Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
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HIV PLANNING COUNCIL MEETING AGENDA

Thursday, June 21, 2012 at 9:00 A.M.

Samantha Kuryla, Chair **Brad Gammell, Vice Chair**

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

1. **CALL TO ORDER**
2. **MOMENT OF SILENCE**
3. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   b. Council Member and Guest Introductions
   c. Excused Absences and Appointment of Alternates
   d. Approval of Today's Agenda
   e. Approval of 5/24/12 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (via teleconference)
6. **CONSENT ITEMS**

Consent Item #1	To recommend qualified applicant Patricia Parker-Maysonet to the HIVPC as an alternate
Proposed by:	**Membership/Council Development Committee**

Consent Item #2	To Approve the Policies and Procedures as amended
Proposed by:	**Joint Priorities Committee**

Consent Item # 3	To approve the FY 13/14 Language on How Best to Meet the Need
Proposed by:	**Joint Priorities Committee**

Consent Item #4	To recommend that Reverend Robert Jackson be added as a member of Joint Priorities Committee (Part A)
Proposed by:	**Joint Priorities Committee**

7. DISCUSSION ITEMS

Discussion Item #2

To approve Part A and MAI Service Category Rankings as shown below:

Core Services	FY 12/13	Rank FY 13/14	
	Part A	Part A	MAI
Ambulatory Medical Care (Outpatient)	1	1	1
Local AIDS Pharmaceuticals	2	2	
Oral Health Care	3	3	
Health Insurance Continuation Program (HICP)	4	No Longer Funded	
Medical Case Management	5	4	2
Mental Health Treatment	6	5	3
Substance Abuse Treatment (Outpatient)	7	6	4
Support Services		**Part A**	**MAI**
Food Bank	1	2	
Centralized Intake & Eligibility Determination (CIED)	2	1	1
Transportation Assistance	3	No Longer Funded	
Outreach Services	4	4	
Legal Assistance	5	3	

Proposed by: **Joint Priorities Committee**

8. JUNE COMMITTEE REPORTS

a. Joint Client Community Relations Committee (JCCR) – June 5, 2012 Meeting

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

The Committee heard the Part A report and received written reports on Part B and ADAP. A representative from South Florida AIDS Network gave a presentation on the ARCH program (Accessing Resources for Consumer Health). The program's website can be a resource for spreading information to the community and generating interest in the HIVPC. Two invited guests gave remarks about the needs and issues of the Transgender community, and ways the Committee and HIVPC could make more contact. The Committee discussed in detail its plans to conduct one or more community events in the Fall targeting Special Populations. In the end, the Committee decided to send Members to upcoming events sponsored by groups in the Hispanic and Transgender communities, to make more contacts and learn about their concerns in order to help the Committee shape its own events. *Agenda Items for Next Meeting:* Standing Agenda Items, Presentation on the 2012-14 Comprehensive Plan and National HIV/AIDS Strategy, Update on Attending Community Events. *Next Meeting Date:* July 10, 2012.

a. **Membership/Council Development Committee (MCDC) – June 7, 2012, Retreat**

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

The Committee held an all-day retreat to discuss the 2012-13 Work Plan and other issues. The Committee approved a new version of HIVPC warning and removal letters that omits wording that suggested the Committee was directing the letter be sent instead of indicating the letter is from the HIVPC in line with established policies. The Committee approved a form called "expectations for the

role of committee members" that all members will be asked to sign, stating their commitment to do the work and be courteous. After a detailed discussion, the Committee approved a new Work Plan. The first major goal to be addressed is to review and rewrite the Recruitment and Retention Plan including related recruiting materials, so increased recruiting can begin soon. Members plan to attend community events to recruit. Also, the Committee will address issues involved in the Mentoring Plan and draft a new one in coming months. The Committee also agreed that pre- and post-orientation for new members would be done on an as-needed basis. After a discussion of the excused absence policy, the Committee agreed to ask the Part A Executive Committee to reconvene the Ad Hoc Committee on Bylaws to look into giving the HIVPC Chair more discretion in granting excused absences. Members said they thought the four allowed reasons for excused absences may not cover legitimate reasons for missing meetings. Members also discussed the overlapping responsibilities of MCDC and the Joint Client/Community Relations Committee to recruit new members. The Committee made a motion to recommend a qualified applicant be named an alternate to the HIVPC. *Next Meeting:* July 5, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items, Review Planning Council Demographics and Vacancies, Review Current Applicants and Interested Parties, Develop new Recruitment and Retention Plan.

b. **Joint Planning Committee – June 11, 2012 – No June Meeting**
Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick
This meeting was canceled.
The *Agenda items for the next meeting*: Standing Agenda Items, Developing Committees' FY 2012-2015 work-plan from the Comprehensive Plan. *Next Meeting Date*: Monday, July 9, 2012.

c. **Local Pharmacy Advisory Committee (LPAC) – No June Meeting**
Chair: Dr. S. Abel
The Committee did not meet in June.
Agenda Items for Next Meeting: Standing Agenda Items, *Next Meeting:* July 9, 2012.

d. **Joint Priorities Committee – June 13, 2012 Meeting**
Part A Co-Chair: C. Taylor-Bennett, Interim Part B Co-Chair: Lisa Agate
The committee met at the first of two June meetings in preparation for the FY 2013/14 Part A and MAI service category Funding allocations scheduled to occur during the July meeting. Senior Epidemiologist, Dr. Stephen Bowen conducted a presentation dealing with routinizing population based HIV testing, a section on epidemiology, evidence for treatment as prevention and new federal treatment guidelines recommending all people living with HIV receive HAART for their own health and as a secondary benefit that public health also benefits A newly developed HIV Multi-Funder scorecard was reviewed and necessary changes were recommended. The final funders report will be brought to the next meeting. Revision of the FY 13/14 language on How to Best Meet the Need was begun and will be completed at the next meeting. Recommendations from the 6/13 and 6/20 meetings will be sent to the 6/21 HIVPC meeting for ratification. *Agenda Items for Next Meeting:* Standing Agenda Items, Review Funders Scorecard Update and Finalizing: Policies and Procedures and the FY 13/14 language on How Best to Meet Need. *Next Meeting:* June 20, 2012.

e. **Joint Priorities Committee – June 20, 2012 Meeting**
Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: TBD
At the committee's second June 2012 meeting the HIV multi-funder scorecard, policies and procedures and language on How Best to Meet the Need were finalized in order to conduct FY 13/14 Part A and MAI service category priority rankings and prepare for Resource Allocations in July. The Committee reviewed three-year score cards detailing service utilization and expenditures for FY09-FY11.The Committee voted to accept the rankings for FY 13/14 and present to the HIVPC for review. The finalized rankings and funding allocations will be provided to the HIVPC for voting in July. *Agenda Items for Next Meeting:* Standing Agenda Items, Resource Allocations (Part A, MAI) FY 13/14. *Next Meeting:* July 11, 2012.

f. **Part A Executive Committee – June 14, 2012 Meeting**
Chair: S. Kuryla, Vice Chair: B. Gammell
The committee reviewed and approved the HIVPC Agenda and the July meeting calendar. Developing committees' work plans for two years rather than one year was discussed. Each committee's work plan will be developed from the relevant portions of the Broward County Comprehensive HIV Health Services Plan. Planning for community forums to facilitate public comment on the 2012-2015 Comprehensive Plan was discussed and is in the initial stages. *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting*: July 12, 2012.

g. **Quality Management Committee (QMC) – June 18, 2012**
Chair: Michael Rajner, Vice Chair: Claudette Grant
The Committee continued discussion on ways to include the NQC Partners In+Care component of the In+Care Campaign in EMA retention activities. The Committee agreed to table the topic until the July meeting to allow time to develop recommendations to the Joint Executive Committee on how best to implement the Campaign. The Committee heard a summary of an AIDS Community Research Initiative of America (ACRIA) study (*Research on Older Adults with HIV*) as a follow-up to previous discussion on age-related barriers to retention in care. It was noted that approximately 60% of Part A clients are aged 45 and above with about 3% aged 65 and above. The Committee asked to review retention data for FY11-12 with particular emphasis on the relationship between age and retention as well as a report on the types of Part A services accessed by the 65 and above Part A population. The data will assist the Committee to identify specific age-related barriers to retention and develop strategies to address them. The Committee heard an update on revisions to outcomes and indicators and made a motion to approve the revised CIED outcomes and indicators. The Chair requested that all pending revisions be completed and brought for approval to the September QM Committee meeting. The Committee heard a summary outlining the components of the 2012-2015 Comprehensive Plan with specific emphasis on the activities that will become part of the QM Committee's work plan. It was noted that all HIVPC Committees are expected to incorporate relevant activities into their work plans before February 2013. The Grantee provided a Part A report and announced that a poster collage of QI Network members' photos with an NQC In+Care Campaign poster was submitted to NQC for a poster contest. The HRSA request for comments on the 2013 Ryan White Program Reauthorization was discussed; the Committee will consider developing language at its next meeting regarding the reauthorization. *Agenda Items for Next Meeting:* Standing Agenda Items, 2013 Ryan White Program Reauthorization, Retention and Age Data Report, Recommendations to Joint Executive on Implementing Partners In+Care. *Next Meeting*: July 16, 2012. The *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting*: July 16, 2012.

9. GRANTEE REPORTS (up to 10 minutes)
- Part A
- Part B (Handout A1)
- ADAP (Handout A2)

10. OTHER REPORTS - Part C, Part D, HOPWA (up to 10 minutes)

11. OTHER BUSINESS
- ❖ Retreats Follow Up (continued)

12. NEW BUSINESS
a. Healthcare Reform Update
b. AICP Policy Change Update:
   i. Response from Florida Department of Health (FDOH) Tallahassee (Handout B1)
   ii. Memorandum on AICP Waiver, from Joe May, FDOH (Handout B2)

13. ANNOUNCEMENTS
- **Notice of Public Comment:** FY 2012-2015 Broward County Comprehensive HIV Health Services Plan (See Below)
- **HRSA Request for Comments**: Ryan White Program 2013 Reauthorization (See below)

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR INFORMATION (Form)

16. AGENDA ITEMS FOR NEXT MEETING: Thursday, July 19, 2012 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT

Notice of Public Comment:
Broward County FY 2012-2015 Comprehensive HIV Health Services Plan

Dear HIVPC Members and Interested Parties,

The Broward County FY 2012-2015 Comprehensive HIV Health Services Plan for the Ryan White Part A program is available for review and public comment, and will be available on the Broward Regional Health Planning Council website until June 30, 2012.

The purpose of this Plan is to develop a multi-year comprehensive and responsive system of care that addresses the needs and challenges of the community. The Comprehensive Plan is a living document that serves as a roadmap for the provision of the Ryan White Part A continuum of care that will be used to guide discussions and decision-making over the next three years.

The Comprehensive Plan reflects our community's vision and values regarding how best to deliver HIV/AIDS services, particularly in light of cutbacks in federal, state, and local resources. The planning process reflects a diverse perspective from members of the Broward County HIV Health Services Planning Council, affiliated and unaffiliated consumers, HIV service providers, representatives of community-based organizations, and other stakeholders.

The Comprehensive Plan provides an opportunity to achieve the vision of an "ideal" system of care through review of needs assessment data, existing resources to meet those needs and the review of barriers to care. The Plan will also aid the Ryan White Part A program in responding to changes in the epidemic, identification of individuals unaware of their HIV status and linking them to care, and to address the unmet need of those aware of their status but not in care. The Comprehensive Plan also considers the yet unknown implications to the Broward County service delivery system resulting from the implementation of the Affordable Care Act.

To download the Comprehensive Plan please go to www.brhpc.org/files/rwcompplan.pdf

You are encouraged to review and comment on this plan as it is the planning document that will be utilized to develop the Ryan White Part A continuum of care. The Comprehensive Plan will be updated periodically to reflect any changes in the local epidemic that affect the service delivery need of the Broward County Eligible Metropolitan Area.

Please direct all comments to Ariela Eshel at AEshel@BRHPC.org.

Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

The federal Health Resources and Services Administration / HIV/AIDS Bureau is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013.

The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

To make comments: http://hab.hrsa.gov/reauthorization/

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly.

HRSA: http://hab.hrsa.gov

Target Center: www.careacttarget.org. **A *Central Source for Ryan White TA (Not a US Government Web site)***

Twitter*: Sign up using "ryanwhitecare" (Not a US Government Website)*

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact Paula Jones at pjones1@hrsa.gov.

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

May 24, 2012

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	Kuryla, S. **Chair**	X			Carriego, J.
2	Gammell, B., **Vice-Chair**	X			Davis, E.
3	Abel, Dr. S.	X			Downie, G.
4	Bush, A.	X			Majcher, B.
5	Crawford, L.		A		Markman, N.
6	Creary, K.	X			Murphy, K. *
7	Dyer, L.	X			Scarlette, L.
8	Grant, C.	X			Schikowski, K.
9	Hanson-Evans, B.		A		
10	Hayes, M.	X			
11	Hernandez, R.	X			
12	Holness, Comm. D. V.C.		A		
13	Johnson, K.	X			
14	Jordan, V.	X			
15	Katz, B.	X			
16	Marcoviche, W.	X			**Grantee Staff**
17	Moore, P.	X			**Part A**
18	Moragne, Dr. T.	X			Green, W.E.
19	Pearl, J.	X			Jones, L
20	Perigny, W. J.	X			
21	Pryor, J.	X			**Part B/ADAP**
22	Rajner, M.	X			Moore, P
23	Reed, Y.		A		
24	Roberson, C.		A		
25	Siclari, R.	X			
26	Spencer, W		A		
27	Stoakley, M.	X			**HIVPC Support Staff**
28	Taylor-Bennett, C.	X			Eshel, A.
29	Tomlinson, K.	X			Hosein, F.
30	Wilson, T.	X			LaMendola, B.
31	Wynn, J.	X			
A1	Coscarelli, M. (Alt)		A		
	Quorum=17	**25**	**7**		***Present Via Phone**

1. **CALL TO ORDER**
The Chair called the meeting to order at 9:09 a.m.

2. **MOMENT OF SILENCE**
A moment of silence was observed.

3. **WELCOME AND INTRODUCTIONS**
The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 5/24/12 Agenda

Motion #1:	To "Approve the 5/24/12 Agenda"
Proposed by:	Joey Wynn
Seconded by:	Jodi Pearl
Action:	Passed

Approval of the 04/26/12 Meeting Minutes

Motion #3:	To "Approve the 04/26/12 Meeting Minutes
Proposed by:	Mychell Stoakley
Seconded by:	Leroy Dyer
Action:	Passed

4. **PUBLIC COMMENT** (up to 10 minutes)
There was no public comment.

5. **FEDERAL LEGISLATIVE REPORT – Kareem Murphy, The Ferguson Group**
The following report was provided via teleconference:

The House and Senate are moving forward with consideration of their Fiscal Year (FY) 2013 appropriations bills. The Labor-Health and Human Services Appropriations bill is expected to be the last one considered in each chamber. Congress is in somewhat of a holding pattern because of the recess schedule and the small number of legislative days left in the session. There are other bills (e.g., debt ceiling, budget, transportation authorization, etc) that will compete with appropriations bills for floor time in the House and Senate. Budget hawks are still seeking every means possible to reduce federal spending and we expect the Labor-HHS bill to be a target when it comes up for consideration in Committee and on the House and Senate floors.

The White House Budget request includes $2,093,555,000 for Parts A and B (compared with $1995 billion for the FY 2012 enacted level). It also includes $1 billion for ADAP, reflecting the $25 million set aside within the Public Health Services Emergency Fund. That will help provide additional political cover for congressional supporters of the Ryan White Program. We expect the House to write its version of the bill in late May or early June, with the Senate following shortly thereafter.

Because the House and Senate have differing caps on overall, government wide funding, we do not expect the appropriations process to work out smoothly after the House and Senate pass their respective bills. Congress might not reach final agreement on any of its bills, including Labor-HHS, until after the election. Such a scenario might potentially delay HRSA's administration of FY 2013 Ryan White funds.

6. CONSENT ITEMS

Consent Item #1: To "Add Glypizide, Glyburide, and Metformin to the Part A Formulary (Tier I) with an expected yearly cost of approximately $15,000.
Justification: Recommended by the Medical Network because of the lack of available first line oral agents.
Proposed by: Joint Priorities Committee

Consent Item #2: To "move Executive and HIVPC meetings forward by one week for June and July 2012"
Proposed by: Part A Executive Committee

The following motion was made to approve all Consent Items:

Motion #3:	To "Approve Consent Items #1 and #2"
Proposed by:	Michael Rajner
Seconded by:	Leroy Dyer
Action:	Passed

Regarding Consent Item #2 (meeting date changes) all present were reminded to update their calendars.

7. DISCUSSION ITEMS (Items that may have been pulled for discussion)
No Consent Items were pulled for discussion.

8. MAY COMMITTEE REPORTS

a. Joint Client Community Relations Committee (JCCR)– May 2, 2012 Meeting
Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington
The Committee heard Part A, Part B, and ADAP reports. Members provided presentations on three of the four Special Populations identified during the April meeting for community outreach (MSM, Adolescents, Women, and Latinos). Several themes emerged during the presentations, with one notable common theme to utilize peers in community outreach efforts. Members requested that individuals representing the four groups attend the June meeting in order to present their needs firsthand to the Committee. Members discussed planning an event for the fall of 2012 and requested the development of a calendar of community events scheduled for September and October in order to coordinate the community outreach event with other scheduled events. *Agenda Items for Next Meeting:* Standing Agenda Items, Update Regarding the Consumer Survey Schedule, Special Populations Presentations, Community Outreach Event Planning. *Next Meeting Date:* June 5, 2012.

b. Membership/Council Development Committee (MCDC) – May 3, 2012
Chair: H. Bradley Katz, Vice Chair: Tara Wilson
The Committee reviewed HIVPC demographics, vacancies, current applicants and interested parties, and attendance. The Committee was concerned with the language in the HIVPC/Committee warning and removal letters. The letter in its current form suggests the Committee is directing the HIVPC to provide the warning instead of indicating the letter is sent from the HIVPC in line with established attendance policies and procedures. Members requested the template letter be reviewed at the next meeting. Members discussed the process for recruiting new members onto the HIVPC. They requested a calendar of upcoming events be provided at the June meeting in order to determine if the Committee can use the events to recruit new members. The Committee discussed steps to update its work plan and agreed that discussion is needed to develop the recruitment plan, membership orientation process, and clarify the mentoring program. In addition, the work plan must reflect the status of each activity. In order to develop the FY2012-2013 work plan, the Committee agreed to hold an all day retreat on June 7,

2012 at the Carpenter House. *Next Meeting:* June 7, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items, Review Planning Council Demographics and Vacancies, Review Current Applicants and Interested Parties, Review Attendance Policy, Develop Committee Work Plan.

c. Joint Planning Committee – May 14, 2012 Meeting

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

The Committee heard a presentation from the Broward County Health Department analyzing the three-year trend epidemiological trends for HIV/AIDS. The number of new HIV cases increased in 2011 compared to 2010 and reached the same number as 2009. The demographic trends remained relatively consistent in that period. The Department noted rising numbers of cases among the 30-39 and 40-49 age groups. The Part A Grantee asked the Committee for any recommendations to Joint Priorities about populations to target. After a discussion, the Committee agreed the present focus was appropriate and recommended no changes. A guest, BCHD Medical Epidemiologist, said a 10-year look-back may show more, and the Committee asked for that report for its next meeting. The Part A Grantee noted that epidemiological data gathered for the Comprehensive Report may give new insight. The Committee noted that Joint Priorities may want to take into account the spending impact of new CDC recommendations that new HIV+ people be in drug treatment as a way to maintain health. The Committee noted that Joint Priorities may want to hear an update from the BCHD Epidemiologist about the highlights of the trends, including MSMs, the Black Community and the various age groups. *Agenda items for the next meeting*: Standing Agenda Items, Client Survey Input. *Next Meeting Date*: Monday, June 11, 2012.

d. Local Pharmacy Advisory Committee (LPAC) – May 14, 2012 Meeting

Chair: Dr. S. Abel

Brad Gammell, HIVPC Vice-Chair, performed chair duties in the LPAC Chair's absence. The Committee continued to review recommended additions to the Part A Formulary. The Medical Network provided recommendations for medications that have become difficult to access through a Patient Assistance Program (PAP) thereby creating a barrier to treatment. The Medical Network recommended adding Statins (currently on Tier 3 of the Formulary) and oral Diabetes medications (the current Formulary contains injectable insulin and one oral option, Actos, which the Medical Network has recommended be removed). The Committee agreed to add the oral Diabetes medications Glipizide, Glyburide, and Metformin to Tier 1 to address the lack of available first line oral Diabetes agents on the Formulary. The Committee estimated an annual cost to Part A of approximately $15,000. The Committee expressed concern regarding the lack of Statins on Tier 1. The Committee requested that the following information be provided at the next meeting: 1) updated data on Statins pricing in order to estimate the impact of adding either Crestor or the generic form of Lipitor to the Formulary, 2) an estimate from the Medical Network of the percentage of Part A clients who need Statins but are not obtaining them as a result of PAP-related barriers. The Committee expressed concern regarding shipments of the appetite stimulant Megace to providers without clear dosing instructions. Clinics and pharmacies are bound by law to dispense medications with clear dosing instructions to ensure client safety; the PAP's process poses both a legal and client safety concern. The Committee will address this matter again at the next meeting. *Agenda Items for Next Meeting:* Standing Agenda Items, Review of Recommended Additions/Deletions to the Formulary, PAP Drug Labeling. *Next Meeting:* June 2010 (exact date TBD).

e. Joint Priorities Committee – May 16, 2012 Meeting

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: TBD

The Committee reviewed the changes made to the Policies and Procedures, noting that further changes need to be made to reflect the 'stratification' that was discussed at the 4/18/12 retreat.

Part A Co-Chair and support staff will redraft this document. The eligibility criteria document reflecting the 2012 FPL (Federal Poverty Limit) for the three 'supercore' services was reviewed and discussed with regard to being "funded at a minimum." As for the PSRA process, the committee agreed to have a guest (Medical Epidemiologist from the BCHD) conduct a short EPI Data Presentation at the June 13th meeting. The PSRA timeline was reviewed. The Committee will meet twice in June (13th and 20th) and Priority Setting Resource Allocations (PSRA) will take place in July. *Agenda Items for Next Meeting:* Standing Agenda Items, EPI Data Presentation, PSRA Data Review. How Best to Meet Need Language. *Next Meeting:* May 16, 2012.

f. Joint Executive Committee – May 17, 2012 Meeting

Chair: S. Kuryla, Vice Chair: B. Gammell

The Committee met without quorum. The Part A Chair held brief discussion on Agenda Item 9c: Effect of New AICP policy on Consumers/Notifications. *Next Meeting Date:* 7/12/12. *Agenda Items for Next Meeting*: The May Agenda will be carried forward to the July meeting.

g. Part A Executive Committee – May 17, 2012 Meeting

Chair: S. Kuryla, Vice Chair: B. Gammell

The Committee met and approved the HIVPC Agenda and the HIVPC June 2012 meeting calendar with changes. The formulary changes brought forward by Joint Priorities (from LPAC) were discussed at length noting the chronic illnesses. This will go to full Council on 5/24/12. *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting*: June 14, 2012.

h. Quality Management Committee (QMC) – May 21, 2012

Chair: Michael Rajner

The QMC reviewed a presentation on Partners In+Care, a peer focused component of the NQC In+Care Campaign, to discuss what recommendations the QMC can make to implement the campaign, encourage JCCR participation in it, or pilot the campaign to test its impact. The QMC discussed ways to involve peers in engaging others in care and noted that training would be needed along with incentives to encourage involvement. Staff will contact NQC to discuss how other EMA's have incorporated the peer component into the overall In+Care Campaign. The QMC reviewed its annual work plan. It was noted that the plan will be updated to align with the goals of the 2012-2015 Comprehensive Plan. The Committee received a quarterly QI Network update detailing the work of all QI Networks between March and May, 2012. The Chair requested that future updates include the Grantee Access to Care reports with a range of the minimum and maximum wait times for Outpatient Ambulatory Medical Care, Medical Case Management, and Mental Health/Substance Abuse services. The QMC reviewed the status of revisions made to outcomes and indicators. The QMC previously approved the outcomes and indicators for Mental Health, Substance Abuse, Legal Services, and Medical Case Management. Revisions are in process but not completed for Oral Health Care, Pharmacy, Outreach, Food Bank, and CIED. Once all outcomes and indicators are approved they will be submitted, along with justifications, to the HIVPC for approval. *Agenda Items for Next Meeting:* Standing Agenda Items, Follow-up on the Partners In+Care Campaign, HIV and the Aging Population, Follow Up on CIED and Food Bank outcomes and indicators. *Next Meeting*: June 18, 2012

9. GRANTEE REPORTS

Part A

The Part A Grantee reported the Comprehensive Plan 2012-15 has been completed and submitted and will be posted on Broward Regional's website (www.brhpc.org\HIVPC) from June 1, 2012 for the entire month for review and comment. Council members will receive a copy. The Grantee noted this is the road map and guide for Planning Council activities for the next three years and urged all to review and comment. In response to a member's request for an informational session where a walk-

through of the Comprehensive Plan can be conducted, the Grantee noted that this the Comprehensive Plan is a living document and there will be much community focus on the Plan. The Plan is subject to changes due to trends and service needs, and can be modified and resubmitted. The Ryan White Part A Program Office has advised the goals and objectives of the Comprehensive Plan will be integrated into the committees' work plans.

Regarding the Health Resource Services Administration (HRSA) Reorganization: There was a statewide Part A call wherein the HRSA reorganization and what it meant to the Part A Program was discussed. It was communicated that the state of Florida will be assigned a new project officer and also that Part A and Part B are being split. Part A's may retain their current project officer but this may be subject to change as there has been no official briefing since March 2012. A concern of many Part A's across the state is that the same project officer should be assigned to all the Part A's as issues are similar. Another concern of the Part A's was that the Part B project officer may be different and, as a state, with limited resources, the Parts should work together.

The Grantee addressed the AIDS Insurance Continuation Plan (AICP) policy change. When the state had their site visit from HRSA, one recommendation was that individuals eligible for Medicaid/Medicare be transferred off from AICP as one federal funding source cannot be used to make another funding source whole. What that meant was an AICP policy change which states that an individual who is eligible for Medicaid/Medicare is expected to utilize Medicare. Some individuals with private insurance did not enroll in Medicare Part B and Medicaid Part D. There was a letter sent in January 2012 from HRSA to AICP providers from which AICP informed clients. On a call last week to the Health Council of South Florida, it was noted that there are about 85 Broward clients who have been affected by the AICP policy change. On the HRSA call this week (5/23/12) the number being affected by the AICP policy change increased to 95 clients. These are individuals who are eligible for but not enrolled for Medicaid Part D and Medicare Part B but will be enrolled in the AIDS Drug Assistance Program (ADAP) for the ADAP donut hole. But there are no true numbers. Service providers and consumers alike are not 100% clear on the processes that need to take place going forward. The Ryan White Part A Program Office has since been researching the impact of this AICP policy change to Broward County and is presently attempting to attain a list or a fact sheet of persons disenrolled from AICP to ensure they are transitioned correctly to avoid disruption of care. These persons are losing their private insurance and may come into the Part A as a transition, but the transition should not fall onto Part A. Case managers should assist in guiding their clients but it was noted that many of these individuals do not have case managers. The Grantee will be on a call with Joe May to discuss this. The Grantee noted there needs to be more of an education process as these individuals need to remain in care without disruption.

The Grantee reported that the Minority AIDS Initiative Request for Proposal (MAI RFP) process has been completed and recommendations have been sent to the County Commission. The Commission date will be either June 5 or June 12. It is anticipated that the new MAI Case Management Service Category will start July 1, 2012 when contracts will be issued.

Regarding the AICP change, a member requested to be involved in the call with Joe May as, at his provider agency, five clients came to the agency who were affected by the AICP policy change. They were from other agencies and some did not have case managers. This agency worked with these persons, got them into Medicare Part D, got Social Security to cover Part B supplement taken out of their check and didn't lose their coverage. It was found that those coming forward to this agency were correctly enrolled into AICP, aged into Medicare with two years disability, could/should have been Medicare Part D eligible but were not informed of this. AICP did not seem to follow patients as they became eligible for other programs thus patients were not properly informed. The Grantee office stated that it cannot be assumed that patients who fall through the cracks will be picked up by Part A due to another program not properly screening the third party and noted that AICP needs to negotiate the June 1 cut-off date to HRSA to carry those patients until they have coverage. A member asked if legal action may result from the situation. The Grantee responded that this is a state program and it is up to Part A to ensure that any change through the Bureau of HIV/AIDS that will affect Part A is

managed soundly to have no adverse effects on consumers.

Part B

The Part B Grantee report was provided on expenditures to March 30, 2012: Non Medical Case Management conducted 521 eligibility interviews in March of which 130 were new clients. Medication co-payment served 314 clients of which 10 were new to the program. There were 307 clients served in March for Med Co-Pay and 7 clients served for mail orders. Cost avoidance for Med Co-Pay program is $34,432. Total cost avoidance from April 2011 - March 2012 is $248,000. There are approximately $42,000 in invoices being processed that will be reflected in the final end of year closeout report. When Part A bus passes have been depleted, Part B bus passes will begin being distributed. Remaining funds are approximately 7%-8% ($85,000-$95,000) and must be returned to the state.

ADAP (AIDS Drug Assistance Program)

The ADAP report through April 25, 2012 was provided: The total ADAP "open" enrollment was 2,469 with 1,526 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 111 clients and the total ADAP/Medicare Part D Enrollment was 187. There were 606 appointments of which 187 (31%) were missed. Client(s) Served is defined as having at least one "pickup" in the period. The category definitions and the clients served by category are as follows:

Category A Clients Served = 8 (CD4 < 200 cells/mm3 and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)

Category B Clients Served = **64** (CD4 cell count between 201-350 cells/ mm3: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)

Category C Clients Served = 97 (Treatment naïve clients with CD4 cell count > 350 cells/mm3)

Category D Clients Served = **9** (Unknown/Other)

Clients are removed from the Wait List by medical category in the order of earliest enrollment. This serves as a reminder that clients MUST recertify every 6 months or they will lose their position on the Wait List.

10. OTHER REPORTS

Part C

The Part C Grantee provided the following program overview and reports:

BROWARD HEALTH

COMMUNITY HEALTH SERVICES

RYAN WHITE PART C REPORT

Broward Health has been the recipient of Ryan White Part C funds since 1996 and serves as the grantee. Part C funds are used to pay the salary for staff providing services such as counseling and testing, pharmacist based medication adherence counseling, case management, data entry, and ambulatory Outpatient medical. Unlike like Part A that provides reimbursement for services provided to the eligible clients, there is no service reimbursement for Part C as it is the provider who is designated to be a Part C provider.
Currently only one physician's salary is partially paid by this grant and there is no billing for all Ryan White certified clients seen by him. The clients seen by the Part C provider must go through the Ryan White eligibility and will receive other Ryan White Part A services that are not provided under the Part C grant.

Broward County Health Department is a provider under the Part C grant and provides counseling and testing and TB evaluation and follow-up including direct observation therapy for TB and HIV.
Total grant award is $952,729 and $136,327.20 of that is allocated to BCHD. This is our final year in the current funding. For FY 2013, starting July 2012 the application for funding was competitive so it was open to new applicants as well, but request could not exceed the amount previously funded ($952,729). To date we have not received a notice of award or a denial of funding.

Respectfully submitted
Claudette Grant 5/23/12

112213-RW Part C FY2012 — BROWARD HEALTH CHS Grant Budget Comparison 07/01/11-06/30/12

25% budget shift allowed	Grant Budget based on NGA 8/10/11	Monthly Allocation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Total	Balance	Year-To-Date Budget	YTD Actual	Variance $	Variance %
REVENUES																	
Grant Revenue per 157-FY11	(952,729)	(79,394)	(87,749)	(85,205)	(83,913)	(60,592)	(78,435)	(78,300)	(72,158)	(75,101)	(80,506)	(701,959)	(250,770)	- 952,729	(701,959)	(250,770)	26.32%
Prior Year Contract Grant Revenue			-	-	-	-	-	-	-	-	-	-					
Total Grant Revenue			(87,749)	(85,205)	(83,913)	(60,592)	(78,435)	(78,300)	(72,158)	(75,101)	(80,506)	**(701,959)**		- 952,729	(701,959)	(250,770)	26.32%
Misc. Revenue-In	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.00%
Total Revenue per 157	(952,729)	(79,394)	(87,749)	(85,205)	(83,913)	(60,592)	(78,435)	(78,300)	(72,158)	(75,101)	(80,506)	(701,959)	(250,770)	- 952,729	(701,959)	(250,770)	7.37%
EXPENSES																	
Salaries/Physicians/benefit/Agency/supplies/ins	816,401	68,033	76,388	73,844	72,552	64,326	67,074	66,939	70,169	63,740	69,145	624,177	192,224	816,401	624,177	192,224	23.55%
Contractual(with Health Dept)-Outside serv	136,328	11,361	11,361	11,361	11,361	(3,734)	11,361	11,361	1,989	11,361	11,361	77,783	58,545	136,328	77,783	58,545	42.94%
Total Allowable Expenses	**952,729**	**79,394**	**87,749**	**85,205**	**83,913**	**60,592**	**78,435**	**78,300**	**72,158**	**75,101**	**80,506**	**701,960**	**250,769**	**952,729**	**701,960**	**250,769**	**26.32%**
															-		
Rev. over Allowable Exp.	-	-	-	-	-	0	-	-	0	-	-	1	(1)				
												1	variance (gain)				
(These are unallowable exp)																	
Common Service Allocation-90000	-	-	10,590	10,639	10,468	10,617	10,506	10,620	10,819	10,517	11,038	95,814	(95,814)	-	95,814	(95,814)	unallowable exp
Common Service- Admin Department-90005	-	-	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	6,482	58,338	(58,338)	-	58,338	(58,338)	unallowable exp
Salaries-Unallowable (Grant Staff,OT,)			88	84	84	106	-	-	-	-	-	292					
Benefits-Unallowable (Grant Staff)			7	3	4	6	-	-	-	-	-	20					
Admin Allocation (90015)	-	-	-	-								-	-	-	-	-	unallowable exp
Depreciation (92100)	-	-	30	30	30	30	30	30	30	30	30	273	(273)	-	273	(273)	unallowable exp
Total UNAllowable Expenses	-	-	17,197	17,198	17,038	17,241	17,018	17,132	17,331	17,029	17,550	154,737	(154,425)	-	154,425	(154,425)	unallowable ex
Total Direct Expenses			104,946	102,403	100,951	77,833	95,453	95,432	89,490	92,130	98,056	856,696	96,344	-	-	-	-
Total Expenses	952,729	79,394	104,946	102,403	100,951	77,833	95,453	95,432	89,490	92,130	98,056	856,696	96,033				
Total Rev. over Exp.per 157 (Gain)Loss	-	-	17,197	17,198	17,038	17,241	17,018	17,132	17,332	17,029	17,550	154,737	(154,737)				

	A	B	C	D	E	F	G
1	**RW Part C Demographic Data Report**				**Service Category (BH)**	**2011**	**2012**
2		**2011**	**2012**		HIV test performed by Part C	4646	1437
3	# or New Patients	393	43		**New positives test by Part C**	**22**	**11**
4	# of Patients with AIDS	654	326		**Treatment adherence clients**	**1049**	**737**
5	# of Patients HIV/non AIDS	1216	49		**Total # Case Management**	**808**	**416**
6	**Total # of Patients**	**1924**	**989**		**Totalof Medical Clients**	**825**	**382**
7	**Total Patients by Race**				**Services Category (DOH)**	**2011**	**2012**
8	Black/African American	1362	656		HIV test performed by Part C	874	203
9	American Indian/Alaska Native	2	0		New positives test by Part C	19	5
10	Caucasian	517	203		# of LTBI referrals	130	18
11	MTOR	3	1		# of DOT for TB Disease	47	18
12	Asian	10	5				
13	Not reported	28	14				
14		**1922**	**879**				
15	**Ethnicity**						
16	Hispanic/Latino	110	110				
17	**Total Clients by Age**						
18	Total Infants/Child (0-12)	1	1				
19	Total Youth (13-24)	71	14				
20	Total adults (25-44)	625	270				
21	Total adults (45-64)	1166	684				
22	Total adults (65 year or older)	51	20				
23		**1914**	**989**				
24	**Total Clients by Gender**						
25	Males	1177	698				
26	Females	745	289				
27	Transgender	2	2				
28		**1924**	**989**				
29	**Total Clients by Exposure**						
30	MSM	405	309				
31	IDU	51	26				
32	MSM and IDU	3	2				
33	Hemophilia/Coagulation Disorder	2	2				
34	Heterosexual Contact	1368	674				
35	Receipt of transfusion	3	2				
36	other with/at risk HIV (prenatal)	25	2				
37	Other	4	3				
38	Unknown/Unreported	63	24				
39		**1924**	**1044**				

Part D

The Part D Grantee provided the following program overview and report:

Children's Diagnostic & Treatment Center, Inc.
Ryan White Part D – Comprehensive Family AIDS Program
1401 South Federal Highway, Fort Lauderdale, FL 33316
Phone: (954) 728-8080/Fax: (954)728-9613
www.childrensdiagnostic.org

The Children's Diagnostic & Treatment Center (CDTC) is an outpatient facility which has provided early intervention, medical care and other services to children with chronic illnesses and developmental disabilities living in Broward County, Florida since 1983. CDTC serves over 10,000 children annually through public and private support. The Comprehensive Family AIDS Program (CFAP), one of five programs at CDTC, has provided family centered, culturally competent care to children, youth and women living with HIV/AIDS since 1991. Through CFAP, HIV infected and affected children, youth and women have received the highest quality medical care with access to the most effective HIV treatments available. These clients have also received dental care, mental health and substance abuse treatment, nutritional guidance, linkage to research, health education and emergency assistance.

Target Population: In 2011, CFAP served 1349 HIV infected and 203 HIV indeterminate WICY clients, approximately 95% of whom are minority and, in 2012 – 2013, intends to continue to serve all HIV+ women, children and youth in Broward County to ensure the highest quality health outcomes. CFAP staff, 86% of whom are minority, place special emphasis on linking all women and youth to care, newly identified or aware of their diagnosis, but not in care.

Problems/Challenges: The majority of CFAP clients live at or below 100% FPG, many live situationally, often with substance and mental health issues. Women with children are frequently unable to work and have little support, no child care, and no transportation.

Objectives: CFAP's objectives for 2012-2012 include: testing 300 new patients; identifying 85 newly infected patients and 215 who know their status but are not in care; providing medical care to 1534 patients; tracking 210 exposed infants; providing prenatal services to 105 women; providing adherence education to 800 patients; and arranging 2300 specialty referrals. Core medical and support services that will improve access to and retention in care for WICY clients, such as medical care coordination, childcare and transportation will be provided to 1852 clients.

	CFAP Characteristics	
	2011	
	#	**%**
Racial Minorities	1278	95%
Ethnic Minorities	96	7%
Population 13-24	235	17%
Homeless	57	4%
Drug/Alcohol Use	561	42%
Uninsured	557	41%
Women 25 >	945	70%
Non-English Speaking	279	21%
Below 100%FPL	1172	87%
Unemployed	771	57%
Total	1349	

Table 4 : Annual Statistics and Target Population Characteristics of CFAP patients

CFAP POPULATION OF PATIENTS SERVED BY GENDER, RACE, ETHNICITY, PREGNANCY, AND TRANSMISSION MODE		2011
Total # of Patients		1349
# of New Patients		192
# of Patients with AIDS		349
# of Patients with HIV/non AIDS		1000
Total # of Patients by Race	Black/African American	904
	Haitian	268
	Caucasian	168
	MOTR	9
Total # of Patients by Ethnicity	Hispanic	98
	Non-Hispanic	1251
Total Infants/Children 0 -12		34
Total Youth (13 – 24)		236
Male 13 - 24 (HIV +)	MSM	24
	Behavioral	8
	Perinatal	63
Female 13 - 24 (HIV +)	Behavioral	64
	Perinatal	76
	Pregnant	23
Total Adults (25 - 64))		1065
Total Adults (65 +)		14
Total # of Patients by Gender		
Total Female	Non-pregnant	987
	Pregnant	119
Total Male		242
Total # of Patients by HIV Exposure Category	Perinatal Exposure	155
	Perinatal Infection	193
	Heterosexual	1121
	MSM	30
	IDU	2
	Transfusion	2
Total # of Patients by Insurance Status	No Insurance	560
	Medicaid	712
	Medicare	16
	RW Part A	361
	HMO/Private	54

HOPWA

The HOPWA Grantee reported the Request for Proposal (RFP) has not yet been released. The outsourcing of HOPWA was put on the back burner but may still be an option. HOPWA Grantee noted that if community wants the program the way it is, community support is integral to this and reminded the HOPWA Advisory Board is the avenue to voice any concerns about HOPWA. The following HOPWA end-of-year report was submitted:

Housing Services							
Agency	**Fiscal Year**	**Total Awarded funds**	**Program**	**Clients projected to serve for FY**	**Outcome****	**Total Funds Expended**	**Total Direct Cost Per Client**
Agency	2010/2011	$4,678,626.99	ETH	12	26	$131,600.00	$5,061.54
			ALF	34	29	$798,817.19	$27,545.42
			SAH	22	45	$439,811.73	$9,773.59
			CBH	13	14	$238,586.13	$17,041.87
			PBR	47	50	$434,226.23	$8,684.52
			TBRV	280	264	$2,280,119.19	$8,636.82
			ADM			$302,621.19	
					TOTAL:	**$4,625,781.66**	
Agency	2010/2011	$954,845.43	PHP	240	219	$504,348.78	$2,302.96
			STRMU	260	286	$772,859.12	$2,702.30
			HCM	1,560	492	$101,182.14	$205.65
			ADM			$62,257.72	
					TOTAL:	**$1,440,647.76**	
Agency	2010/2011	$139,575.33	HCM		313	$109,177.82	$348.81
			ADM	375		$7,642.45	
					TOTAL:	**$116,820.27**	
Agency	2010/2011	$1,191,951.00	ETH	101	156	$309,200.00	$1,982.05
			SAH	36	28	$66,451.69	$2,373.27
			MHH	75	104	$317,833.02	$3,056.09
			CBH	65	46	$347,410.15	$7,552.39
			PBR	22	28	$123,233.69	$4,401.20
			ADM			$92,817.30	
					TOTAL:	**$1,256,945.85**	
Agency	2010/2011	$162,800.00	SAH	12	25	$68,586.33	$2,743.45
			PBR	3	18	$39,331.95	$2,185.11
			ADM			$7,554.28	
					TOTAL:	**$115,472.56**	
Agency	2010/2011	$233,879.52	SAH		14	$85,272.20	$6,090.87
			ADM	40		$5,969.07	
					TOTAL:	**$91,241.27**	
Agency	2010/2011	$150,000.00	HCM		151	$131,037.29	$867.80
			ADM	160		$9,172.61	
					TOTAL:	**$140,209.90**	
Agency		$722,879.72	ETH	24	9	$44,450.00	$4,938.89
			PBR	48	60	$468,586.31	$7,809.77
			HCM	90	123	$29,540.87	$240.17
			ADM			$28,388.95	
					TOTAL:	**$570,966.13**	
Agency	2010/2011	$70,000.00	HMIS				
					TOTAL:	**$102,206.09**	
					TOTAL EXPENDITURES:	**$8,460,341.49**	

Comment: The Part A Grantee Office noted that the reports received from other Parts should be standardized.

11. UNFINISHED BUSINESS

AICP Letter sent to FDOH

The letter sent to the Department of Health regarding AICP policy change was noted.

Retreats Follow Up Discussion Continued

This was not addressed at this meeting. The HIVPC Chair will wait for HIV Division Director to be present or this discussion.

12. NEW BUSINESS

Healthcare Reform

There was no update as the Supreme Court has not yet released findings.

Meeting Venue

Member stated that after the transition to the new building this new building is very conducive to meetings with easy, cost free parking and made the following motion:

Motion #4: To "hold all HIVPC and Committee Meetings at Broward Regional
Proposed by: Joey Wynn
Seconded by: Leroy Dyer
Action: Failed (20 opposed)

13. ANNOUNCEMENTS

- The Broward Regional Health Planning Council (BRHPC) website has been redone and is live
- HOPWA Grantee asked that requests for data be sent in advance.
- WorkForce One: A member urged that County Commissioner Holness, who is chair of the WorkForce One Council, advocate for the agency creating more employment opportunities, especially for the LGBT community.

14. PUBLIC COMMENT (up to 10 minutes)

There was no public comment.

15. REMINDER: Meeting Attendance Confirmation required at least 48 hours prior to meeting date.

The Chair reminded members that staff needs to be informed of their attendance status, and even if the meeting is canceled due to lack of quorum.

16. REQUEST FOR INFORMATION/DIRECTIVES FORM

This document was reviewed and the Chair clarified this as being a form the committee will complete with directives to support staff to ensure gaps that may arise with verbal communication.

17. NEXT MEETING DATE

Thursday, June 21, 2012 at 9:00 a.m. **VENUE:** BRHPC, 200 Oakwood Lane, Suite 100, Hollywood, 33020.

18. AGENDA ITEMS FOR NEXT MEETING

- Standing Agenda Items
- Healthcare Reform

19. ADJOURNMENT

The meeting was adjourned at 11: 01 a.m.

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

HIV Planning Council Attendance CY 2012

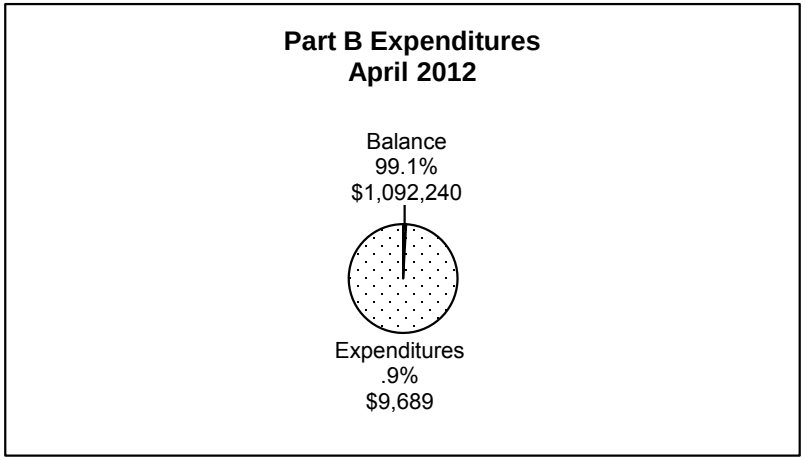
PLANNING COUNCIL ATTENDANCE 2012

Absences	Count	Member	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	**1**	Abel, Stephen	√	√	A	√	√							
2	**2**	Bush, Andrew	√	A	A	√	√							
3	**3**	Crawford, Leroy	√	√	A	A	A							
2	**4**	Creary, Karen	√	√	A	√	A							
0	**5**	Dyer, Leroy	√	√	√	√	√							
0	**6**	Gammell, Brad	√	√	√	√	√							
0	**7**	Grant Claudette	√	√	√	√	√							
2	**8**	Hanson Evans, Barbara	A	√	√	√	A							
0	**9**	Hayes, Marie	√	√	√	√	√							
0	**10**	Hernandez, Ronald	√	**E**	√	√	√							
5	**11**	Holness, Dale V.C. (Comm)	A	A	A	A	A							
0	**12**	Johnson, K.	*Appointed 4/17*			√	√							
1	**13**	Jordan, Virginia	√	A	√	√	√							
0	**14**	Katz, Bradley	√	√	√	√	√							
0	**15**	Kuryla, Samantha	√	√	√	√	√							
0	**16**	Marcoviche, William	√	**E**	√	√	√							
0	**17**	Moore, Paul A.	√	√	√	√	√							
1	**18**	Moragne, Timothy	√	√	A	√	√							
0	**19**	Pearl, Jodi	√	√	√	√	√							
1	**20**	Perigny, W. James	√	A	√	√	√							
1	**21**	Pryor, Jeri	√	√	√	A	√							
0	**22**	Rajner, Michael	√	√	√	√	√							
1	**23**	Reed, Yolanda	√	√	√	√	A							
1	**24**	Roberson, Carl	√	√	√	√	A							
0	**25**	Siclari, Rick	√	√	√	√	√							
1	**26**	Spencer, Will	√	√	√ *	**E**	A							
2	**27**	Stoakely, Mychell	A	A	√	√	√							
0	**28**	Tayolr-Bennett, Carla	√	√	√	√	√							
1	**29**	Tomlinson, Karlene	A	√	√	√	√							
0	**30**	Wilson, Tara	√	√	√	√	√							
0	**31**	Wynn, Joey	√	√	√	√	√							
		Quorum=16	**YES**	**YES**	**YES**	**YES**	**YES**							
1	**A1**	Coscarelli, Monica (*Alt*)	√	**E**	A	**E**								

Ryan White Part B
Expenditure Report
APRIL 2012

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 (April Spent/ Encumbered)	Part B 2012-2013 Monthly Average Left	Part B 2012-2013 (YTD Spent/ Encumbered)	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 225	$ -	100%	$ 2,479
Medication Co Pay	$ 610,000	$ 1,393	$ 55,328	$ 1,393	0.2%	$ 608,607
Case Management (non-medical)	$ 228,287	$ 4,394	$ 20,354	$ 4,394	1.9%	$ 223,893
Medical Transportation	$ 150,971	$ -	$ 13,725	$ -	0.0%	$ 150,971
Administration	$ 110,192	$ 3,902	$ 9,663	$ 3,902	3.5%	$ 106,290
TOTALS	**$ 1,101,929**	**$ 9,689**	**$ 99,295**	$ 9,689	0.9%	$ 1,092,240
					99.1%	

Non-Medical Case Management conducted 430 eligibility interviews in April of which 93 were new clients.
Medication Co Payment served 287 clients in April in which 6 were new to the program.
281 Clients served in April Medication Co Payment
6 Clients served in April Mail Order
Medical Transportation Part B Bus Passes 49 (31 day) and 12 (10 ride) were distributed in April.
Medical Transportation Part A Bus Passes 247 (31 day) and 84 (10 ride) were distributed in April.
Total Passes distributed in April for Part A & B 296 - 31 day 94- 10 ride.
Cost Avoidance for Medication Co Payment Program for April is $34,507. Total cost avoidance is $34,507.



This report reflects all invoices received and paid as of 4/30/2012.

Broward County Health Department ADAP Report as of 5/24/2012

Total ADAP "Open" Enrollment		**2,598**
Total ADAP Clients Served in Last 30 Days*		**1,334**
Total ADAP Waitlist Enrollment**		**89**
	Category A	**2**
	Category B	**41**
	Category C	**48**
	Category D	**0**
Total ADAP/Medicare Part D Enrollment		**176**
Number of Appointments in April		**703**
Number of Missed Appointment in April		**220**
Percentage of April Appointments Missed		**30%**

*"Clients Served" defined as having at least one "pickup" in the period.

** Category Definitions:

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm3 and/or CD4% < 14%
Diagnosis of active opportunistic infection
Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy
Persons who were previously on ARV therapy but therapy was interrupted
Treatment naïve clients with CD4 cell count between 201-350 cells/ mm3

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm3

CATEGORY D

Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it.

This serves as a reminder to people that if they are on the wait list they MUST recertify at 6 months or they will lose their place on the Wait List.

Rick Scott
Governor

FLORIDA DEPARTMENT OF HEALTH

John H. Armstrong, MD
State Surgeon General

INTEROFFICE MEMORANDUM

DATE: June 8, 2012

TO: HIV/AIDS Program Coordinators
HIV/AIDS Contract Managers
Lead Agencies

THROUGH: Sherry Riley
Acting Chief, Bureau of HIV/AIDS

FROM: Joseph P. May
Patient Care Program Administrator

SUBJECT: AIDS Insurance Continuation Program (AICP) Waiver for Medicare Part B Eligible Clients

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The Policy Update "AICP Clients Possessing Medicaid, Medicare, or Medicare Supplemental Coverage," sent by AICP Director Robert Sandrock on March 22, 2012, states that new applicants with Medicare coverage (Part A, B, or D) are not qualified for enrollment in AICP and must access the Medicare Program for medical care and treatment; current clients with Medicare will be disenrolled from AICP by June 30, 2012.

Notwithstanding this policy, current clients who were previously eligible for Medicare Part B but chose not to sign up for Part B during their Initial Enrollment Period (IEP) may receive a temporary waiver into the AICP so that their health insurance will continue.

Medicare Part B (medical insurance) is a voluntary program that normally requires clients to pay a monthly premium. AICP clients who did not sign up for Part B during their IEP, must sign up during the next open enrollment period, between January 1–March 31, 2013. Their Medicare Part B coverage will begin July 1, 2013. These clients will continue to receive Ryan White assistance with monthly premiums, co-payments and deductibles **until June 30, 2013**.

AICP clients with questions should contact their local AICP case manager. Specific Medicare guidance is available by contacting Social Security at 1-800-772-1213. Visit www.medicare.gov to get detailed information about Medicare eligibility and enrollment options. If you have any additional questions, please contact your Community Programs representative.

cc: Ryan White Part A Grantees
Robert Sandrock, Health Council of South Florida
Community Programs Staff
Lorraine Wells, ADAP
Richard Power, Reporting Unit

Broward Health
Community Health Services
Ryan White Part C
July 1, 2011 - May 31, 2012

Categories	Total Salary	Total Benefits	Total
Case Managers	227,895	83,944	311,839
Treatment Adherence	202,643	33,720	236,364
Ambulatory Outpatient	159,637	42,064	201,701
Total Salaries	**590,175**	**159,729**	**749,904**
Contract Services			**87,256**
Total Expenses			**837,160**