ADAP) Treatments	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. AIDS Pharmaceutical Assistance (LPAP)	$253,904	$0	$253,904	$0	$0	$0	$253,904	**1.77%**
c. Early Intervention Services (EIS)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
d. Health Insurance Premium & Cost Sharing Assistance	$464,470	$0	$464,470	$0	$0	$0	$464,470	**3.25%**
e. Home and Community-Based Health Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Home Health Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Hospice	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Medical Case Management	$783,648	$0	$783,648	$142,776	$125,000	$267,776	$1,051,424	**7.35%**
i. Medical Nutrition Therapy	$0	$0	$0	$0	$0	$0	$0	**0.00%**
j. Mental Health Services	$130,950	$0	$130,950	$56,317	$0	$56,317	$187,267	**1.31%**
k. Oral Health Care	$2,333,887	$0	$2,333,887	$0	$0	$0	$2,333,887	**16.31%**
l. Outpatient /Ambulatory Health Services	$6,019,732	$0	$6,019,732	$0	$0	$0	$6,019,732	**42.07%**
m. Substance Abuse Outpatient Care	$29,843	$0	$29,843	$72,558	$329,874	$402,432	$432,275	**3.02%**
2. Support Services Subtotal	**$2,827,116**	**$153,801**	**$2,980,917**	**$585,189**	**$0**	**$585,189**	**$3,566,106**	**24.92%**
a. Child Care Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. Emergency Financial Assistance	$0	$0	$0	$0	$0	$0	$0	**0.00%**
c. Food Bank/Home Delivered Meals	$978,721	$153,801	$1,132,522	$0	$0	$0	$1,132,522	**7.91%**
d. Health Education/Risk Reduction	$0	$0	$0	$0	$0	$0	$0	**0.00%**
e. Housing	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Linguistic Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Medical Transportation	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Non-Medical Case Management Services	$1,720,528	$0	$1,720,528	$585,189	$0	$585,189	$2,305,717	**16.11%**
i. Other Professional Services	$127,867	$0	$127,867	$0	$0	$0	$127,867	**0.89%**
j. Outreach Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
k. Psychosocial Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
l. Referral for Health Care and Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
m. Rehabilitation Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
n. Respite Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
o. Substance Abuse Services (residential)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
3. Total Service Expenditures	**$12,843,550**	**$153,801**	**$12,997,351**	**$856,840**	**$454,874**	**$1,311,714**	**$14,309,065**	**100.00%**
4. Non-services Subtotal	**$1,707,285**	**$0**	**$1,707,285**	**$171,292**	**$0**	**$171,292**	**$1,878,577**	**11.61%**
a. Clinical Quality Management	$576,503	$0	$576,503	$56,514	$0	$56,514	$633,017	**3.91%**
b. Recipient Administration	$1,130,782	$0	$1,130,782	$114,778	$0	$114,778	$1,245,560	**7.69%**
5. Total Expenditures	**$14,550,835**	**$153,801**	**$14,704,636**	**$1,028,132**	**$454,874**	**$1,483,006**	**$16,187,642**	**100.00%**

Jacksonville FY2023 Part A and MAI Expenditure Report

JACKSONVILLE	PART A AWARD			MAI AWARD			PART A + MAI TOTAL AWARD	Percent
	CURRENT FY	PRIOR FY CARRYOVER	PART A TOTAL	CURRENT FY	PRIOR FY CARRY-OVER	MAI TOTAL		
1. Core Medical Services Subtotal	**$3,692,973**	**$182,780**	**$3,875,753**	**$480,342**	**$0**	**$480,342**	**$4,356,095**	**79.20%**
a. AIDS Drug Assistance Program (ADAP) Treatments	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. AIDS Pharmaceutical Assistance (LPAP)	$119,831	$0	$119,831	$0	$0	$0	$119,831	**2.18%**
c. Early Intervention Services (EIS)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
d. Health Insurance Premium & Cost Sharing Assistance	$614,614	$182,780	$797,394	$0	$0	$0	$797,394	**14.50%**
e. Home and Community-Based Health Services	$5,075	$0	$5,075	$0	$0	$0	$5,075	**0.09%**
f. Home Health Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Hospice	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Medical Case Management	$1,287,527	$0	$1,287,527	$480,342	$0	$480,342	$1,767,869	**32.14%**
i. Medical Nutrition Therapy	$124,249	$0	$124,249	$0	$0	$0	$124,249	**2.26%**
j. Mental Health Services	$172,386	$0	$172,386	$0	$0	$0	$172,386	**3.13%**
k. Oral Health Care	$924,548	$0	$924,548	$0	$0	$0	$924,548	**16.81%**
l. Outpatient /Ambulatory Health Services	$444,743	$0	$444,743	$0	$0	$0	$444,743	**8.09%**
m. Substance Abuse Outpatient Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
2. Support Services Subtotal	**$1,143,737**	**$0**	**$1,143,737**	**$0**	**$0**	**$0**	**$1,143,737**	**20.80%**
a. Child Care Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. Emergency Financial Assistance	$0	$0	$0	$0	$0	$0	$0	**0.00%**
c. Food Bank/Home Delivered Meals	$154,341	$0	$154,341	$0	$0	$0	$154,341	**2.81%**
d. Health Education/Risk Reduction	$4,932	$0	$4,932	$0	$0	$0	$4,932	**0.09%**
e. Housing	$23,324	$0	$23,324	$0	$0	$0	$23,324	**0.42%**
f. Linguistic Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Medical Transportation	$25,863	$0	$25,863	$0	$0	$0	$25,863	**0.47%**
h. Non-Medical Case Management Services	$192,470	$0	$192,470	$0	$0	$0	$192,470	**3.50%**
i. Other Professional Services	$262,653	$0	$262,653	$0	$0	$0	$262,653	**4.78%**
j. Outreach Services	$224,637	$0	$224,637	$0	$0	$0	$224,637	**4.08%**
k. Psychosocial Support Services	$11,380	$0	$11,380	$0	$0	$0	$11,380	**0.21%**
l. Referral for Health Care and Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
m. Rehabilitation Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
n. Respite Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
o. Substance Abuse Services (residential)	$244,137	$0	$244,137	$0	$0	$0	$244,137	**4.44%**
3. Total Service Expenditures	**$4,836,710**	**$182,780**	**$5,019,490**	**$480,342**	**$0**	**$480,342**	**$5,499,832**	**100.00%**
4. Non-services Subtotal	**$441,158**	**$0**	**$441,158**	**$0**	**$0**	**$0**	**$441,158**	**7.43%**
a. Clinical Quality Management	$38,048	$0	$38,048	$0	$0	$0	$38,048	**0.64%**
b. Recipient Administration	$403,110	$0	$403,110	$0	$0	$0	$403,110	**6.79%**
5. Total Expenditures	**$5,277,868**	**$182,780**	**$5,460,648**	**$480,342**	**$0**	**$480,342**	**$5,940,990**	**100.00%**

Miami FY2023 Part A and MAI Expenditure Report

	PART A AWARD			MAI AWARD			PART A + MAI TOTAL AWARD	Percent
MIAMI	**CURRENT FY**	**PRIOR FY CARRYOVER**	**PART A TOTAL**	**CURRENT FY**	**PRIOR FY CARRY-OVER**	**MAI TOTAL**		
1. Core Medical Services Subtotal	**$17,727,221**	**$0**	**$17,727,221**	**$776,018**	**$813,314**	**$1,589,332**	**$19,316,553**	**81.16%**
a. AIDS Drug Assistance Program (ADAP) Treatments	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. AIDS Pharmaceutical Assistance (LPAP)	$1,110	$0	$1,110	$0	$0	$0	$1,110	**0.00%**
c. Early Intervention Services (EIS)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
d. Health Insurance Premium & Cost Sharing Assistance	$324,143	$0	$324,143	$0	$0	$0	$324,143	**1.36%**
e. Home and Community-Based Health Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Home Health Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Hospice	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Medical Case Management	$5,864,807	$0	$5,864,807	$271,005	$374,265	$645,270	$6,510,077	**27.35%**
i. Medical Nutrition Therapy	$0	$0	$0	$0	$0	$0	$0	**0.00%**
j. Mental Health Services	$56,046	$0	$56,046	$3,380	$0	$3,380	$59,426	**0.25%**
k. Oral Health Care	$3,631,549	$0	$3,631,549	$0	$0	$0	$3,631,549	**15.26%**
l. Outpatient /Ambulatory Health Services	$7,848,156	$0	$7,848,156	$501,603	$439,049	$940,652	$8,788,808	**36.93%**
m. Substance Abuse Outpatient Care	$1,410	$0	$1,410	$30	$0	$30	$1,440	**0.01%**
2. Support Services Subtotal	**$3,717,576**	**$723,098**	**$4,440,674**	**$44,114**	**$0**	**$44,114**	**$4,484,788**	**18.84%**
a. Child Care Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. Emergency Financial Assistance	$0	$0	$0	$0	$0	$0	$0	**0.00%**
c. Food Bank/Home Delivered Meals	$1,979,132	$723,098	$2,702,230	$0	$0	$0	$2,702,230	**11.35%**
d. Health Education/Risk Reduction	$0	$0	$0	$0	$0	$0	$0	**0.00%**
e. Housing	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Linguistic Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Medical Transportation	$191,281	$0	$191,281	$7,616	$0	$7,616	$198,897	**0.84%**
h. Non-Medical Case Management Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
i. Other Professional Services	$71,730	$0	$71,730	$0	$0	$0	$71,730	**0.30%**
j. Outreach Services	$117,183	$0	$117,183	$36,498	$0	$36,498	$153,681	**0.65%**
k. Psychosocial Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
l. Referral for Health Care and Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
m. Rehabilitation Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
n. Respite Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
o. Substance Abuse Services (residential)	$1,358,250	$0	$1,358,250	$0	$0	$0	$1,358,250	**5.71%**
3. Total Service Expenditures	**$21,444,797**	**$723,098**	**$22,167,895**	**$820,132**	**$813,314**	**$1,633,446**	**$23,801,341**	**100.00%**
4. Non-services Subtotal	**$2,608,220**	**$0**	**$2,608,220**	**$326,679**	**$0**	**$326,679**	**$2,934,899**	**10.98%**
a. Clinical Quality Management	$600,000	$0	$600,000	$100,000	$0	$100,000	$700,000	**2.62%**
b. Recipient Administration	$2,008,220	$0	$2,008,220	$226,679	$0	$226,679	$2,234,899	**8.36%**
5. Total Expenditures	**$24,053,017**	**$723,098**	**$24,776,115**	**$1,146,811**	**$813,314**	**$1,960,125**	**$26,736,240**	**100.00%**

Orlando FY2023 Part A and MAI Expenditure Report

	PART A AWARD			MAI AWARD			PART A + MAI TOTAL AWARD	ORLANDO
ORLANDO	**CURRENT FY**	**PRIOR FY CARRYOVER**	**PART A TOTAL**	**CURRENT FY**	**PRIOR FY CARRY-OVER**	**MAI TOTAL**		
1. Core Medical Services Subtotal	**$7,591,473**	**$0**	**$7,591,473**	**$728,898**	**$0**	**$728,898**	**$8,320,371**	**80.70%**
a. AIDS Drug Assistance Program (ADAP) Treatments	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. AIDS Pharmaceutical Assistance (LPAP)	$821,392	$0	$821,392	$0	$0	$0	$821,392	**7.97%**
c. Early Intervention Services (EIS)	$0	$0	$0	$306,200	$0	$306,200	$306,200	**2.97%**
d. Health Insurance Premium & Cost Sharing Assistance	$31,643	$0	$31,643	$0	$0	$0	$31,643	**0.31%**
e. Home and Community-Based Health Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Home Health Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Hospice	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Medical Case Management	$2,332,305	$0	$2,332,305	$0	$0	$0	$2,332,305	**22.62%**
i. Medical Nutrition Therapy	$38,616	$0	$38,616	$0	$0	$0	$38,616	**0.37%**
j. Mental Health Services	$43,697	$0	$43,697	$0	$0	$0	$43,697	**0.42%**
k. Oral Health Care	$1,769,777	$0	$1,769,777	$0	$0	$0	$1,769,777	**17.17%**
l. Outpatient /Ambulatory Health Services	$2,551,372	$0	$2,551,372	$422,698	$0	$422,698	$2,974,070	**28.85%**
m. Substance Abuse Outpatient Care	$2,671	$0	$2,671	$0	$0	$0	$2,671	**0.03%**
2. Support Services Subtotal	**$1,915,344**	**$0**	**$1,915,344**	**$74,360**	**$0**	**$74,360**	**$1,989,704**	**19.30%**
a. Child Care Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. Emergency Financial Assistance	$94,974	$0	$94,974	$0	$0	$0	$94,974	**0.92%**
c. Food Bank/Home Delivered Meals	$207,591	$0	$207,591	$0	$0	$0	$207,591	**2.01%**
d. Health Education/Risk Reduction	$0	$0	$0	$0	$0	$0	$0	**0.00%**
e. Housing	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Linguistic Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Medical Transportation	$90,070	$0	$90,070	$0	$0	$0	$90,070	**0.87%**
h. Non-Medical Case Management Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
i. Other Professional Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
j. Outreach Services	$97,458	$0	$97,458	$0	$0	$0	$97,458	**0.95%**
k. Psychosocial Support Services	$0	$0	$0	$74,360	$0	$74,360	$74,360	**0.72%**
l. Referral for Health Care and Support Services	$1,417,350	$0	$1,417,350	$0	$0	$0	$1,417,350	**13.75%**
m. Rehabilitation Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
n. Respite Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
o. Substance Abuse Services (residential)	$7,901	$0	$7,901	$0	$0	$0	$7,901	**0.08%**
3. Total Service Expenditures	**$9,506,817**	**$0**	**$9,506,817**	**$803,258**	**$0**	**$803,258**	**$10,310,075**	**100.00%**
4. Non-services Subtotal	**$1,047,821**	**$0**	**$1,047,821**	**$71,716**	**$0**	**$71,716**	**$1,119,537**	**9.80%**
a. Clinical Quality Management	$306,349	$0	$306,349	$14,326	$0	$14,326	$320,675	**2.81%**
b. Recipient Administration	$741,472	$0	$741,472	$57,390	$0	$57,390	$798,862	**6.99%**
5. Total Expenditures	**$10,554,638**	**$0**	**$10,554,638**	**$874,974**	**$0**	**$874,974**	**$11,429,612**	**100.00%**

Tampa-St. Petersburg FY2023 Part A and MAI Expenditure Report

	PART A AWARD			MAI AWARD			PART A + MAI TOTAL AWARD	Percent
TAMPA	**CURRENT FY**	**PRIOR FY CARRYOVER**	**PART A TOTAL**	**CURRENT FY**	**PRIOR FY CARRY-OVER**	**MAI TOTAL**		
1. Core Medical Services Subtotal	**$8,134,379**	**$446,680**	**$8,581,059**	**$0**	**$0**	**$0**	**$8,581,059**	**90.10%**
a. AIDS Drug Assistance Program (ADAP) Treatments	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. AIDS Pharmaceutical Assistance (LPAP)	$82,808	$0	$82,808	$0	$0	$0	$82,808	**0.87%**
c. Early Intervention Services (EIS)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
d. Health Insurance Premium & Cost Sharing Assistance	$705,720	$0	$705,720	$0	$0	$0	$705,720	**7.41%**
e. Home and Community-Based Health Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Home Health Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Hospice	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Medical Case Management	$2,641,269	$330,000	$2,971,269	$0	$0	$0	$2,971,269	**31.20%**
i. Medical Nutrition Therapy	$0	$0	$0	$0	$0	$0	$0	**0.00%**
j. Mental Health Services	$423,777	$116,680	$540,457	$0	$0	$0	$540,457	**5.67%**
k. Oral Health Care	$794,621	$0	$794,621	$0	$0	$0	$794,621	**8.34%**
l. Outpatient /Ambulatory Health Services	$3,022,976	$0	$3,022,976	$0	$0	$0	$3,022,976	**31.74%**
m. Substance Abuse Outpatient Care	$463,208	$0	$463,208	$0	$0	$0	$463,208	**4.86%**
2. Support Services Subtotal	**$308,533**	**$0**	**$308,533**	**$634,275**	**$0**	**$634,275**	**$942,808**	**9.90%**
a. Child Care Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. Emergency Financial Assistance	$148,382	$0	$148,382	$0	$0	$0	$148,382	**1.56%**
c. Food Bank/Home Delivered Meals	$0	$0	$0	$0	$0	$0	$0	**0.00%**
d. Health Education/Risk Reduction	$0	$0	$0	$634,275	$0	$634,275	$634,275	**6.66%**
e. Housing	$160,151	$0	$160,151	$0	$0	$0	$160,151	**1.68%**
f. Linguistic Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Medical Transportation	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Non-Medical Case Management Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
i. Other Professional Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
j. Outreach Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
k. Psychosocial Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
l. Referral for Health Care and Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
m. Rehabilitation Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
n. Respite Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
o. Substance Abuse Services (residential)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
3. Total Service Expenditures	**$8,442,912**	**$446,680**	**$8,889,592**	**$634,275**	**$0**	**$634,275**	**$9,523,867**	**100.00%**
4. Non-services Subtotal	**$1,161,672**	**$0**	**$1,161,672**	**$70,475**	**$0**	**$70,475**	**$1,232,147**	**11.46%**
a. Clinical Quality Management	$171,150	$0	$171,150	$0	$0	$0	$171,150	**1.59%**
b. Recipient Administration	$990,522	$0	$990,522	$70,475	$0	$70,475	$1,060,997	**9.86%**
5. Total Expenditures	**$9,604,584**	**$446,680**	**$10,051,264**	**$704,750**	**$0**	**$704,750**	**$10,756,014**	**100.00%**

West Palm Beach FY2023 Part A and MAI Expenditure Report

	PART A AWARD			MAI AWARD			PART A + MAI TOTAL AWARD	Percent
WEST PALM BEACH	**CURRENT FY**	**PRIOR FY CARRYOVER**	**PART A TOTAL**	**CURRENT FY**	**PRIOR FY CARRY-OVER**	**MAI TOTAL**		
1. Core Medical Services Subtotal	**$4,491,053**	**$287,547**	**$4,778,600**	**$300,305**	**$99,867**	**$400,172**	**$5,178,772**	**76.06%**
a. AIDS Drug Assistance Program (ADAP) Treatments	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. AIDS Pharmaceutical Assistance (LPAP)	$1,563	$0	$1,563	$0	$0	$0	$1,563	**0.02%**
c. Early Intervention Services (EIS)	$577,120	$0	$577,120	$151,732	$69,655	$221,387	$798,507	**11.73%**
d. Health Insurance Premium & Cost Sharing Assistance	$2,080,261	$186,728	$2,266,989	$0	$0	$0	$2,266,989	**33.29%**
e. Home and Community-Based Health Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
f. Home Health Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Hospice	$0	$0	$0	$0	$0	$0	$0	**0.00%**
h. Medical Case Management	$898,623	$55,496	$954,119	$148,573	$30,212	$178,785	$1,132,904	**16.64%**
i. Medical Nutrition Therapy	$0	$0	$0	$0	$0	$0	$0	**0.00%**
j. Mental Health Services	$127,588	$0	$127,588	$0	$0	$0	$127,588	**1.87%**
k. Oral Health Care	$278,694	$45,323	$324,017	$0	$0	$0	$324,017	**4.76%**
l. Outpatient /Ambulatory Health Services	$527,204	$0	$527,204	$0	$0	$0	$527,204	**7.74%**
m. Substance Abuse Outpatient Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
2. Support Services Subtotal	**$1,415,326**	**$33,278**	**$1,448,604**	**$181,790**	**$0**	**$181,790**	**$1,630,394**	**23.94%**
a. Child Care Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
b. Emergency Financial Assistance	$25,604	$0	$25,604	$0	$0	$0	$25,604	**0.38%**
c. Food Bank/Home Delivered Meals	$348,711	$0	$348,711	$0	$0	$0	$348,711	**5.12%**
d. Health Education/Risk Reduction	$0	$0	$0	$0	$0	$0	$0	**0.00%**
e. Housing	$213,374	$0	$213,374	$0	$0	$0	$213,374	**3.13%**
f. Linguistic Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
g. Medical Transportation	$78,683	$0	$78,683	$0	$0	$0	$78,683	**1.16%**
h. Non-Medical Case Management Services	$468,954	$33,278	$502,232	$68,738	$0	$68,738	$570,970	**8.39%**
i. Other Professional Services	$280,000	$0	$280,000	$0	$0	$0	$280,000	**4.11%**
j. Outreach Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
k. Psychosocial Support Services	$0	$0	$0	$113,052	$0	$113,052	$113,052	**1.66%**
l. Referral for Health Care and Support Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
m. Rehabilitation Services	$0	$0	$0	$0	$0	$0	$0	**0.00%**
n. Respite Care	$0	$0	$0	$0	$0	$0	$0	**0.00%**
o. Substance Abuse Services (residential)	$0	$0	$0	$0	$0	$0	$0	**0.00%**
3. Total Service Expenditures	**$5,906,379**	**$320,825**	**$6,227,204**	**$482,095**	**$99,867**	**$581,962**	**$6,809,166**	**100.00%**
4. Non-services Subtotal	**$1,042,301**	**$0**	**$1,042,301**	**$90,382**	**$0**	**$90,382**	**$1,132,683**	**14.26%**
a. Clinical Quality Management	$347,434	$0	$347,434	$29,142	$0	$29,142	$376,576	**4.74%**
b. Recipient Administration	$694,867	$0	$694,867	$61,240	$0	$61,240	$756,107	**9.52%**
5. Total Expenditures	**$6,948,680**	**$320,825**	**$7,269,505**	**$572,477**	**$99,867**	**$672,344**	**$7,941,849**	**100.00%**

Handout D

Ryan White Services: Provider Capacity and Capability Survey 2026

Survey Introduction

Administrative Questions

Provider Information *

Select agency:

AIDS Healthcare Foundation, Inc.
Broward Community & Family Health Centers (BCOM)
North Broward Hospital District (d/b/a Broward Health)
Broward House, Inc.
Broward Regional Health Planning Council
Community Rightful Center, Inc.
Care Resource Community Health Centers Incorporated
Florida Department of Health - Broward County
Latinos Salud
Legal Aid Service of Broward County, Inc.
South Broward Hospital District (d/b/a Memorial Hospital System)
Nova Southeastern University
The Poverello Center, Inc.
Continental Community Outreach Corporation
IMG Helps, Inc.
Thrive and Success Community Outreach, Inc.
Mayfaire Medical (d/b/a TranSOCIAL, Inc.)

Person completing survey: *

Email Address: *

Telephone number, in case clarifications are needed:

1. What is the **zip code** of your clinic/organization?

*

2. For how many years has the agency provided RW Care Services?

Less than 1 year
1-5 yrs
6-10 years
11-19 years
20 years or more

3. Please list the professions of all the individuals providing input into this assessment. (*Select all that apply)*

*

- [ ] Dentist
- [ ] Other Dental Professional
- [ ] Nurse Professional who prescribes or ARNP, Nurse Practitioners
- [ ] Nurse Professional who does not prescribe
- [ ] Midwife
- [ ] Pharmacist
- [ ] Physician
- [ ] Physician Assistant
- [ ] Case Manager/Care Coordinator
- [ ] Dietician or Nutritionist
- [ ] Health Educator
- [ ] Mental/Behavioral Health Professional
- [ ] Community Health Worker
- [ ] Peer Educator or Navigator
- [ ] Social Worker
- [ ] Substance Use Professional
- [ ] Practice Administrator or Leader (e.g., Chief Executive Officer, Nurse Administrator)
- [ ] Other Allied Health Professional (e.g., Medical Assistant, Podiatrist, Physical Therapist),
- [ ] Other Public Health Professional, please specify:

- [ ] Non-clinical professional (e.g., Administrator, Office Manager, Front Desk Staff, Grant Writer)

- [ ] Financial/fiscal professional

PROGRAM FUNDING

4. Check **all** HIV program funding sources for your agency in the last 12 months.

Ryan White HIV/AIDS Program Funding Sources

- [ ] Part A Funds (including Minority AIDS Initiative or MAI)
- [ ] Part A Minority AIDS Initiative (MAI) funding
- [ ] Part A Ending the HIV Epidemic (EHE) funding
- [ ] Part B Funds (including MAI)
- [ ] Part C Early Intervention Services (EIS)
- [ ] Part D Women, Infants, Children, and Youth
- [ ] Special Projects of National Significance (SPNS)
- [ ] Dental Reimbursement Program or Community-Based Dental Partnership Program

Other Federal Funding Sources

- [ ] HOPWA - Housing Opportunities for People with AIDS
- [ ] Other Housing and Urban Development (HUD) funds
- [ ] Medicare
- [ ] Medicaid fee-for-service payments
- [ ] Medicaid managed care capitation or other negotiated payment arrangements
- [ ] CDC HIV counseling and testing funds (directly or through the State of Florida)
- [ ] CDC prevention funds (including CDC MAI)
- [ ] Substance Abuse and Mental Health Services Administration or SAMHSA (including SAMHSA MAI)

Other Funders

- [ ] State or local government funds
- [ ] Hospital tax district funds

- [ ] Hospital tax district funds
- [ ] Commercial indemnity fee-for-service insurance or managed care
- [ ] Charitable donations and fundraising
- [ ] Other funding sources:

5. What percentage of the agency's budget is supported by Ryan White funds?

	Percent
Part A	
Part B	
Part C	
Part D	
Part F	

6. Is your clinic a recognized and/or certified Patient-Centered Medical Home (PCMH)? [The patient-centered medical home (PCMH) model is an approach to delivering high-quality, cost-effective primary care. Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinates patient care across the health system.]

- ○ Yes
- ○ No
- ○ Don't know
- ○ Not Applicable (agency does not provide clinical services)

7. In what ways would your HIV program expand EXISTING services if more funds were available? (Check all boxes that apply) *

- [ ] Establish evening or Saturday office or clinic hours
- [ ] Establish linkage services with HIV counseling and testing sites to ensure rapid enrolment in HIV care
- [ ] Expand office or clinic hours from Monday to Friday
- [ ] Expand outreach services to individuals aware of their HIV status but not in HIV care
- [ ] Expand the number of service sites (e.g., satellites, co-located sites, mobile van locations, etc.)
- [ ] Expand your HIV program's priority populations
- [ ] Hire additional direct service staff
- [ ] Increase the geographic service area to include more neighborhoods or cities
- [ ] Increase the number of new clients
- [ ] Increase the number of appointments per day
- [ ] Shorten appointment wait times

STAFF CHARACTERISTICS AND SERVICES PROVIDED

8. For the staff categories listed below, please specify (by FTEs, full-time equivalent) the total number of current staff in each category, as well as the number that are racial/ethnic minorities. Racial/ethnic minorities include those who identify as non-white or Hispanic (any race).

	Total Number of Unique Individuals	Total Number of Racial/Ethnic Minorities
Prescribing clinical providers (MD/DO, PA, NP, PharmD, DDS, etc.)		
Non-prescribing clinical providers (RN, LPN/LVN, BSN, etc.)		
Clinical support staff (MA, CNA, med. tech., etc.)		
Behavioral health staff (psychologists, BSW, MSW, LCSW, nutritionists, etc.)		
Supportive services, outreach, and navigation staff (case managers, community health workers, patient navigators, etc.)		
Administrative non-clinical support staff (front desk, billing, quality improvement, etc.)		

9. Within your clinic, patients with HIV...(Select One)

- Receive primary care and are referred out of the practice for HIV specialty care
- Receive HIV care from an HIV expert and are referred out of the practice for primary care
- Receive primary care and basic HIV care from the same clinician who can access expert HIV consultation when needed
- Receive both primary and expert HIV care from the same clinician
- Receive HIV care and primary care from different clinicians within our clinic
- Not Applicable/Agency does not provide primary HIV care services

10. HIV care workflows for clinical teams are… (Select one)

- Not documented and/or are different for each person or team
- Documented, but are not used to standardize workflows across the practice
- Documented, and are utilized to standardize practice
- Documented, and utilized to standardize workflows, and are evaluated and modified on a regular basis
- Not Applicable/Agency does not provide primary HIV care services

11. Standing orders for HIV-related care that can be completed by non-physicians under protocol…(Select one)

- Do not exist for the clinic
- Exist, but are not used
- Exist, and sometimes used
- Exist, and are used all the time

12. How many service sites operated by your agency provide services to people living with HIV in Broward County?

- One
- Two
- Three
- More than three (specify how many)

13. Please list any additional site addresses or locations where staff are out-stationed.

14. Briefly state your agency's mission or purpose.

15. Does your program focus on all people with HIV or one or more particular subpopulations?

- All people with HIV(Go to question 17)
- One or more particular subpopulations (Go to question 16)

16. Select other subpopulations

Race/ethnicity

- Black/African American
- Latino/Hispanic
- White Non-Hispanic
- Asian/Pacific Islander
- American Indian/Alaska or Hawaiian Native

- Other - (please specify)

Sex at Birth

- Female
- Male
- Both male and female

Sexual orientation (Please describe)

Age Group

- [ ] Children (age 0-12)
- [ ] Youth/young adults (age 13-24)
- [ ] Adults (25-54)
- [ ] Older adults (55+)
- [ ] Other - (please specify)

Co-occurring conditions or life situations

- Mental health disorders
- Substance use
- Hepatitis C
- Other chronic illness
- Unstably housed

- Recent incarceration
- Other subpopulations- (specify)

17. Please indicate the agency's days and hours of operation.

	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Other (Comments)	

CORE & SUPPORT SERVICES

18. Which of the following **CORE Medical services** does your agency provide to people with HIV? (Select all that apply) *

- AIDS Pharmaceutical Assistance (Local)
- Outpatient/Ambulatory Health Service (Integrated Primary & Behavioral Health Services)
- Health Insurance Deductibles and Co-Pays (HICP)
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Services - Routine
- Oral Health Services - Specialty
- Substance Abuse Services - Outpatient

19. Which of the following **Support services** does your agency provide to people with HIV? (Select all that apply) *

- Centralized Intake and Eligibility Determination (CIED)
- Emergency Financial Services
- Food Bank Services
- Food Vouchers
- Legal Services

20. Select the option that most accurately reflects the type of housing support requested by clients.

- Assisted living services for individuals diagnosed with HIV requiring daily support
- Moving expense assistance
- Rental support for permanent or long-term housing
- Help with security deposits and credit checks
- Housing case management for placement, support services, and coordination
- Short-term assistance with rent, mortgage, or utility payments

21. How can potential clients obtain access to the agency's HIV services? Select all that apply.

- Request services online or by telephone
- On-demand telehealth service appointment
- Walk-in
- Obtain referral from a medical or case management provider
- Other - (specify)

22. Locations where services are provided (select all that apply):

- In the office
- Remotely via telehealth
- At the client's home (Home visits)
- At another agency where staff are assigned or outstationed on specific days and during designated hours
- Other - (specify)

23. Support services (provided by case management, care coordinators, community health workers, patient navigators, or outreach workers) for high-risk HIV patients are… (Select one)

- Not available
- Provided by external staff with limited connection to the practice
- Provided by external staff who regularly communicate with the care team
- Provided by a member of the practice team, regardless of location

24. Linking patients with HIV to supportive (wrap-around) services is… (Select one)

- Not done routinely
- Limited to providing patients with a list of identified resources in an accessible format
- Accomplished through a designated staff person on the practice team who is responsible for connecting patients with internal agency services/resources.
- Accomplished through active coordination between the health system, support service agencies and patients, and accomplished by a designated staff person in the clinic but not the practice team
- Accomplished through active coordination between the health system, support service agencies and patients, and accomplished by a designated staff person external to the clinic
- Other - (Specify)

25. Tell us about service site accessibility. Check all that apply and explain if they differ by site.

- On the bus line
- Near a rapid transit station
- Near other HIV service providers
- Free or low-cost parking
- Medical Transportation provided
- The facility is accessible to clients with disabilities
- Other - Explain

26. Approximately how long does it typically take for a new client to receive their first **Core Medical Services** appointment with the provider?

- 3 work days or less
- 4-5 work days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks
- Varies based on which service
- Does not apply

27. Approximately how long does it typically take for a new client to receive their first **Support Services** appointment with the provider?

- 3 work days or less
- 4-5 work days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks
- Varies based on which service
- Does not apply

28. Methods used to serve clients who do not speak English (select all that apply):

- ○ Clinical or frontline service staff speak languages other than English
- ○ Trained interpreters are made available when needed
- ○ Non-service staff are asked to interpret when needed
- ○ Telephone Language Line is used for interpretation
- ○ Patient materials are translated into different languages
- ○ Not applicable – clients who do not speak English are not served
- ○ Other - (please specify)

29. Please indicate the languages for which you have bilingual staff and do not need interpreters. (Select all that apply)

- American Sign Language
- Spanish
- Haitian Creole
- Other - (please specify)

30. Tell us how many clients with HIV you currently serve and the maximum number you have the capacity to serve at a time and in one year:

Currently serving	
Maximum capacity at one time	
The maximum that can be served in one year	

31. How frequently do your agency's Ryan White service providers inquire whether clients are receiving HIV-related primary medical care and actively encourage them to initiate or re-engage in care?

- Always
- Sometimes
- Never
- Does not apply; We only provide RW HIV medical treatment and care services
- Other - (Specify)

32. Does your agency have a **written policy** that requires all providers of support services to ask their clients about their last visit with their HIV-related primary medical provider and to coach the client on the importance of staying engaged in HIV medical care?

Yes
No
Not sure

33. In what ways does your agency address the cultural needs of clients? Check all that apply.

- The organization hires staff from diverse cultural backgrounds
- Volunteers from various cultures are actively engaged in service delivery.
- Annual training on person-centered care is provided to all staff members.
- The organization adheres to the CLAS (Culturally and Linguistically Appropriate Services) Standards.
- The organization follows the Limited English Proficiency (LEP) guidelines established by the Department of Health and Human Services Office for Civil Rights.
- Referrals are made to, or subcontracts are established with, organizations dedicated to delivering person-centered care to specific subpopulations of people with HIV (PWH), including—though not limited to—youth, older adults, justice-involved individuals, those with behavioral health conditions, people experiencing homelessness, and residents of public housing.

34. Does your clinic review records to identify patients with HIV who may be currently or at risk of ART non-adherence or virologic failure?

- Yes
- No
- If yes, please describe how this is accomplished
- This agency does not have a clinic.

35. In the chart below, select the category that best describes your agency's implementation of the following HIV-specific policies and procedures. *

	We do not have a formal written procedure	Policies & procedures are being developed	Policies & procedures developed, but not yet implemented	Policies & procedures developed and implemented
Initial linkage to HIV services engagement and retention in HIV care				
Monitoring and outreach to patients who have not been seen in six (6) or more months				
Re-engagement of patients into care				
ART adherence monitoring and support				
HIV viral suppression monitoring				
Outreach to patients who have detectable viral load				

AGENCY'S CAPACITY

36. Does your agency's HIV program currently have sufficient capacity to increase the number of clients with HIV?

By 1 to 5%
By 6 to 10%
By 11 to15%
By 16 to 20%
Not applicable, we CANNOT add any more clients
Don't know

37. In what ways would your agency's HIV program expand EXISTING services if more funds were available? *Check all that apply.* *

- [ ] Establish evening or weekend office or clinic hours
- [ ] Establish linkage services with HIV counseling and testing sited to ensure rapid enrollment in HIV care
- [ ] Expand outreach service to individuals aware of their HIV status but not in care
- [ ] Expand the number of service sites
- [ ] Expand your agency's HIV priority populations
- [ ] Hire additional direct services staff
- [ ] Increase the number of new clients
- [ ] Increase the number of appointments per day
- [ ] Shorten appointment wait times
- [ ] Other - Include a service not listed

38. Which of the following barriers has the agency identified as hindering clients from accessing HIV care and achieving viral suppression? *

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable/Not Sure
People who have just learned their						

HIV status are often not ready to engage in care						
Our clients have high no show rates						
Our clients have difficulty getting transportation to our services						
Our clients have difficulties in navigating the system of care						
People with HIV who are homeless or have unstable housing have difficulty staying involved in care and taking their meds						
It is hard for us to serve clients who are active substance users						
Our priority population has difficulty engaging in care due to other physical problems or co-occurring conditions						
Our low-income clients are reluctant to seek other needed services due to financial barriers like co-pays and fees.						
Some members of our priority population do not obtain care because they don't						

know that our services are available free or at low cost.						
Some potential clients are reluctant to seek services because they are undocumented immigrants or come from mixed-status families.						
Some members of our priority population are reluctant to seek services due to cultural beliefs or norms.						
It is hard for us to serve clients with mental health issues unless they are receiving mental health services.						
Some members of our priority population are reluctant to seek services due to stigma or fear of disclosing their status.						
Some of our clients are reluctant to trust us as providers.						
Some of our clients have had negative experiences with other providers						
Some members of our priority population have						

difficulty getting care because of their work schedules.						

39. What training, assistance, or other action by the RWHAP Part A recipient would be most helpful to your organization in building its capacity to serve people with HIV or improving service coordination and client outcomes?

*

40. Select the response that best describes the ease in which your staff has made referrals for clients with HIV in the last 12 months for the following services: *

	1-3 business days	4-6 business days	7-9 business days	10-13 business days	14 business days	14 business days or more	Not applicable
CIED - Centralized Intake Eligibility Determination	○	○	○	○	○	○	○
Food Bank	○	○	○	○	○	○	○
Food Vouchers	○	○	○	○	○	○	○
Co-Pays & Deductibles (HICP)	○	○	○	○	○	○	○
Housing Assistance (HOPWA)	○	○	○	○	○	○	○
Legal Services	○	○	○	○	○	○	○
Medical Case Management	○	○	○	○	○	○	○
Mental Health Service	○	○	○	○	○	○	○
Oral Health - routine	○	○	○	○	○	○	○
Oral Health - specialty	○	○	○	○	○	○	○
Outpatient Ambulatory	○	○	○	○	○	○	○
Substance Abuse Outpatient	○	○	○	○	○	○	○
Non-Medical Case Management	○	○	○	○	○	○	○

41. If you checked **“More than 14 business days”** in the previous question, please explain.

42. Select the response that best describes the ease in which your clients have ENROLLED in the last 12 months for the following programs: *

	Very Easy	Easy	Hard	Very Hard	Don't Know/Not Applicable
ACA-Health Insurance Marketplace *					
ADAP - Direct dispense					
ADAP - Insurance Benefits Management					
Food stamps (SNAP Benefits)					
HOPWA-Housing Opportunities for People with AIDS (A HUD funded program)					
Medicaid					
Medicare					
Social Security Income (SSI)					
Supplemental Security Disability Income (SSDI)					
Temporary Assistance to Needy Families (TANF)					
Veteran's Administration Benefits					

43. If you checked "Hard" or "Very Hard" for a program in the previous question, please explain.

Agency's Capability

44. Select the response that best rates your agency's capability to serve the following people with HIV: *

	Excellent	Very Good	Good	Poor	Needs Improvement
Black heterosexual males	○	○	○	○	○
Black male-to-male sexual contact	○	○	○	○	○
Black heterosexual women	○	○	○	○	○
Hispanic male-to-male sexual contact	○	○	○	○	○
Hispanic heterosexual males	○	○	○	○	○
White male-to-male sexual contact	○	○	○	○	○
White heterosexual males	○	○	○	○	○
Haitian (person of Haitian descent)	○	○	○	○	○
People experiencing homeless	○	○	○	○	○
Formerly incarcerated individuals	○	○	○	○	○
New Immigrants originating from countries other than Haiti	○	○	○	○	○
Individuals who engage in sex work or transactional sex for money, substances, or housing.	○	○	○	○	○
Persons with HIV (early stages)	○	○	○	○	○
Persons living with HIV who are diagnosed with AIDS	○	○	○	○	○
Persons with chronic and persistent mental illness	○	○	○	○	○
Persons with HIV who are diagnosed with depression and/or anxiety	○	○	○	○	○
Persons with mental health disorders	○	○	○	○	○
Persons with substance use disorder	○	○	○	○	○
Youth/young adults between 18 and 24 years of age	○	○	○	○	○
Persons with HIV new to the state of Florida	○	○	○	○	○

45. If you checked **"Poor" or "Needs Improvement"** in the previous question, please explain.

46. What activities does your HIV program undertake to retain people with HIV in your services? (**Check all that apply**) *

- [ ] Accept "walk-in" clients
- [ ] Telehealth services
- [ ] Call clients if appointments are broken
- [ ] Call to remind clients before their appointments
- [ ] Counsel clients about the importance of keeping appointments
- [ ] Make home visits if clients break appointments
- [ ] Request that an outreach worker locate the client
- [ ] Send written reminders before clients' appointments
- [ ] Other

47. If applicable, how has your agency implemented strategies to enhance prevention and care services? (e.g. linkage to care from diagnosis, prevention for positives, prevent and treat Sexually Transmitted Infections -STIs, etc.)

48. If applicable, what is the average length of time between a client's receipt of an HIV diagnosis and linkage to medical care? *

- 24 hours
- 48 hours
- 72 hours
- More than 72 hours
- Not applicable

49. If you checked "More than 72 hours," please explain the barriers to linkage to medical care.

50. Check the box that best describes changes in your HIV program in the last 12 months for each program characteristic *

	Increased	Stayed the Same	Decreased	Don't know/Not Applicable
Amount of space (e.g., square footage, number of offices) for HIV services	○	○	○	○
Number of full-time equivalent staff employed to serve HIV+ clients	○	○	○	○
Number of FUNDED applications to support HIV-related services	○	○	○	○
Number of funding applications to support HIV-related services	○	○	○	○
Number of clients with HIV	○	○	○	○
Number of HIV-related service categories offered	○	○	○	○
Number of units of HIV services provided	○	○	○	○
Physical locations at which HIV-related services are offered (e.g., number of satellite locations)	○	○	○	○
The turnover rate among front-line (direct) service employees	○	○	○	○

51. If you checked "Decreased" for a program characteristic in the previous question, please explain.

Quality Management Program/Quality Improvement Activities

52. How would you rate your program's current competency in conducting its Quality Management Program and Quality Improvement activities compared to its

competency three years ago? *

	High level of competence-extensive experience	Moderately high level of competence-good experience	Average level of competence-some experience	Low level of competence-little experience	No Level of competence-no experience
Assessing client satisfaction with HIV services	○	○	○	○	○
Routinely measuring performance, client outcomes, and disparities in care	○	○	○	○	○
Conducting quality improvement projects (QIPs) in response to data findings	○	○	○	○	○
Peer or Client involvement in quality management processes	○	○	○	○	○
Training on quality management techniques	○	○	○	○	○
Processes for assessing the quality of your HIV program's services	○	○	○	○	○
Agency is new to clinical					

clinical quality management / quality improvement projects					

53. Please describe how your QM Program activities have helped to improve services and client outcomes.

54. Please provide your comments and/or suggestions for improving RW Part A Services for people with HIV in Broward County below

Health Insurance Premium Assistance Program

ACA Insurance Open Enrollment

November 1st – December 15th

for Coverage beginning 1/1

December 16th – January 15th

for Coverage beginning 2/1

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

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

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

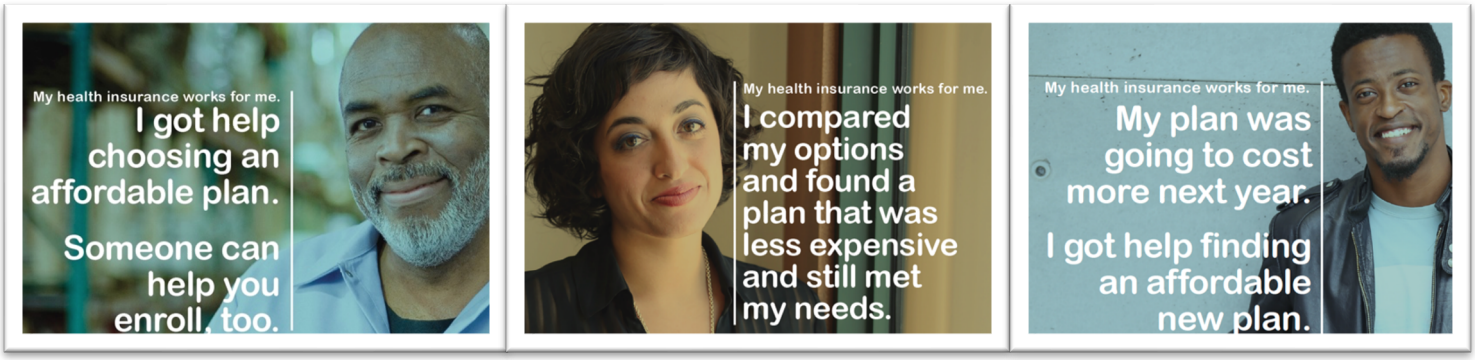
- Clients MUST directly enroll in the premium assistance program every year at https://enroll.brhpc.org or by calling 1-844-441-4422. Anyone who has not directly enrolled in the program will be disenrolled for 2026 and NO future payments will be made.
- If you are enrolled in BlueOptions Platinum (24J01-05,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

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

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

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

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



BRHPC

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

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

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

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

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

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

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

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

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

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

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

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

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

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

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

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

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

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

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

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

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

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

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

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

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

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

Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

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

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

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

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notic

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

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

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

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

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

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

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

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