Exhibit 2

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

August 1, 2023

Jessica Roy, MSW
Health Care Services Administrator
Broward County Community Partnerships Division
115 S. Andrews Ave,
Fort Lauderdale, FL, 33301

Dear Jessica Roy;

Re: Grant H89HA00002

Thank you, your staff, and the Ryan White HIV/AIDS Program (RWHAP) Part A community for a successful Broward County, Fort Lauderdale, FL EMA comprehensive site visit conducted June 5 through June 9, 2023.

The site visit provided the team with an opportunity to conduct a comprehensive review of the fiscal, administrative, and clinical quality management components of the RWHAP Part A award in the jurisdiction to assure compliance with applicable federal requirements and programmatic expectations. The visit also allowed the team to identify exemplary components of your program, findings that require a corrective action plan, as well as areas for improvement.

Enclosed is a copy of the final site visit report. The report includes:

1. Legislative findings: issues that are based on a legislative requirement, and require a formal response. Your report includes six legislative findings; two are administrative and four are fiscal.

2. Programmatic findings: issues tied to the Health Resources and Services Administration's program requirements and expectations, and also require a formal response. Your report includes one fiscal programmatic finding.

3. Improvement option findings: issues related to best practices and offered as suggestions for ways to enhance program operations and increase program efficiency and/or effectiveness. Improvement options do not require a formal response, but may be discussed during monitoring.

Each finding is followed by a recommendation that is intended to help you improve or correct each finding. You will be required to prepare a corrective action plan (CAP) addressing the findings and recommendations, which is due within 30 days of receipt of the enclosed report.

The CAP will be completed and submitted through an Electronic Handbooks (EHBs) submission process.

Please let me know if you would like to schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting the CAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the site visit. I commend you for your continued efforts to plan for and provide quality services to people with HIV in your area. Please contact me at 301-443-7703 or by e-mail at kathey@hrsa.gov, if you have any questions.

Sincerely,

Kristin Athey
Project Officer
Southern Branch
Division of Metropolitan HIV/AIDS Programs (DMHAP)

Enclosure

cc: Mark Peppler, Chief, Southern Branch, DMHAP
Lorenzo Robertson, Planning Council Chair
Von Biggs, Planning Council Vice Chair

FY 2023 HRSA HIV/AIDS Bureau
Division of Metropolitan HIV/AIDS Programs
Site Visit Report

Recipient Organization Name(s):	Broward County Board/County Commissioners
Recipient Address:	PO Box 14740, Ft. Lauderdale, FL
Grant Number(s):	H89HA00002
Budget Period(s):	03/01/2023 through 02/29/2024
Ryan White HIV/AIDS Program:	Ryan White HIV/AIDS Program Part A/HIV Emergency Relief Grant Program
Type of Visit:	Comprehensive/Operational
Location of Visit:	Virtual (via online platform - GoTo Meetings, MS Teams etc.)
Dates of Visit:	06/05/2023 - 06/09/2023
Project Officer's Name:	Kristin Athey
Purpose of Visit:	The purpose of this comprehensive virtual site visit (VSV) was to assess the Broward County, Florida, Eligible Metropolitan Area's (EMA), compliance with the legislative and programmatic requirements of the Ryan White HIV/AIDS Program (RWHAP) Part A. The site visit team reviewed the programmatic, administrative, fiscal, and quality management requirements. The areas reviewed during the site visit are specific to the scope of RWHAP and are not specific to the entire organization's systems and processes.

I. Health Resources and Services Administration (HRSA)/Consultant Representatives:

Name	Position	Other
Kristin Athey	Project Officer	
Mark Peppler	Branch Chief	
James McCarthy	Administrative Consultant	
Susan McAllister	Fiscal Management Consultant	
Ronald (Chris) Redwood	Quality Management Consultant	
Nina Inman	Quality Management Consultant	

II. Site Visit Overview:

Site Visit Component Overview:

General Site Visit Overview

The site visit was conducted by the HIV/AIDS Bureau's (HAB) Division of Metropolitan HIV/AIDS Programs (DMHAP), from June 5 through June 9, 2023. HAB DMHAP's site visit team met with a representative of the chief executive officer (CEO), recipient leadership and staff members, the planning council's (PC) executive committee, two providers/subrecipients, and clients receiving services in Broward County, Florida's EMA.

Site Visit Component Overview

A. Administration

Broward County, Florida, Board of County Commissioners is a long-time RWHAP Part A recipient. Broward County's EMA CEO is Broward County's Mayor. The CEO has designated the Broward County Human Services Department (HSD), Community Partnerships Division (CPD), Health Care Services Section (HCS) as the agency responsible for implementing the RWHAP Part A award.

HCS is overseen by CPD Division Director Efrem Crenshaw; he is assisted by CPD Assistant Division Director Cassandra Evans. The EMA's RWHAP Part A services are the direct responsibility of HCS Administrator Jessica Roy.

Jessica Roy works in collaboration with CPD Business Manager David James, who is responsible for the financial aspects of the RWHAP Part A award and supervises Aseque Tareq, the Accountant Senior, and a full-time equivalent (FTE) accountant specialist position, which was vacant at the time of the VSV.

Roy also supervises eight FTE positions allocated to the RWHAP Part A award, including four contract grants administrators, two quality program project coordinators, a public communications specialist, and two Ending the HIV Epidemic in the U.S. (EHE) program project coordinator positions, both of which were vacant at the time of the VSV.

In the entrance conference presentation for the VSV, the recipient reported that Broward County is the second most populous county in Florida and the 17th most populous county in the U.S. Furthermore, Broward County is one of the most ethnically diverse counties in the U.S., with 33.7 percent of its residents being foreign-born, representing over 200 countries, and speaking more than 130 languages.

During fiscal year (FY) 2022-2023, the recipient reported using $14,657,240 of RWHAP Part A funding to contract with 12 subrecipients to provide seven core medical services, AIDS Pharmaceutical Assistance, outpatient/ambulatory medical care, medical case management, mental health, health insurance premium assistance, oral health, and substance abuse outpatient care services and four support services, emergency financial assistance, food bank/home delivered meals, non-medical case management, and other professional services (legal).

The recipient also contracted with two additional subrecipients to provide Minority AIDS Initiative (MAI) services, consisting of four core medical services, MAI outpatient/ambulatory medical care, MAI medical case management, MAI mental health, and MAI substance abuse outpatient care, as well as one support service, which is MAI centralized intake and eligibility determination (CIED), funded through non-medical case management.

Since December 1999, the recipient has utilized Provide Enterprise (PE), a web-based relational integrated data system, to track and manage its RWHAP Part A service delivery system-wide, across a network of more than 225 subrecipient staff members and ensure compliance with federal reporting requirements under the Ryan White HIV/AIDS Treatment Extension Act 2009.

PE contains essential data features including Client Characteristics and Health Data, Demographic Data, (age, gender, race, ethnicity, sexual orientation, and risk factor), Socioeconomic Data, (federal poverty level, housing status, familial relationships), clinical health data, (viral load and CD4 lab results, clinical diagnosis, immunizations), health insurance information, and service delivery information.

The recipient also has the following PE-enhanced features: care functionality including automated Medicaid enrollment verification checks, automated Laboratory and Electronic Management Record interfaces, notification of enrollment status from the Florida AIDS Drug Assistance Program (ADAP), medication regimen documentation, benefit enrollment verifications, eligibility and referral tracking, system alerts on key performance indicators, progress notes, care planning, and client assessment documentation.

Also, PE reporting module includes the Ryan White HIV/AIDS Program Services Report (RSR), HAB/HIV Clinical Performance Measures Report, HIV Care Continuum Report, City of Fort Lauderdale Housing Opportunities for Persons with AIDS (HOPWA) program data, RWHAP Part A locally defined outcome measures, and more than 350 customizable system and agency-level reports. In addition, there is a billing system module that includes service category-specific eligibility billing rules, allocation and utilization management, reimbursement rate management, invoice management, and line-item reject capabilities.

B. Clinical Quality Management

For FY 2023, the Clinical Quality Management (CQM) Program is funded at 4.7 percent. Recipient leadership supports the CQM program by reviewing key CQM activities and program decisions, as well as periodically attending internal and external CQM committee meetings. A senior program project coordinator and two program project coordinators, (EMA CQM team), are primarily responsible for subrecipient monitoring, selecting performance measures, analyzing, and presenting performance measure data, and managing a CQM-related contract with the Broward Regional Health Planning Council (BRHPC). BRHPC, is the Broward County local health planning entity established in 1982 under Florida statute. BRHPC implements a significant portion of the CQM program, including maintaining the CQM plan and workplan, facilitating CQM committee meetings, overseeing quality improvement (QI) projects, and providing guidance and support to subrecipients.

The recipient has an internal CQM committee comprised of the EMA CQM team, BRHPC members, and leadership that conducts ongoing planning and implementation of the CQM program. The recipient also seeks input from the HIV Planning Council Quality Management (QM) Subcommittee, an external committee for the CQM program; this Subcommittee includes representatives from the Broward County HIV Health Services Planning Council (HIVPC), clients, and subrecipients. The recipient held the last meetings for both committees in May 2023, as evidenced by the meeting minutes.

On a quarterly basis, the recipient convenes six different subrecipient networks, (discipline-specific groups), to discuss service delivery issues, performance measurement, and QI projects. The CQM plan is updated every year, (last approved March 2023), and includes a 3-year work plan that is updated annually; the work plan meets the minimum requirements. A process is in place for evaluating the CQM program that relies on the CQM work plan.

The recipient has a methodology for selecting performance measures (PMs) that include the minimum number of PMs for each required service category. The recipient does not select PMs based on service utilization data. The recipient collects and analyzes PMs at least quarterly, (often monthly), using Provide Enterprise.

The recipient assesses PM data for disparities on a quarterly basis, focusing on age, race/ethnicity, and gender identity. Minimally and on a quarterly basis, PM data are shared internally and with the external CQM committee, subrecipient networks, and the HIVPC.

The recipient uses Model for Improvement and Plan-Do-Study-Act (PDSA) for its annual QI projects. BRHPC leads QI project planning and implementation and allows subrecipients to select their own project-based PM data and emerging community needs.

BRHPC engages all subrecipients in annual QI projects and minimally provides monthly guidance and technical assistance, (TA) to build QI capacity. Some subrecipient training and capacity-building activities provided under the CQM program are unallowable CQM expenses. The EMA CQM team supports QI projects from a macro perspective.

C. Fiscal

There are 11.9 FTE county staff members on the RWHAP Part A budget; additional county staff members are provided in-kind by the recipient. David James, Business Manager, Jeffrey Lowe, Senior Administrative Officer, and Aseque Tareq, Senior Accountant are primarily responsible for the oversight of fiscal management, fiscal monitoring, and fund disbursement.

The recipient is in Florida, which is not a Medicaid expansion state. The recipient receives RWHAP Part A formula and MAI funding. The recipient does not generate any program income. The recipient provides no direct client services and has relationships with 12 subrecipients.

To ensure timely payments are made to subrecipients, the recipient requires that subrecipients submit monthly reports including a description of services delineated by service category, with an invoice by the 15th of each month. The Provide Enterprise (PE) system is used for subrecipient budgets and invoicing. When an invoice is received by the recipient, there is a manual review by a contract grant administrator (CGA) of each submission to verify the dates, signatures, and allowability of costs; it is then passed electronically to an accountant for a second review.

Expenditures are then tracked and reconciled in an Excel worksheet by the senior accountant, or another accountant. The invoices then pass to the business manager for review and approval; this review, (from receipt of invoice to approval), typically takes less than 20 days. When the invoice is approved, it is sent to the county department of finance for processing and issuing a check or an automated clearinghouse (ACH) transfer.

The recipient conducts annual on-site monitoring of all subrecipients. The senior accountant is responsible for the fiscal portion. In addition to annual on-site monitoring, the recipient conducts monthly desk audits for each subrecipient; these desk audits involve the review and reconciliation of contract budgets, monthly expenditure reports, and supporting documentation. At each subrecipient site, annual single audits are conducted and subsequentially reviewed by the recipient.

Historically, the recipient expends its full grant allocation. For the most recently completed year, the recipient expended all of its RWHAP Part A and 97 percent of its MAI allocation. The recipient has ample documentation that drawdowns of funds are based on actual expenses and documented evidence of the reconciliation of the Federal Financial Report (FFR) to the Payment Management System (PMS) prior to FFR submission. Maintenance of effort (MOE) documentation was reviewed, and a year-over-year decrease is noted.

In preparation for, and during the site visit, the fiscal consultant reviewed the EMA's RWHAP Part A fiscal documents and other materials associated with the recipient's and subrecipients' fiscal activities and processes. As part of the site visit, the fiscal consultant met with recipient and subrecipient staff members. Also, during the site visit, the fiscal consultant participated in individual and group interviews and discussions with recipient staff members, conducted site visits to two RWHAP Part A subrecipients, and participated in a PC executive committee meeting.

Overview of Subrecipient Meeting/Site Visited:

On day three of the VSV, the VSV team held a virtual conference with staff members of Broward House, located at 1726 E. 3rd Avenue, Ft. Lauderdale, Florida. The mission of Broward House is to improve the quality of life for individuals impacted with chronic health challenges, including HIV, by providing pathways to wellness.

Broward House welcomes people of all backgrounds, genders, races, and sexual orientations. As a RWHAP Part A subrecipient, Broward House received $2,504,196.00 in RWHAP Part A funding during the FY 2022-2023 to provide the following RWHAP Part A services: outpatient/ambulatory health services, mental health services, medical case management, including treatment adherence services, and substance abuse outpatient care.

Broward House offers housing assistance through an assisted living facility and transitional residential programs. Broward House also offers an independent housing program with 72 apartments and a tenant-based rental voucher program through HOPWA.

Broward House enjoys a collaborative relationship with the recipient and told the VSV team that recipient staff members are responsive to their needs, respond quickly to questions, and regularly engage with them to provide TA, when needed. Broward House staff members shared their frustration with how long it takes to query information or generate reports from Provide Enterprise.

On day four of the VSV, the VSV team held a virtual conference with South Broward Hospital District staff members at 4105 Pembroke Road, Hollywood, Florida 33021. During the FY 2022-2023, South Broward Hospital District was allocated $981,519 to provide outpatient/ambulatory health services, medical case management, including treatment adherence services, and non-medical case management.

South Broward Hospital District staff members reported excellent communication with the recipient and feel supported by the recipient in implementing RWHAP Part A services; they noted that recipient staff members have made great strides in demonstrating transparent and open processes used to successfully administer RWHAP Part A services in the county's EMA.

Summary of Planning Council/Body (Part A only):

The VSV team met with the HIVPC executive committee on the first day of the VSV. The executive committee identified its community conversations project as a successful effort accomplished by the PC in the past year. The goal of the community conversations project was meeting the people where they are. The executive committee hopes to conduct additional community conversations throughout the current year because the committee believes the process benefits the PC and the individuals/organizations with whom they hold the conversations.

In addition to the HIVPC executive committee, the HIVPC has seven committees, including ad hoc nominating, ad hoc bylaws/memorandum of understanding (MOU), membership council development, priority setting and resource allocation (PSRA), system of care, quality management, and community empowerment. The Broward Regional Health Planning Council (BRHPC) provides HIVPC support staff.

Members of the HIVPC executive committee expressed sincere appreciation for the mutually respectful and collaborative relationship the HIVPC enjoys with the recipient. The executive committee noted how often recipient staff members are now seen in the community and at events, for which the HIVPC is grateful.

The PC executive committee told the team they have difficulty recruiting new members to the HIVPC. The VSV team provided TA to the executive committee, suggesting they schedule some meetings at different times, evenings, or on weekends, and publicize the new meeting times heavily, to attract new potential HIVPC members; the executive committee reported it tried this method in the past and had little to no success. The executive committee further noted it believed that if the meetings were changed to different times, the committee would risk losing all current HIVPC members.

Summary of Persons with Lived Experience/Community Meeting:

On the first day of the visit, the VSV team met virtually with four community members who are people with HIV and are unaffiliated clients receiving RWHAP Part A services. All the clients spoke English as their first language. The clients included two men, one of whom is White, non-Hispanic, and one of whom self-identified his race as "Other" non-Hispanic, and two women, one of whom is White, non-Hispanic, and one of whom is Black Jamaican. The clients range in age from 36 to 73 years, with HIV diagnoses between six and 20 years. One client began receiving HIV

services within one year of receiving the initial HIV diagnosis; two received care within two or three years of learning their diagnosis, and one delayed receiving care by more than 16 years.

All clients expressed frustration with RWHAP Part A, as administered in the EMA. Several clients were very vocal about their extreme dislike of two large subrecipient providers that steer clients to services provided by those subrecipients, a practice the clients resent. The clients were unanimous in the opinion that there is not sufficient information about the resources available for obtaining medications and utilizing Uber, or ride share. Clients expressed dissatisfaction with the food voucher service and said by the 5th of June the subrecipient ran out of food vouchers for the remainder of the year, which the clients reported being skeptical about the truth of the information; even if true, the clients found it "ridiculous" and "unacceptable." There is an undeserved, but pervasive distrust of the recipient and "those in charge" of the distribution of RWHAP Part A funding. The clients perceive that RWHAP Part A money is being allocated in ways that make services unavailable to them, although there is no evidence that services are funded except as prioritized and allocated by the PC during the PSRA process and, subsequently, in its two annual reallocations.

When asked about their medical care, the clients reported they can usually get a medical appointment within one to two days; one outlier said it took seven days to secure an appointment. All clients confirmed they receive phone calls or text messages reminding them of their appointments. Clients unanimously reported waiting 45 minutes to one hour in the lobby before being seen for a scheduled appointment; one outlier reported a six-hour wait for a scheduled appointment. Most clients felt their provider was keeping to a 15-minute schedule, rather than affording them the time necessary to listen and fully explain things so they understand new health developments or medications.

Despite these complaints, when asked to assign a letter grade to each of the following, the clients unanimously graded the facilities where they receive medical care with an "A"; they also graded the clinical staff with whom they interact an "A"; for other support services, the responses were mixed, with one "A", one "B" and two saying "C." The clients unanimously graded the management of the services with a "B."

III. Finding Categories for Review:

A. Administration: **Finding(s) identified**

1. Findings and Recommendations

Governance and Constituent Involvement: Finding(s) identified

Finding 1: Legislative	
Description:	Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L)
Finding Description:	The PC's executive committee volunteered to the VSV team that they have difficulty recruiting clients to participate on the PC. There are currently no youths seated on the PC.
Citation:	RWHAP Legislation, § 2602(b)(1), § 2602(b)(2); HRSA HAB's Program Letter – Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations, dated April 6, 2022.
Recommendation:	PC leadership and PC support staff should work together to create alternate dates and times for conducting PC and PC committee meetings to create opportunities for potential new PC members to attend and participate. New meeting dates should be broadly advertised to individuals with HIV who reside in the EMA. The PC leadership, working with the membership council development committee, should create a

	membership recruitment plan that includes specific, time-framed activities/tasks to recruit new members to the PC who are reflective of the demographics of the people with HIV in the EMA. The plan should intensely focus on recruitment of people with HIV residing in the EMA, but not currently represented on the PC membership. PC leadership and the membership committee should identify several key medical providers from the RWHAP Part A network who are well-liked by the client population and/or have been a long-time service provider and request their assistance in promoting the PC's significant role in the EMA's RWHAP Part A and identify strong candidates from within their patient population to be nominated to serve on the PC.

Finding 2: Legislative	
Description:	Lack of compliance with the requirement for PC membership to comply with representation and reflectiveness. (L)
Finding Description:	The Planning Council Reflectiveness Table that was included as part of the upload of documents in preparation for the VSV indicates the PC is not reflective of the epidemic in the EMA, and currently has vacant legislatively mandated seats; there is insufficient representation of individuals who are Black, non-Hispanics and individuals between the ages of 20-29.
Citation:	RWHAP Legislation, § 2602(b)(1), § 2602(b)(2); HRSA HAB's Program Letter – Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations, dated April 6, 2022.
Recommendation:	PC leadership and PC support staff should request a 15-minute meeting with the CEO to discuss the challenges of filling the legislatively mandated seats on the PC, including the substance abuse provider, State Medicaid Agency, and representatives of/or formerly incarcerated people with HIV. PC leadership should request that the CEO assume responsibility for filling all currently vacant, legislatively required seats on the PC. Individuals recruited are more likely to agree to serve when asked to do so directly by the CEO. The PC membership recruitment plan suggested above, should also include specific, time-framed activities/tasks to recruit new members to the PC who are reflective of the demographics of the people with HIV in the EMA.

2. Improvement Options:

Improvement Option:	Finding Category Item: Administrative Other
Description:	The recipient has an excellent provider handbook for contracted service providers that was last updated in April 2023, however, some of the links in the handbook have not been updated. For instance, on Page 8, under Health Care Services, Ryan White Part A, item **2. What Services are covered by Ryan White Part A Program?** Please refer to the Broward EMA RW Part A, MAI, & EHE Services Eligibility Criteria.

	The link goes to a Broward EMA Ryan White Part A, MAI, and EHE Services Eligibility Criteria that was last updated October 7, 2020. On page 40, under Ryan White Part A Services, 1. Integrated Primary Care and Behavioral Health (Part A and MAI) there is a link to what is supposed to be the PHS Guidelines, however, the link is a broken link and renders a Page 404 error message. On Page 46, Q. Other – National Monitoring Standards, there are three different links: Universal Monitoring Standards, Program Monitoring Standards, and Fiscal Monitoring Standards; these all link to the OLD standards, not the newest iteration of the standards.
Recommendation:	To keep this excellent resource current and useful, the recipient should go through the handbook and check all hyperlinks to ensure they are operational and linked to the most current version of the resource the link is intended to provide.

3. Program Strengths

Strength:	Good working relationship between the recipient and the PC.
Description:	The recipient, the PC, and the PC's support staff have diligently worked to build and now enjoy a mutually respectful, collaborative, and supportive relationship that ensures open communication between them and lends itself to a smooth PSRA process.

Strength:	The recipient has assembled a team of hardworking and committed RWHAP Part A staff members.
Description:	Recipient staff members are clearly dedicated to operating RWHAP Part A that is transparent and accountable, and best serves people with HIV in the EMA.

B. Fiscal: **Finding(s) identified**

1. Findings and Recommendations

Limitation on Use of Grant Funds, Non- Allowable Costs: Finding(s) identified

Finding 1: Legislative	
Description:	Lack of CQM contract language that ensures scope of work and deliverables comply with allowable RWHAP CQM program activities and cost requirements.
Finding Description:	The recipient has a contract with the Broward Regional Health Planning Council to implement many core functions of the CQM program. Some subrecipient training and capacity-building activities provided under the contract are not allowable CQM expenses and do not directly support the recipient's RWHAP Part A CQM program. Training intended to expand clinical knowledge, but unrelated to CQM infrastructure, performance measurement, and quality improvement is unallowable. Some unallowable training identified included: client de-escalation strategies, trauma-informed care, stigma, and bias.
Citation:	Title XXVI of the Public Health Service Act §§ 2604(h)(5); Policy Clarification Notice 15-02

Recommendation:	The recipient should ensure all CQM activities included in any contract funded with RWHAP Part A CQM funds are allowable. The recipient will need to identify other funding sources to support activities that might benefit the CQM program but are unallowable based on HRSA HAB CQM program guidance.

Finding 2: Legislative	
Description:	Lack of compliance with the legislative distribution of funds – 75%/25% core medical/support service funding requirement
Finding Description:	The recipient is incorrectly identifying non-medical case management (NMCM) as medical case management (MCM) in financial documents used in budgeting and tracking expenses and in reports presented to HRSA and the PC; this error has resulted in NMCM, a support service, being documented as a core medical service. Upon investigation, it is noted that terminology used by the PC and the RWHAP Part A county office is inconsistent with HRSA's terminology used in the electronic handbooks (EHBs), which is largely the responsibility of the fiscal team to populate. When the service category expenses are properly aligned, it appears the 75/25 service funding requirement was not met for FY 2022, and a waiver is not in place.
Citation:	Title XXVI of the Public Health Service Act §§ 2604 (c)(1),(3), RWHAP Manual Section II Chapter 2
Recommendation:	The PC's service standards and PSRA process must align with the recipient's contracting, budgeting, and financial reporting. Even if the PC wishes to create unique, local definitions within a service category, the titling of the category should be consistent with RWHAP Part A service categories, which are listed in Section II, Chapter 2 of the RWHAP Part A Manual and Policy Clarification Notice 16-02, e.g., the EMA's disease case management service standards would fall under MCM; centralized intake and eligibility determination is under NMCM. All service standards should be reviewed and clearly titled using this consistent nomenclature. The recipient must contract for NMCM as a separate service category from MCM. Emergency financial assistance (EFA), a support service that is appropriately used to purchase anti-retroviral medications for clients of the Test and Treat Program, must be contracted separately from AIDS Pharmaceutical Assistance - local (LPAP), a core medical service. EFA and LPAP must be invoiced and reported as distinct and separate services. The recipient must correct the FY 2023 budget to ensure the 75/25 requirement will be met.

Fiscal Management and Oversight: Finding(s) identified

Finding 3: Legislative	
Description:	Lack of compliance with the requirement to pay subrecipients in advance and in a timely manner in compliance with 45 CFR 75.305. (L)
Finding Description:	The recipient's county administrative policies and procedures (CAPP) includes a policy on advance payments that generally prohibits advance payments to subrecipients. Although the CAPP provides for exceptions that are permitted, there is no mention of the requirement of a federal award issued to the county as being a permitted exception. There is no documented policy and procedure in the RWHAP fiscal policy and procedure manual that reflects what the process would be for a subrecipient to

	request an advance payment. Finally, there is no language in the subrecipient contract allowing for an advance payment to occur.
Citation:	45 CFR section 75.305(b)(1); 45 CFR section 75.305(b)(2)(ii)
Recommendation:	The recipient will need to develop a process, supported by written policies and procedures, to operationalize an advance payment to the subrecipients upon their request. A provision in its contracts to allow for advance payments to subrecipients must be added and, if any contract language exists that prohibits advance payments, it must be removed to bring the recipient's contracts into compliance. The CAPP policy should be updated to include conditions of a federal award as a permitted exception to the county policy.

Subrecipient Monitoring: Finding(s) identified

Finding 4: Legislative	
Description:	Lack of compliance with subrecipient monitoring to ensure that subrecipients report program income. (L)
Finding Description:	The recipient does not have policies, procedures, or tools in place for monitoring and tracking of subrecipient program income directly generated by subrecipients participating in the Broward County RWHAP Part A award.
Citation:	45 CFR section 75.305(b)(5) and 307, 45 CFR section 75.302(b)(3), and PCN 15-03
Recommendation:	The recipient must require subrecipients to report all program income generated by RWHAP Part A services. Along with dollar amounts that are verifiable through the subrecipient accounting system, this reporting must state in a narrative format the source and the use of the dollars e.g., source - $33,000 income generated through the 340B program; use - $5,000 to offset the cost of vaccines; labs and $28,000 to offset salary expenses for medical case managers; supporting documentation should be provided. This income should be specifically indicated from other program income sources and reported along with the use of those funds on a regularly scheduled basis, (monthly/quarterly/semi-annually), as defined by the fiscal policy and procedure and validated during the annual monitoring visit.

Fiscal Other: Finding(s) identified

Finding 5: Programmatic	
Description:	Lack of compliance with the involvement of the Planning Council (PC) in the development of the PC Budget.
Finding Description:	The PC's executive committee does not directly participate in the development of its annual budget with the recipient. The PC has consistently been able to secure administrative funds to carry out its scope of work; the level of funding is not a concern. The executive committee is not participating in negotiations for the PC's budget; it is unclear if the executive committee is reviewing the budget when it is finalized.
Citation:	RWHAP Part A Manual Section III, Chapter 5
Recommendation:	The recipient and the PC's executive committee, or a representative from this committee, should be negotiating the PC budget on an annual basis, based on the plan of work that is slated to occur. When budgets are finalized, the budget should be

	presented at an executive committee meeting and this action must be documented in the meeting minutes.

2. Improvement Options:

Improvement Option:	Finding Category Item: Fiscal Management and Oversight
Description:	The recipient's reported maintenance of effort (MOE) in FY 2020 was $629,528 versus $34,048 in FY 2021; this substantial decrease was reportedly derived from the same data system, which is the State of Florida Financial Information System (FIS) records. These MOE amounts are reflective of the Florida Department of Health (DOH), versus specific county or local funds that are required to demonstrate MOE. The decrease in MOE is attributed to a change in data reporting at the state level.
Recommendation:	The recipient must identify EMA funds, outside of any federal award dollars, being used for HIV-related core medical and support services. It is a condition of receiving the federal award that the expenditure level be equal to or greater than the expenditure of the previous year. The effort must be reasonable, at fair value, allowable, and related to HIV core medical and support services. How MOE is calculated must be documented in a written policy and procedure and trackable through the county's financial system; the recipient should identify a standardized methodology, which involves a minimal variable, to ensure meeting the consistent level of year-over-year funding. Material increases or decreases in MOE must be avoided.

3. Program Strengths

Strength:	Completion of an annual risk assessment rubric
Description:	The recipient conducts a risk assessment on subrecipient organizations at the time of the annual monitoring visit. The rubric form provides a rating on pertinent programmatic and fiscal factors, which yields an overall numerical score to indicate if the organization is at risk for failure to provide needed services in a manner that meets its contractual obligation.

C. Clinical: **Not Applicable**

D. Clinical Quality Management: **Finding(s) identified**

1. Findings and Recommendations: **None identified**

2. Improvement Options:

Improvement Option:	Finding Category Item: CQM Other
Description:	The recipient's CQM plan, (written narratives), includes all required components of a CQM program including infrastructure, performance measurement, and QI, however, the plan does not adequately describe all aspects of the CQM program, and some sections do not effectively reflect the full scope of activities and processes performed. The CQM workplan includes a timeline and responsible parties, as required by Policy Clarification Notice (PCN) 15-02, however, the list of activities is often broad, routine, and describes ordinary operational tasks, (e.g., distribute the annual CQM program report), that are not focused on

	improving aspects of the CQM program. The work plan also does not include progress updates or outcomes of implemented action steps.
Recommendation:	The recipient should review and revise its CQM plan and work plan to ensure the CQM program and its efforts toward improvements are clearly described in detail. The recipient should develop annual quality goals (AQGs) that reflect the focus of the CQM program's most important areas of need as they pertain to infrastructure, performance measurement, QI, and subrecipient monitoring. With the AQGs as the basis of the work plan, the recipient should revise its work plan to identify objectives, (specific/measurable), key actions, (planned activities), target dates to complete tasks, responsible parties/areas, (accountability), progress, and outcomes (results).

Improvement Option:	Finding Category Item: CQM Other
Description:	CQM Program Evaluation Recipients should regularly evaluate CQM activities to maximize the impact of the CQM program. Evaluation includes assessing whether CQM program activities have been implemented, as prescribed by the quality management plan and whether goals and objectives were achieved. Currently, the evaluation process focuses on broad, routine, and ordinary operational tasks, (e.g., monitoring the annual workplan), instead of opportunities to improve program impact and efficiency.
Recommendation:	When the recipient has revised the current work plan and redefined its priorities, strategy, (annual quality), and goals, the recipient should develop and implement a process to regularly evaluate, (at least quarterly), whether the impact and outcomes of planned activities were achieved, and how to address challenges and barriers to ensure AQGs are accomplished.

Improvement Option:	Finding Category Item: CQM Performance Measurement
Description:	Performance Measure Selection Methodology PCN 15-02 expects recipients to use client service utilization data, (the percentage of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service category), to determine the minimum number of performance measures (indicators) required for each service category. The recipient does not select performance measures based on service utilization data. The recipient's current performance measurement portfolio includes several service categories where the selected number of measures exceeds the minimum number required. In most instances, there are measures assigned to service categories when no measures are required.
Recommendation:	The recipient should consider the purpose and value of collecting measurement data. If the data are not utilized to identify and possibly lead QI initiatives, the recipient should focus on service categories and appropriately associated measures that would best help in supporting QI activities aimed at improving patient care, patient satisfaction, and health outcomes; this will also decrease the burden on subrecipient and recipient staff members with respect to data management, while allowing CQM staff members to redirect efforts to other needed aspects of the program and, thus, improve the recipient's return on the investment.

3. Program Strengths

Strength:	Subrecipient Networks

Description:	The recipient facilitates six subrecipient networks, a compilation of RWHAP Part A subrecipient staff members dedicated to evaluating and improving systemwide service delivery. Networks are organized by discipline, bringing representatives from the same professional backgrounds together to discuss service delivery issues, performance measurement, and QI projects; network meetings result in greater coordination and collaboration related to CQM.

IV. Technical Assistance Recommendations/Needs:

None.

V. Next Steps & Resources for Accessing the Corrective Action Plan (CAP):

When you receive a copy of this final site visit report through the EHBs, a CAP task will be created in EHBs documenting the findings and recommendations stated in the report. You will have 30 days from receipt of the task in EHBs to complete the CAP addressing your proposed resolution of the findings. The CAP will be monitored by your project officer through EHBs until all findings are resolved, at which time the CAP will be closed out.

See the Site Visit Corrective Action Plan User Guide and Help Video for reference.

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