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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, July 25, 2013 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 7/25/13 Meeting Agenda
   e. Approval of 6/27/13 Meeting Minutes
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **FEDERAL LEGISLATIVE REPORT** (Kareem Murphy) (Handout A)
6. **CONSENT ITEMS**

Consent #1	To appoint Yolanda Reed to the Affected Communities seat
Justification:	Ensured that the reflectiveness of unaffiliated consumers is maintained
Proposed by:	Membership/Council Development Committee

Consent #2	To appoint Dr. Mark Schweizer to the Healthcare Provider seat pending completion of orientation
Justification:	Appointing this individual did not drop the percentage of unaffiliated consumers on the Council
Proposed by:	Membership/Council Development Committee

Consent #3	To nominate Donna Sabatino to the Quality Management Committee
Justification:	Broward County Prevention Planning Council Community Co-Chair; she can bring good insight from the community
Proposed by:	Quality Management Committee

Consent #4	To approve the Policies and Procedures as amended
Justification:	Review of Policies and Procedures for any needed changes are part of the annual QM work plan
Proposed by:	Quality Management Committee

7. DISCUSSION ITEMS

Discussion #1	To include 3 categories for case management 1) Medical Case Management 2) Comprehensive Case Management 3) Eligibility (CIED)
Justification:	To help prepare for the implementation of the Affordable Care Act (ACA) as well as helping to make Medical Case Management (MCM) and Non-Medical Case Management (NMCM) service categories more distinct
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #2	To move Oral Health Care eligibility from 300% FPL to 400% FPL
Justification:	To align Oral Health Care eligibility with Medical Care eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #3	To make revised Oral Healthcare eligibility effective August 1, 2013
Justification:	To align Oral Health Care eligibility with Medical Care eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #4	To remove "supercore" and put it on the work plan for March or April 2014.
Justification:	There are many unknowns accounting for the ACA; previously determined essential services may change
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To increase food bank eligibility from 15 boxes to 24 boxes per year, 3 of which may be used as vouchers.
Justification:	To increase the amount of allotments a client can receive
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To make Food Bank eligibility effective August 1, 2013
Justification:	To increase the amount of allotments a client can receive
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #6	To increase Medical Case Management eligibility from 300% FPL to 400% effective August 1, 2013
Justification:	The limit on Marketplace exchanges is 400% FPL and setting an eligibility requirement for MCM will not affect CIED eligibility
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #7	To move $100,000 (place holder) from med co-pay to substance abuse residential treatment
Justification:	Clause will be added to ensure that money can be moved back to med co-pay if the utilization is not needed for residential substance abuse treatment
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #8	To change HICP eligibility from 0%-400% FPL, put a cap of $750 maximum per member per month, and to cover premiums and deductibles
Justification:	This is the value AICP uses as a cap
Proposed by:	Priority Setting & Resource Allocation Committee

FY 14/15 ALLOCATIONS: PART A

Discussion Item #	Rank	Service	FY 13 Allocation	Factors to Consider	Recomended FY14 Allocation		Proposed By
	#		$	*Client increase from expanded testing offset by Exchange enrollment	%	$	
9	1	Medical	$5,706,496	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA health exchanges means full funding needed for FY14-15. Expect 3% Medicare reimbursement increase ($171,195).	15%	$6,546,809	PSRA
10	2	Pharmacy	$509,576	Expanded testing will link more clients to care. Decreased PAP access. Long transition to exchanges means full funding needed	55%	$787,665	PSRA
11	3	Medical Case Mgt [Disease Mgt (DM]	$0	DM constitutes a change in the MCM category. This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site. Based on FY12 VL analysis, DM could have benefited 812 clients. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate is 1,056.	100%	$546,650	PSRA
12	4	Health Insurance Continuation (HICP)	$0	HICP for approximately half of RW clients transitioning to ACA exchange & needing premium & out-of-pocket assistance despite subsidies. Estimated cost $3,779 (100-250% FPL) & $6,953(250-400%) New and existing clients to this service category (800 clients maximum but not all clients will access this service category immediately)	100%	$2,329,002	PSRA
13	5	Oral Health	$2,623,653	Part F funding uncertain. Low Medicaid coverage. Difficult to access.	19%	$3,132,354	PSRA
14	6	Mental Health	$336,987	Expanded testing = more clients. No Medicaid expansion & long transition to exchange means full funding needed.	10%	$369,387	PSRA
15	7	Substance Abuse	$342,889	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACAinsurance exchange.	3%	$354,827	PSRA
		Core	$9,519,601		$14,066,694		
16	1	CIED	$467,513	Enrolling clients into Exchange may result in longer encounter time.	20%	$562,244	PSRA
17		Non-Medical Case Mgt (NMCM)	$0	This service category will encompass comprehensive case management, which is an addition to the NMCM category. Along with CIED, NMCM is a supportive service to ensure health outcomes through referral and linkage.	100%	$1,016,769	PSRA
18	2	Food Bank	$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated $100,000.	85%	$1,189,473	PSRA
19	3	Legal	$131,426	No other funding identified. SSI appeals process.	16%	$152,466	PSRA
20	4	Outreach	$58,768	No other funders. Expanded testing = client increase	-12%	$52,004	PSRA
		Support	$1,300,553		$3,072,956		
		TOTAL	$10,820,154		$17,139,650		

FY 14/15 ALLOCATIONS: MAI

Discussion Item #	FY 14 Rank	Service	FY 13 Allocation	Factors to Consider	Recommended FY 14 Allocation	Proposed By
	#		$			
		Utilize FY13/14 allocation plus % increase				
21	1	Medical	$100,000	Expanded testing will link more clients to care. ACA Impact	**$105,000**	PSRA
22	2	Medical Case Mgt	$176,644		**$185,476**	PSRA
23	3	Mental Health	$128,418		**$134,839**	PSRA
24	4	Substance Abuse	$400,000		**$420,000**	PSRA
		Core	**$805,062**		**$845,315**	
25	1	Eligibility	$290,957	Uncertainty of insurance exchange plans will make eligibility determinations more time-consuming and difficult.	**$320,053**	PSRA
		Support	**$290,957**		**$320,053**	
		TOTAL	$1,096,019		$1,165,368	

8. JULY COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

July 11, 2013 *Chair: K. Creary, Vice Chair: T. Wilson*

A. Work plan item update / Status Summary:

Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA

Work plan item 1.1 --The members moved to recommend the appointment of Yolonda Reed to fill the affected communities seat and Dr. Schweizer to fill the Health care Providers seat pending his completion of the orientation prior to HIVPC council meeting.

Work plan item 4.1-- Members reviewed and revised the Mentoring Plan. The Plan now includes language from HRSA regarding the purpose of mentoring as well as information regarding the Florida Sunshine Law. Additionally, a timeline was set for three to six months and mentoring is now mandatory for new members.

B. Rationale for Recommendations:

Appointing the aforementioned individuals still ensured that the reflectiveness of unaffiliated consumers is maintained.

The Committee will continue to table the review of current council members' applications until September; member update forms will be completed by all HIVPC members by that time period.

Members voted to recommend that the Ad Hoc By-Laws Committee review the excused absence policy so that council members that are PLWHAs are limited on the amount of excused absences they can receive. Members also felt that the resignation policy for council members' change in employment should be reviewed due to a current contradiction in the Committee's policies and procedures. In order to fully understand the work of the HIV Planning Council, the Committee voted to have the mentoring plan mandatory for new members unless they are already familiarized with the process.
C. Data Reports / Data Review Updates:
The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.
D. Data Requests:
None.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review draft letters describing the mentoring plan; Review and Update the Recruitment and Retention Plan; Review Policies & Procedures; Plan & Implement HIVPC Training Survey. *Next Meeting Date*: August 1, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**

No July Meeting *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

Next Agenda Items: Hot Topic Presentation; Plan 3rd Community Event; Training for Peer Educators. *Next Meeting Date:* August 6, 2013

c. **JOINT PLANNING COMMITTEE**

July 8, 2013 *Part A Co-Chair: Carl Roberson, Part B Co-Chair: Kim Saiswick*

A. Work plan item update / Status Summary:
Work plan item 1.5– The Committee discussed key areas that they would like to discuss during the focus group sessions; the three populations identified in a previous meeting are 1) Black Heterosexual males, 2) Black Heterosexual females, 3) Young adults ages 18-28. Members decided that they would like to gather information regarding the following: sources of education and background knowledge of participants regarding HIV/AIDS; beliefs and attitudes; information received regarding treatment; reasons for or against disclosure; assistance provided to aid in disclosure; linkage, access, and barriers to care. The Committee members also mentioned the importance of conducting key informant interviews involving physicians and case workers. Work plan item 2.5- The Committee reviewed the data on the impact of co-morbidities on the cost and complexity of providing care. Members focused on how the following co-morbidities could be targeted areas of discussion in the focus groups: 1) prevalence of homelessness 2) formerly incarcerated HIV+ individuals 3) substance abuse and mental illness 4) sexually transmitted diseases- especially syphilis and 4) economics, including food security.
B. Rationale for Recommendations:
Members recommended that Joshua Rodriguez be contacted for prevention updates in the interim since the representative for the prevention seat is no longer on the HIV Planning Council.
C. Data Reports / Data Review Updates:
The Committee reviewed the 2011 data on the impact of co-morbidities on the cost and complexity of providing care, which was submitted in the 2012 grant application.
D. Data Requests:
Members requested that a draft of the focus group questions be prepared and sent to

Committee members in preparation for the next Joint Planning Committee meeting.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Review and Finalize Focus Group Questions; Collect HHS indicators from Parts A-D; Review and Update Comprehensive Plan to reflect epidemic trends. *Next Meeting Date*: August 12, 2013.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

July 15, 2013 *Chair: C. Grant*

A. Work plan item update / Status Summary:
Work plan item 2.2 – Review of Committee Policies and Procedures. Minor changes were made to the Policies and Procedures. The Committee was asked to review the document and add recommendations for revision. No additional recommendations were made and the Policies and Procedures were approved as amended. *Work plan item 3.1* – The Committee heard an update on the Quality Improvement (QI) Network activities for the first Quarter of FY 13-14. Several QI Projects are in progress. *Work plan item 1.1 and 5.1* – Quarterly Review of Data and Performance Measures. The Committee reviewed a summary of FY 12-13 HAB Performance Measures, In+Care Campaign Retention Rates, HHS Indicators, and Part A/MAI client demographics. Additionally, the Committee reviewed Viral Load analysis by category. The report provides demographic data (such as gender, race, ethnicity, age, education level, housing status, sexual orientation, HIV disease stage, etc.) by viral load category: *Undetectable VL: Viral Load is < / = 50; Suppressed Detectable VL: Viral Load >50 and < / =200; Not Suppressed VL: Viral Load >200 and < 100,000; High VL: Viral Load is > / = 100,000.*
B. Rationale for Recommendations:
Donna Sabatino, Broward County Prevention Planning Council Community Co-Chair, expressed her desire to join the QM Committee. Ms. Sabatino discussed her experience and noted she hopes to share the community's input with the Committee. Members voted unanimously to add Ms. Sabatino to the Committee.
C. Data Reports / Data Review Updates:
The Committee reviewed the following reports: Quarterly Network Update, summary of FY 12-13 HAB Performance Measures, In+Care Campaign Retention Rates, HHS Indicators, and Demographics. Additionally, the Committee reviewed Viral Load analysis by category.
D. Data Requests:
The Committee requested the following: 1) Quarterly Data report template to include the definitions, numerators, denominators, and exclusions for each measure. 2) The CY 12-13 Florida Health Department at Broward County surveillance report for the percentage of individuals newly diagnosed with HIV/AIDS. 3) Clarify the difference in denominators for the Viral Load Suppression measure in the HHS Indicators report and the Viral Load Analysis report.
E. Other Business Items:
There was no other business. *Agenda Items for Next Meeting:* Standing Agenda Items, Review of 3-Year QM Work Plan, Data Follow-Up. *Next Meeting Date*: August 19, 2013

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

July 10 & 17, 2013 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Lisa Agate*

A. Work plan item update / Status Summary:

The Committee continued the discussion on medical (MCM) and non-medical case management (NMCM) service categories. Members reviewed a handout with a comparison of other EMA's for those service categories. Members expressed the need to make sure that the EMA's MCM is providing appropriate disease case management.

Work Plan Item 1.6 – The PSRA Committee reviewed and revised the scope of services and eligibility for each service category. Members discussed the history of why services were placed as "supercore" and "core" and briefly referred to the Committee's policies and procedures for clarification.

B. Rationale for Recommendations:

Members recommended defining MCM as disease management and non-MCM as comprehensive services including referral and eligibility determination in order to make the two service categories more distinct as well as prepare for the implementation of the Affordable Care Act. Therefore, the Committee approved three aspects of case management: 1) Medical Case Management 2) Comprehensive Case Management 3) Eligibility (CIED).

In preparation for the implementation of the Affordable Care Act, the eligibility for Oral Health Care was changed from 300 to 400% FPL in order to serve more clients. This change now aligns with the eligibility for medical care. Additionally, the eligibility for food bank increased from 15 boxes to 24 boxes per year, 3 of which may be used as vouchers. All eligibility changes take effect on August 1, 2013.

As part of Part B's allocations, the Committee members voted to move $100,000 (as a place holder) from med co-pay to substance abuse residential treatment. A clause will be added to ensure that money can be moved back to med co-pay if the utilization is not needed for residential substance abuse treatment.

C. Data Reports / Data Review Updates:

Members reviewed Committee & Consumer Rankings; FY 12/13 Part A Scorecards; Part B Scorecards; FY 12/13 Viral Load Data; Data for All Funders; FY12/13 Clients 100-400% FPL; 2010-2012 Part A and MAI Funding Allocations, Demographics, and Utilization by Service Category.

D. Data Requests:

The members requested to review how the Committee has historically recorded individual member rankings in order to keep the same practice. The Committee also requested that staff research the following agenda item under allocations: "study requiring that only chronically ill clients need specialty care referral."

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review HICP eligibility requirements; FY14/15 Part A and MAI Allocations. *Next Meeting Date*: July 17, 2013.

A. Work plan item update / Status Summary:

Work Plan Item 1.6 – The PSRA Committee reviewed and revised the scope of service and eligibility for the Health Insurance Continuation Program (HICP) service category. Members voted to change the eligibility to 0-400% FPL, covering premiums and deductibles with a cap of $750 per client per month. Members also discussed the term utilized by the Health Resources and Services Administration (HRSA), which is Health Insurance Premium and Cost-Sharing Assistance. However; it was decided that the term HICP will continue to be used locally.

Work Plan Item 1.9 – The Committee allocated FY14/15 funds for Part A and MAI service categories. For Part A core services, the allocations are as follows: 1) Medical: $6,546,809; 2) Pharmacy - $787,665; 3) Medical Case Management (MCM), which is now Disease Case Management - $546,650; 4) HICP -$2,329,002; 5) Oral Health: $3,132,354; 6) Mental Health: $369,387; 7) Substance Abuse: $354,827

For Part A support services, the allocations are: 1) Centralized Intake and Eligibility Determination (CIED): $562,244; 2) Non-Medical Case Management (NMCM): $1,016,769; 3) Food Bank $1,089,473; ($100,000 allocated to food bank) 4) Legal: $152,466 5) Outreach: $52,004

The FY14/15 total planned allocations for Part A are $17,139,650 ($14,066,694 for core and $3,072,956 for support).

For MAI core service categories, the allocations are: 1) Medical: $105,000; 2) MCM: $185,476; 3) Mental Health: $134,839 4) Substance Abuse: $420,000

For MAI support services, the allocations are: CIED: $320,053

The FY14/15 total planned allocations for MAI are $1,165,368 ($845,315 for core and $320,053 for support).

B. Rationale for Recommendations:

In preparation for the implementation of the Affordable Care Act, the eligibility for HICP was changed as previously mentioned. The Committee justified using $750 as a maximum amount since it is the same cap amount utilized by the AIDS Insurance Continuation Program (AICP).

The Committee based the FY/14 allocations on different factors that may be present in the upcoming year: the implementation of the Affordable Care Act; expanded testing and linkage to care for more clients; the state of Florida not participating in Medicaid expansion; the need for HICP. Members also factored in the possible increase need for more support services such as Non-Medical Case Management.

C. Data Reports / Data Review Updates:

Members reviewed FY 12/13 Part A Scorecards; Part B Scorecards; FY 12/13 Viral Load Data; Client and Expenditure Data for All Funders; FY12/13 Clients 100-400% FPL; 2010-2012 Part A and MAI Funding Allocations, Demographics, and Utilization by Service Category.

D. Data Requests:

None.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Review Expenditures; Reallocations; Review Policies and Procedures. *Next Meeting Date*: August 21, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

July 30, 2013 *Chair: Dionne Proulx*

f. JOINT EXECUTIVE COMMITTEE

July 18, 2013 *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

A. Work plan item update / Status Summary:

The Joint Executive Committee viewed a presentation by the Part B Co-Chair, Joey Wynn, on the impact of Health Care Reform. The presentation incorporated the following: the affect the HCR law has on individuals such as making insurance more affordable and providing better options for coverage; the law also prevents insurance companies from denying coverage due to pre-existing conditions or canceling coverage due to mistakes on paperwork. The presentation also illustrated the Ryan White core services vs. the Affordable Health Care's (ACA) Essential Health Benefits (EHB). Committee members were also informed about various resources to find more information on HCR.

Following the presentation, members discussed the need for education and training to the community. It was mentioned that the Joint Client/Community Relations Committee, along with Ryan White Part A Program Office, will conduct a Resource Fair in September. This event is open to providers and clients; the topic will surround the ACA.

The Joint Executive Committee established a mission and timeline to accommodate the implementation of the ACA. It was decided that a 6 month timeline should be initially developed (August 2013 to January 2014), followed by establishing a 12 month timeline due to the possibility of Medicaid expansion in the future. The Committee decided on the following goals: 1) Determining how to cover the gaps in services clients will experience next year in Medicaid, private insurance and Ryan White Part A (e.g. mental health, substance abuse and under-served populations); 2) Reviewing service utilization by FPL for each service category, which was previously completed; 3) Conducting multiple town hall forums to educate and inform the community about healthcare reform, eligibility and application process (July 2013); 4) Identifying potential gaps in coverage/service faced by clients entering insurance exchanges through ACA as well as in Medicaid; 5) Comparing insurance plan coverage with Part A coverage; 6) Identifying services that may need Part A funding; 7) Keeping the possibility of Medicaid expansion in Florida and the closure of the federally run PCIP plan on the Committee's radar.
B. Rationale for Recommendations:
A mission and timeline was developed to prepare for the implementation of the Affordable Care Act (ACA); the ACA will impact the Ryan White HIV/AIDS Program.
C. Data Reports /Data Review Updates:
None.
D. Data Requests:
Staff will send the Part B Co-Chair the blank work plan to create a draft timeline.
E. Other Business Items:
None. *Items for Next Meeting:* TBD. *Next Meeting Date*: October 17, 2013 at 12:30 p.m.

g. **PART A EXECUTIVE COMMITTEE**

July 18, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:
The Part A Executive Committee reviewed and approved the HIV Planning Council agenda for the upcoming meeting on July 25, 2013 at 9:00 a.m. The members briefly discussed the agenda items related to the FY14/15 allocations for Part A and MAI service categories. The Part A Chair of the Priority Setting and Resource Allocation (PSRA) Committee discussed the changes to Medical Case Management (MCM). It was reported that historically, MCM provided more social services. However, the category will now represent Disease Management (DM). This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site.
B. Rationale for Recommendations:
The members decided that additional justification needed to be written in the line item for MCM to provide more clarification as to why the changes to the service category were necessary.
C. Data Reports /Data Review Updates:
The Committee reviewed the FY14/15 Part A and MAI allocations per service category.
D. Data Requests:
None.
E. Other Business Items:
None. *Items for Next Meeting:* Nominating Committee; EIIHA Strategy; Mentoring Plan; Reallocations. *Next Meeting Date*: August 15, 2013 at 12:30 p.m.

h. **AD HOC BY-LAWS COMMITTEE**
Meeting Cancelled *Chair: W. Spencer*
Agenda Items: Revision of Grievance Policy and Procedure; Draft Policy on Reporting Violations; *Next Meeting Date*: TBD

9. GRANTEE REPORTS (up to 10 minutes)
a) Part A
b) Part B

10. OTHER REPORTS (up to 10 minutes)
a) Part C
b) Part D
c) HOPWA
d) Prevention

11. UNFINISHED BUSINESS

12. NEW BUSINESS

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: August 22, 2013 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT

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

BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES

200 Oakwood Lane, Suite 100, Hollywood FL 33020

June 27, 2013

Attendance					
#	**Members**	**Present**	**Absent**		**Guests**
1	Kuryla, S. Chair	**X**			Volpitta, R.
2	Gammell, B. Vice-Chair	**X**			Burgess, D.
3	Baner, S.	**X**			Schickowski, K.
4	Creary, K.	**X**			Awada, M.
5	DeSantis, M.	**X**			Majcher, B.
6	Dyer, L.	**X**			Downie, G.
7	Grant, C.	**X**			Deer, L.
8	Hayes, M.	**X**			
9	Bhrangger, R.		**X**		
10	Holness, Comm. D. V.C.		**X**		**Grantee Staff**
11	Katz, H. B.	**X**			Jones, L. (Part A)
12	Marcoviche, W.		**X**		Copa, R. (Part A)
13	McBain, M.	**X**			DeGraffenreidt, S. (Part A)
14	Moragne, Dr. T.	**X**			Mercer, A. (Part B)
15	Proulx, D.	**X**			
16	Roberson, C.	**X**			
17	Siclari, R.	**X**			
18	Spencer, W.	**X**			
19	Taylor-Bennett, C.	**X**			**HIVPC Support Staff**
20	Tomlinson, K.	**X**			Crawford, T.
21	Williams, R.	**X**			Rosiere, M.
22	Wilson, T.		**E**		Solomon, R.
23	Wynn, J.	**X**			Eshel, A.
24	Parker-Maysonet, P.	**X**			
A2	Coscarelli, M. (Alt)		**X**		
	Quorum=13	**20**	**5**		***Attended via Phone**

1. CALL TO ORDER

The Chair called the meeting to order at 9:11 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 6/27/13 Agenda

Motion #1:	To approve the 6/27/13 Agenda
Proposed by:	Katz, H.B.

Seconded by:	Grant, C.
Action:	Passed Unanimously

Approval of the 5/23/13 Meeting Minutes

Motion #2:	To approve the 5/23/13 Meeting Minutes
Proposed by:	Wynn, J.
Seconded by:	Dyer, L.
Amendment	To change the phrase "federally registered testing sites" to instead say "state approved testing sites."
Action:	Passed Unanimously

4. PUBLIC COMMENT

There was no public comment.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy

A written handout of the June 2013 Federal Legislative Report was provided (*copy on file*).

6. CONSENT ITEMS

The following consent item was presented for ratification by the Council:

Consent #1	To appoint Marsha McBain to the Joint Planning Committee
Justification:	The State Medicaid Agency Representative is interested in serving on the Joint Planning Committee
Proposed by:	Joint Planning Committee

Motion #3 :	To approve consent item #1
Proposed by:	Roberson, C.
Seconded by:	Wynn, J.
Action:	Passed Unanimously

7. TRAINING ON SCORECARDS

The Chair of PSRA explained the redesigned FY 12-13 Scorecards. Members were told that the Scorecards provide information by service category. Data includes: Allocations, expenditures (money spent on service), total grant award for our Eligible Metropolitan Area (EMA), priority ranking, average cost per client, demographics (comparing Part A clients to general public and those HIV+), other funding sources, HAB measures (if applicable), local EMA outcomes and indictors, NQC In+Care Measures (Gap Measure, Medical Visit Frequency, Newly Enrolled and Viral Load Suppression) and Grantee Comment(s). The Chair noted that data on Federal Poverty Level (FPL) and eligibility for Health Insurance Exchange was added this year in order to plan allocations in light of start of the full Affordable Care Act (ACA) in January 2014.

8. DISCUSSION ITEMS

Discussion #1

To approve recommended FY14/15 Core and Support Service Category Rankings as shown below:

	RANK
CORE SERVICES	
Outpatient/Ambulatory Health	1
AIDS Pharmaceutical Assistance (Local)	2
Medical Case Management	3
Health Insurance Premium Assistance (HICP)	4
Oral Health	5
Mental Health	6
Substance Abuse (Outpatient)	7
SUPPORT SERVICES	
Centralized Intake and Eligibility Determination (CIED)	1
Food Bank	2

		Legal Services	3
		Outreach	4
Justification:	Rankings were conducted as part of the Priority Setting and Resource Allocation process		
Proposed by:	Priority Setting and Resource Allocation Committee		

The Chair of Priority Setting and Resource Allocation (PSRA) reviewed the PSRA priority ranking for core and support services. The following motion was made:

Motion #4	To approve PSRA Priority Ranking for Core and Support Services
Proposed by:	Taylor-Bennett, C.
Seconded by:	Gammell, B.
Action:	Passed Unanimously

Discussion # 2	To approve the FY 14/15 Language on How Best to Meet the Need (Handout C)
Justification:	Language is developed to provide the grantee with directives on how to best meet the needs of clients in various service categories
Proposed by:	Joint Planning Committee

Motion #5	To approve the FY 14/15 Language on How Best to Meet the Need
Proposed by:	Roberson, C.
Seconded by:	Wynn, J.
Action:	Passed Unanimously

9. JUNE COMMITTEE REPORTS

a. **MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)**
Cancelled *Chair: K. Creary, Vice Chair: T. Wilson*
Next Agenda Items: Training on Demographics & Seats; Mentoring Plan; Recruitment and Retention Plan. *Next Meeting Date:* July 11, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)**
June 4, 2013 *Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington*

A. Work plan item update / Status Summary:

Work plan item 1.2 -- The Committee completed a brief evaluation survey on the Hot Topic training that they received at the May meeting on the Priority Setting and Resource Allocation Process. This evaluation was developed to ensure that the JCCR training sessions are as effective and meaningful as possible. It also assessed what members learned from the training session.

Work plan item 1.2 --Members received training on the scope of Ryan White Part A and B services by Kim Strong and Ann Mercer. The Part A presentation covered the following topics: the structure of the Part A Grantee office; Grantee's role/responsibility; Uses of Part A Service Funds; Overview of Core and Support Services; and the structure of the Part A HIV Health Services Planning Council's Committees and QI Networks. The Part B presentation detailed the following: Part B Funded Programs (Medication Co-Payment, Home Delivered Meals, Medical Transportation, and Non-Medical Case Management); Core Eligibility Requirements; Other Funded Part B Programs (ADAP and AICP); Contact Information for the Part B Program.

Work plan item 1.1 -- Members reviewed a handout of the proposed social media strategy. This handout included various ways to reach consumers in order for them to attend JCCR's community events (letters, posters, press releases, PSAs, and provider websites). Members discussed having a Facebook account as well has getting more peers involved in order to attract individuals to the events. Members also mentioned that the internet is a great way to attract a younger crowd. It was also suggested that case managers get involved by actively informing clients of upcoming community events.

Work plan item 2.2, 3.2. – The Committee commenced the discussion regarding their 3rd

community event. Members focused on the following venues: Shadowood, MODCO, and MDEI. The Committee reviewed information regarding holding an event at Shadowood, which was requested at a previous meeting. Members concluded that the topic should be on the Affordable Care Act/Health Care Reform. Members agreed that one of their Hot Topic presentations should be on the ACA/HCR in order to become more knowledgeable on the issue before holding the community event.
B. Rationale for Recommendations:
JCCR Co-Chairs reiterated that the previously scheduled July meeting is cancelled since quorum will not be achieved. The work plan was adjusted accordingly.
C. Data Reports / Data Review Updates:
The Committee reviewed the Part B scorecards for the following service categories: Non-Medical Case Management; Medical Transportation; Part B Medication Co-Payment/AICP program; Home Delivered Meals. Information included allocations, expenditures, and utilization data for each service category.
D. Data Requests:
Staff will research other EMAs for various social media strategies and provide this information to the Committee at the next meeting.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Continue planning for the 3rd Community Event; Discuss Training for Peer Educators. *Next Meeting Date*: August 6, 2013

The Chair of JCCR reviewed additional highlighted work plan items.

c. **JOINT PLANNING COMMITTEE**

June 10, 2013 *Part A Co-Chair: C. Roberson, Part B Co-Chair: K. Saiswick*

A. Work plan item update / Status Summary:
Work plan item 1.3– The Committee viewed a presentation on the draft FY14/15 Language on How Best to Meet the Need developed by Michele Rosiere. Language was divided into various categories: Service Delivery Models, Access to Care, Clinical Quality Management and Cultural Competence. Members viewed current language as well as discussed recommended language for all Part A and MAI core and support service categories. The financial implications of various language were discussed. New language addressed the following: the implementation of the Affordable Care Act, Mental Health/Substance Abuse Assessments; the emphasis on adherence and retention in medical care for populations not achieving viral load suppression; and the provision of health education and reinforcing of strategies for risk behavior reduction. Work plan item 2.3, 2.4- The Committee reviewed a presentation on how assessing the needs of special populations and unmet need estimates could shape the development of the language on how best to meet the need.
B. Rationale for Recommendations:
The members appointed Marsha McBain to the Committee. She was recently appointed to the HIV Planning Council as the State Medicaid Agency representative and was interested in serving on Joint Planning. Members recommended that the contractual language for the medical case management service category be provided to the Priority Setting and Resource Allocation Committee to review in order to assess whether medical case managers who are not in a medical setting are able to meet the needs expressed in the service delivery model.
C. Data Reports / Data Review Updates:
Members reviewed the January-May 2013 HIV/AIDS Surveillance Data for Broward County and the FY12/13 Viral Load Stratification report. The FY12/13 Scorecard data and the CY 2011 Unmet Need Data were also provided for Committee members.
D. Data Requests:

Members requested that the FY12/13 Viral Load Stratification report be sent to Committee members after the meeting. The Committee requested that the contractual language for medical case management be provided to the Priority Setting and Resource Allocation Committee to review.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Prepare for FY13/14 Needs Assessment; Assess Impact of Comorbidities on Service Costs. *Next Meeting Date*: July 8, 2013.

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

Meeting Cancelled *Chair: C. Grant*

Next Agenda Items: Review 3-year QM Work Plan; Review Policies and Procedures; Quarterly Network Update; Identify Service Category for Annual Review; Review Performance Measures and other Data Source to Assess Linkage to Care; Quarterly Data Review.

Next Meeting Date: July 15, 2013

The Chair of QMC noted that Brad Gammell joined QMC and the Committee is on target with its work plan. QMC anticipates upcoming changes from NQC training and revised quality measures.

e. **JOINT PRIORITIES COMMITTEE**

June 19, 2013 *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: L. Agate*

A. Work plan item update / Status Summary:

Work plan item 1.3--Members viewed the updated scorecard format for each core and support service category. Members discussed a recommendation for the scorecards, which is adding 100-400% FPL due to the impact of the health exchanges.

Work plan item 1.5--The Committee reviewed the rankings completed by the Joint/Client Community Relations Committee and discussed the recommendations from the Joint Planning Committee on special populations and Language on How to Best Meet the Need. Members discussed the impact of new language and the possibility of reshaping the Non-Medical Case Management service category in order to make it more relative to the type of case management provided in the program.

Work plan item 1.7--A presentation was provided detailing the client survey results in order for Committee members to see how participants ranked the service categories as well as assess identified barriers.

B. Rationale for Recommendations:

Based on the data and the implementation of the ACA, the Committee ranked the FY 14/15 core and support service categories. The Committee ranked the following core services from 1-7 respectively: Outpatient Ambulatory Medical Care; AIDS Pharmaceutical assistance; Medical Case Management; Health Insurance Continuation Program, Oral Health Care; Mental Health Treatment; Substance Abuse Treatment. The Committee ranked the following support services from 1-4 respectively: Centralized Intake and Eligibility Determination (CIED); Food Bank; Legal Assistance; Outreach.

Members also recommended that the Joint Planning Committee review the verbiage of the Client Survey to make it easier for participants to understand, such as the terms representing the core and support services.

C. Data Reports / Data Review Updates:

Members reviewed a presentation that focused on the recommendations from the Joint Planning Committee on the Language on How Best to Meet the Need; JCCR's rankings; Consumer Rankings; FY 2012 Part A Viral Load Stratification Data; and 2012 Client Survey results that addressed barriers, linkage to care, special populations, lost to care, and other key findings. The Committee also reviewed the FY 12/13 Part A Scorecards, Part B Scorecards, and data for all funders.

D. Data Requests:

The members requested to review service delivery models of other EMAs in order to assess

best practices of medical and non-medical case management.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Discuss other EMA service delivery models on medical and non-medical case management service categories; Review scope of services and eligibility for each service category; Allocations of Part A and MAI funds by service category. *Next Meeting Date*: July 10, 2013.

The Chair noted that the Committee is slightly ahead of schedule and anticipates doing allocations at the next meeting.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)

No meetings *Chair: D. Proulx*

Next Meeting Date: July 30, 2013

Staff to resend calendar information to confirm meeting time of 3:30 p.m.

f. **JOINT EXECUTIVE COMMITTEE**

No June Meeting *Part A Chair: S. Kuryla, Part B Chair: J. Wynn*

Next Meeting Date: July 18, 2013

g. **PART A EXECUTIVE COMMITTEE**

June 18, 2013 *Chair: S. Kuryla, Vice Chair: B. Gammell*

A. Work plan item update / Status Summary:
Work plan item 1.1, 1.2 --Committee chairs reported on their work plan progress to ensure that goals are being met. Members also assessed the Planning Council's progress of accomplishing the goals of the Comprehensive Plan and the National HIV/AIDS Strategy through the use of Committee work plans. The HIVPC Vice Chair reflected on the accomplishment of establishing the benchmark for Part A viral load; attaining the majority of Part A clients' viral load. Members were reminded that the viral load information provided is not a community viral load but rather a step towards getting Part A clients undetectable to reduce the number of new infections in Broward County. Members also discussed the factors associated with the implementation of the Affordable Care Act (ACA). The Pre-Existing Condition Insurance Plan (PCIP) Subcommittee was restructured and its work is being integrated into the Joint Executive Committee. The Committee will assess the adjustment of the RW Part A Program services based on the implementation of the ACA. The data that was gathered for PCIP will be utilized by Joint Executive as guidance for discussion about the ACA.
B. Rationale for Recommendations:
Training on the scorecards will be conducted for HIV Planning Council members at the upcoming meeting in order to provide education on the justification of data-driven decisions made as part of the Priority Setting and Resource Allocation process.
C. Data Reports /Data Review Updates:
The Committee reviewed the Part A FY12/13 Scorecards and the FY12/13 Part A Viral Load Stratification.
D. Data Requests:
Members requested that the following data be provided at the next Joint Executive meeting: Existing Specialty Plans (i.e. PSN, PHCP, and Clear Health Alliance), AICP Data (i.e. Insurance, Premiums), and Part B Medication Copays (i.e. Utilization, Cost, etc.).
E. Other Business Items:
The Committee discussed items that should be addressed at the next Joint Executive Meeting. 1) Develop a timeline for implementation including process and end date 2) Overview of work completed (e.g. CMS census data [100%-400%], CMS grant consortia, contact information for desirable providers, and navigator plans in Florida) 3) Data for existing specialty plans and services covered in order to determine potential wrap around and/or ancillary services 4) AIDS

Insurance Continuation Program (AICP) data to determine wrap around services for Part A. 5) Developing an educational/training session for clients.
The Committee was introduced to the following individuals from the Health Resources and Services Administration: Frances Hodge (Project Officer), Jim McCarthy (Administrative Consultant), and Juanita Farrow (Fiscal Consultant).
Items for Next Meeting: Reviewing allocations of FY14/15 Part A and MAI funds by service category; Discussion of FY13/14 Client Survey. *Next Meeting Date*: July 18, 2013 at 12:30 p.m.

h. **AD HOC BY-LAWS COMMITTEE**

No June Meeting *Chair: W. Spencer*

Agenda Items: Revision of Grievance Policy and Procedure; Draft Policy on Reporting Violations
Next Meeting Date: July 18, 2013
Members were invited to attend the upcoming ad Hoc By-Laws meeting.

10. GRANTEE REPORTS

Part A

The Grantee informed the Council that the EMA has received its FY13-14 grant award, which carries a $505,425 reduction. The reduction is due to the budget sequestration process in Congress, which is better than the $900,000 reduction once expected. Broward received a 3% reduction rather than the anticipated 6.5% due to a miscalculation in the grant award made by the Health Resources and Services Administration (HRSA). Other EMAs took reductions that were much larger, over 10% in some cases. Broward's reduction will not have a significant impact and will not require any service category funding changes.
Broward ended FY 2012-13 with a carryover in Part A of $451,797 and in Minority AIDS Initiative of $230,430, or a total of $682,227. The carryover will mitigate the grant cut. Part of the carryover was intentional and part was the result of underutilization of services. Outpatient medical and oral health providers did not spend as much as they had anticipated and were funded for. One explanation is Centralized Intake and Eligibility Determination's reduced utilization by identifying clients who were eligible for services and coverage from other funding sources. The carryover also increased because some grantee administrative dollars were not spent. Broward could have used the carryover funds to make larger bulk purchases for food bank and pharmacy, but we chose not to do so in order to build a cushion for the cut from sequestration.

The Part A Grantee thanked everyone for their participation in the site visit by the HRSA Project Officer in June. The Project Officer and the two consultants gave several findings to the Grantee. The findings were similar to those received by other EMAs and are not considered significant. HRSA's theme throughout the visit was how well the EMA is doing. The EMA was praised for data systems, use of resources and innovative projects. It was mentioned that the EMA has maximized the "bang for the buck" since the infection rates are high for the population size, but the EMA utilizes a relatively small amount of money. HRSA said the EMA does not do well at tooting its own horn, and was urged to do more to promote the EMA successes. The same is true for Part B. The Planning Council was also applauded for its hard work.

Part B

The Part B Grantee reported that more than 850 clients have completed Broward survey, completing them either on paper or via the online service, Survey Monkey. Part B will provide a report when complete.

The Part B fiscal year closed with Broward having $113,000 unspent, which was returned to the state ADAP program. The surplus was less than originally thought, because of Part B's plan to assist certain clients of the AIDS Insurance Continuation Program with their co-payments.

11. OTHER REPORTS

a) Part C
The Part C Grantee reported that this is last month in their fiscal year. The Project Officer told Part C to expect a 5% cut from the base grant. Broward Part C will still receive $38,000 from a homeless

program, which will be rolled into our program without any cuts.
In July, the fiscal year for Broward Part C will change; it will end on April 30th instead of June 30th. That means the next fiscal year will be 10 months. Broward will then switch to a fiscal year starting on May 1st. The change will not affect anything such as funding. Part C is expected to receive the grant award in July but is not certain if it will be a full or partial award.
Part C has a carryover, as expected, due to the delay in adding staff after the grant was restructured. They were granted carryover to pay salaries. Beyond this, no carryovers are expected.

b) Part D

The Part D Grantee has been told to expect a funding reduction of 6% or 7%. The amount is uncertain until it arrives; Broward may get a full or partial award in July. Several positions have been left unfilled intentionally, to help absorb the cut. The result is a carryover of $75,000 to $80,000 to use as a cushion.
The bad news is Part D continues to see unexpected new infections in youth and adolescents, including teens only 14 and 15. Three infected youth were reported last month; one possibly perinatal and one behavioral. Ten of our HIV+ youth attended a leadership camp in Houston, and 23 youth are attending Camp Hope in July.

c) Housing Opportunities for Persons with AIDS (HOPWA)

The City of Ft. Lauderdale HOPWA program has been earmarked for a 9.8% budget cut due to the sequestration, which translates to $1.8 million. This is similar to other similar sized cities. HOPWA continues to fill existing slots that become vacant, and clients receiving tenant-based rental vouchers will continue to receive assistance. Due to the cut, HOPWA will not create any new slots. The program expects a carryover but is unaware of the amount. The carryover may help for one or two years. One idea is to cap dollars for each client in the Short-Term Rent Mortgage and Utility Program (STRMU), which has one of the highest average costs per person in the country. The program sometimes has clients come in multiple times for help, which is expensive. Capping the dollars per person would let the program help more people rather than give a lot of help to fewer. It would also prevent the money from running out before the end of the fiscal year, which currently occurs. However, no decisions have been made by the HOPWA advisory board.

d) Prevention

The Prevention representative reminded the Council that today (June 27, 2013) is National HIV Testing Day. A report on the day's activities will come later.
The Prevention representative also provided the annual report of testing and counseling activities in FY 2011-12. The good news was that 424 of the 508 clients who tested positive were linked to care, making a link-to-care rate of 83.5%. This is high, better than the state average. The counselors are doing a great job. The number of tests in 2012 was virtually unchanged from 2011 at about 61,000. The positivity rate for 2012 went down a bit, to 0.8%. Prevention held a meeting last month with all testing sites. Each received a scorecard of testing and positivity rates, so they know how they are doing. All coordinators were informed of missing data on the forms. Prevention is working one on one with sites to help them find more positives. The program was focused on finding new positives. However, prevention is interested in previously tested positives who are re-linked to care. In response to a question, the representative reported sites using mobile units and outreach have been finding the highest numbers of positives.

12. UNFINISHED BUSINESS

The PSRA Chair asked about a previously mentioned town forum to educate the public and encourage participation regarding the ACA. She urged not to wait until the last minute, so the correct information can be shared and client input can be received. The JCCR Chair said plans are underway to have a community meeting on ACA by November, possibly in September. It was mentioned that they will have a better idea by then about what the ACA insurance exchanges will look like. The HIVPC Chair said Executive Committee talked about doing an initial forum in September to give a heads up to the public, with a more detailed forum in November. Executive will come to JCCR in August to help plan.

13. NEW BUSINESS

None.

14. ANNOUNCEMENTS

- The Chair welcomed all new HIVPC members.
- A Member said he will be attending a National ADAP Advocacy meeting. One goal is to seek advance word on budget sequestration for next year.
- Agencies expect awards on August 15th for federal grants to hire ACA navigators. Details from the ACA insurance plans are due in September.
- The South Florida AIDS Network plans a community forum on ADAP on July 18, 2013 at Holy Cross Hospital community facility. AIDS Health Care Foundation is providing buses to and from local areas in Broward and Palm Beach County.

15. REQUEST FOR DATA

The By-Laws Chair asked if the County attorney has replied to the committee's request for feedback on grievance procedures. The Part A Grantee said the information will not be coming from the county attorney's office but rather other county offices.

16. AGENDA ITEMS FOR NEXT MEETING: July 25, 2013 at 9:00 a.m. VENUE: BRHPC

- Standing Agenda Items
- Fiscal Year 2014-15 Allocations by Service Category

17. ADJOURNMENT

Without objection, the meeting was adjourned at 10:19 a.m.

HIV PLANNING COUNCIL ATTENDANCE CY 2013

Meeting Dates →	24	28	28	25	23	27						
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Creary, Karen	√	√	√	√	√	√						
Dyer, Leroy	√	√	√	√	√	√						
Gammell, Bradford	√	√	√	√	√	√						
Grant Claudette	√	√	√	√	E	√						
Hayes, Marie	√	√	A	√	√	√						
Bhrangger, Ronald	√	E	√	√	√	A						
Holness, Dale V.C. (Comm)	A	A	A	A	A	A						
Katz, Bradley	√	√	√	√	√	√						
Kuryla, Samantha	√	A	√	√	√	√						
Marcoviche, William	√	E	√	√	√	A						
Moragne, Timothy	A	√	√	√	√	√						
Roberson, Carl	√	√	√	√	E	√						
Siclari, Rick	√	√	√	√	√	√						
Spencer, Will	√	√	√	√	A	√						
Taylor-Bennett, Carla	√	√	√	√	A	√						
Tomlinson, Karlene	√	√	√	A	√	√						
Wilson, Tara	√	√	√	√	E	E						
Wynn, Joey	√	√	√	A	√	√						
Proulx, D.	N	√	√	√	A	√						
Parker-Maysonet, Patricia	A	√	√	E	A	√						
Coscarelli, Monica (Alt 1)	E	E	A	E	E	A						

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Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 26, 2013

Fiscal Year 2014 Appropriations:

We are now in the height of appropriations season. In late June, the Senate Appropriations Committee released its draft funding bill for the Department of Health and Human Services and it provides funding for Ryan White programs above the previous year's level. It would fund all programs at $2.394 billion, including $669.9 million for Part A Grantees (that section would be funded the same as last year). Most of the proposed increase would support ADAP.

The Senate also released its draft bill for the Department of Housing and Urban Development (HUD). It would level fund the Housing Opportunities for People With AIDS (HOPWA) at last year's level of $332 million. The House also released its bill for HUD, and, unfortunately, it would cut HOPWA by $29 million. To fight the House cuts, Housing Works organized a rally on the U.S. Capitol Grounds for July 24th and a very large coalition of stakeholders is expected.

Of more immediate concern are funding levels for the Housing Opportunities for People with AIDS (HOPWA) program in the House's 2014 funding bill for the U.S. Department of Housing and Urban Development. On top of organizational changes imposed by Secretary Donovan, the House will drastically cut HOPWA of $32 million. It was previously funded at $332 million, but House Appropriators would fund the program at only $330 million.

Outlook
With the looming battle over the increase in the federal debt ceiling and conflict within the House over passing appropriations bills, it is very likely that Congress will have to enact yet another Continuing Resolution (CR) to keep the government funded after the current spending authorizations expire at the end of September. If the House and Senate cannot reach agreement on final appropriations bills, they will be forced to enact yet another year-long CR that would keep all programs funded at their current levels. While the prospect of that may seem daunting, it might be better than one in which the House's funding levels prevail and massive cuts to HIV/AIDS prevention, treatment, and care systems.

Ryan White Reauthorization Bill

Last week, Congressman Frank Pallone (D-NJ) introduced legislation (H.R. 2699) to reauthorization the Ryan White Program with a limited scope. Essentially, it promotes the "Consensus Document" that stakeholders assembled and would extend the hold harmless

provisions and extend the transitional grant area (TGA) transfer. Both provisions would continue at the FY 2013 levels, meaning that hold harmless would continue to be at 92.5% of the previous year's award for Part A and B grantees. If additional TGAs lost the cases needed to maintain their status, the bill would see funds transferred from Part A and Part B to provide an incremental decrease in funding to the jurisdiction in question. Prospects for meaningful consideration in the House are doubtful because of lack of support from the House leadership on health matters including those around HIV and AIDS.

House Caucus on Black Men and Boys

The newly formed Congressional Caucus on Black Men and Boys is staging its inaugural meeting on July 24th and the subject of HIV/AIDS is expected to be discussed by DC Delegate to the House Congresswoman Eleanor Holmes Norton (D-DC). While there is no specific HIV or AIDS panel, the subject is expected to be addressed during the discussion of health care needs and strategies. TFG will report back if there are any developments in this area. Rep. Alcee Hastings (D-FL) will be participating in the Caucus and the meeting. There is an expectation that some participants may attend the HUD rally, which takes place during the meetings.

QUALITY MANAGEMENT COMMITTEE
Policies and Procedures

Purpose

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

Policy

The Quality Management (QM) Committee shall ensure that the highest quality HIV medical care and support services are provided to eligible Broward County Residents living with HIV/AIDS by developing client and system based outcomes and indicators, providing oversight of standards of care within the service delivery models, developing scopes of service for program evaluation studies, evaluating client satisfaction and identifying client and staff education and training needs.

Annual Work Plan Goals

- Develop 3-Year QM Plan
- Review & Analyze Annual Measures and Chart Review Data
- Review & Assess Client-Level Data
- Provide Quality Assurance and Quality Improvement (QI) Training to All Stakeholders
- Review and Implement QM Committee Policies and Procedures
- Approve Service Delivery Model Modifications
- Evaluate Client Survey from Needs Assessment
- Apply QM methods to identify areas of improvement and modify processes to support the EIIHA Strategy and the goals of the National HIV/AIDS Strategy
- Monitor the activities of the QI Networks
- Conduct Annual QM Plan Evaluation
- Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application

Procedures

QM Committee functions as a committee of the Broward County EMA HIV Planning Council. The QM Committee is chaired by an HIV Planning Council Member.

Membership of the committee consists of consumers, client service professionals, and HIV and non-HIV providers. Committee membership must be broadly reflective of the epidemic. To assist and inform the QM Committee's work, the Service Provider Networks are invited and encouraged to provide input into the development of client and system based outcomes and associated indicators as indicated in the QM Committee Policy section.

Program data and research are provided by Council and Clinical Quality Assurance staff, drawing from a wide-range of data sources.

The QM Committee maintains oversight of Standards of Care within Service Delivery Models including:

a. Application of Best Practice Models
b. Review of Standards of Care
c. Recommend changes to Standards of Care to:
    i. Conform to best practice models
    ii. Support achievement of client and system outcomes
    iii. Respond to emerging client needs

d. Direct QI Networks to make specific service protocol modifications to support recommended changes to standards of care
    i. Approve the need for program evaluation studies
    ii. Develop and/or approve the Scopes of Service for program evaluation studies
    iii. Identify and recommend opportunities to improve client satisfaction

Assess Effectiveness of Services Offered in Meeting the Identified Needs:

1. Identify and approve tools/data needed to perform an assessment, including relevant reports, questionnaires, or other sources of information.
    a. Aggregate Service Outcome Data
    b. Initial and Updated Implementation Plans
    c. Other Studies (Peer reviews; Aggregate Programmatic Monitoring Reports; AETC/Chart Reviews, etc.)
2. Develop tools not currently available
3. Collect and review data
4. Evaluate the Assessment Process

FY 2013~~2~~-2014~~3~~ Ryan White Part A Services Eligibility Criteria

All Changes are effective August 1, 2013

~~SUPER~~CORE SERVICE CATEGORIES

LOCAL AIDS PHARMACEUTICAL ASSISTANCE (400% FPL)

OUTPATIENT/AMBULATORY MEDICAL CARE (400% FPL)

ORAL HEALTH CARE (400% ~~300%~~ FPL)

MEDICAL CASE MANAGEMENT (400% ~~300%~~ FPL)

MENTAL HEALTH SERVICES (300% FPL)

SUBSTANCE ABUSE SERVICES (OUTPATIENT) (300% FPL)

SUPPORT SERVICE CATEGORIES

CENTRALIZED INTAKE AN ELIGIBILITY DETERMINATION
(All Clients)

FOOD BANK/FOOD VOUCHERS
Application status for food stamps and/or WIC (undocumented residents exempt)

FOOD BANK
150% FPL
24 ~~15~~ Food Bank allotments per year.
A maximum of 3 allotments may be vouchers.
A single voucher can be provided simultaneously with a box.

(Emergency Provision)
151-300% FPL
Maximum of 3 food bank allotments per year (food box **or** food voucher)
Must demonstrate an emergency need and a plan to meet their need.
"Emergency" defined as a verified loss of, or reduction in income due to unexpected or unbudgeted expense or event beyond client's control.
Emergency must be documented in Progress Log and Plan of Care

LEGAL ASSISTANCE
Proof of Income, 300% FPL

OUTREACH
At Risk Populations HIV+ and not in medical care or who have fallen out of care

FY 14/15 ALLOCATIONS: PART A

Discussion Item #	Rank	Service	FY 13 Allocation	Factors to Consider	Recomended FY14 Allocation		Proposed By
	#		$	*Client increase from expanded testing offset by Exchange enrollment	%	$	
9	1	Medical	$5,706,496	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA health exchanges means full funding needed for FY14-15. Expect 3% Medicare reimbursement increase ($171,195).	15%	$6,546,809	PSRA
10	2	Pharmacy	$509,576	Expanded testing will link more clients to care. Decreased PAP access. Long transition to exchanges means full funding needed	55%	$787,665	PSRA
11	3	Medical Case Mgt [Disease Mgt (DM]	$0	DM constitutes a change in the MCM category. This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site. Based on FY12 VL analysis, DM could have benefited 812 clients. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate is 1,056.	100%	$546,650	PSRA
12	4	Health Insurance Continuation (HICP)	$0	HICP for approximately half of RW clients transitioning to ACA exchange & needing premium & out-of-pocket assistance despite subsidies. Estimated cost $3,779 (100-250% FPL) & $6,953(250-400%) New and existing clients to this service category (800 clients maximum will enroll, but not all clients will access this service category immediately)	100%	$2,329,002	PSRA
13	5	Oral Health	$2,623,653	Part F funding uncertain. Low Medicaid coverage. Difficult to access.	19%	$3,132,354	PSRA
14	6	Mental Health	$336,987	Expanded testing = more clients. No Medicaid expansion & long transition to exchange means full funding needed.	10%	$369,387	PSRA
15	7	Substance Abuse	$342,889	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACAinsurance exchange.	3%	$354,827	PSRA
		Core	$9,519,601		$14,066,694		
16	1	CIED	$467,513	Enrolling clients into Exchange may result in longer encounter time.	20%	$562,244	PSRA
17		Non-Medical Case Mgt (NMCM)	$0	This service category will encompass comprehensive case management, which is an addition to the NMCM category. Along with CIED, NMCM is a supportive service to ensure health outcomes through referral and linkage.	100%	$1,016,769	PSRA
18	2	Food Bank	$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated $100,000.	85%	$1,189,473	PSRA
19	3	Legal	$131,426	No other funding identified. SSI appeals process.	16%	$152,466	PSRA
20	4	Outreach	$58,768	No other funders. Expanded testing = client increase	-12%	$52,004	PSRA
		Support	$1,300,553		$3,072,956		
		TOTAL	$10,820,154		$17,139,650		

FY 14/15 ALLOCATIONS: MAI

Discussion Item #	FY 14 Rank	Service	FY 13 Allocation	Factors to Consider	Recommended FY 14 Allocation	Proposed By
	#		$			
		Utilize FY13/14 allocation plus % increase				
21	1	Medical	$100,000	Expanded testing will link more clients to care. ACA Impact	**$105,000**	PSRA
22	2	Medical Case Mgt	$176,644		**$185,476**	PSRA
23	3	Mental Health	$128,418		**$134,839**	PSRA
24	4	Substance Abuse	$400,000		**$420,000**	PSRA
		Core	**$805,062**		**$845,315**	
25	1	Eligibility	$290,957	Uncertainty of insurance exchange plans will make eligibility determinations more time-consuming and difficult.	**$320,053**	PSRA
		Support	**$290,957**		**$320,053**	
		TOTAL	$1,096,019		$1,165,368	