Broward County HIV Health Services Planning Council
Joint Priorities Committee

200 Oakwood Lane• Suite 100•Hollywood, FL 33020
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Website: www.brhpc.org

Carla Taylor-Bennett
Part A Co-Chair

Kathleen Cannon
Part B Co-Chair

Agenda
Wednesday, February 15, 2012 at 12:30 p.m.

1. Call to Order *Please sign-in*	Co-Chairs
2. Welcome and Introductions a. Review Meeting Ground Rules and Statement of Sunshine b. Review Public Comment (Please Sign-in at Front of Room) c. Committee Member Introductions d. Guest Introductions	Co-Chairs
3. Moment of Silence	Co-Chairs
4. Approve Today's Agenda	Co-Chairs
5. Approve Meeting Minutes (01/18/12)	Co-Chairs
6. Grantee Reports	
a. Part A	Leonard Jones or designee
b. Part B	Ann Mercer
c. ADAP	Paul Moore
7. Sweeps and Reallocations	Committee Members
8. Review Policies and Procedures (Handout A)	Committee Members
9. Old Business/New Business HIVPC Approved Motions	Committee Members
10. Public Comment	Members of the Public
11. Agenda Items for Next Meeting	Co-Chairs
12. Meeting Evaluation	Co-Chairs
13. Next Meeting Date: Wednesday, 03/21/12 at 12:30 p.m.	Co-Chairs
14. Adjournment	Co-Chairs

Please remember to complete evaluation forms

Please be aware this meeting and all of the information stated thereof is a matter of public record under Florida's Government in the Sunshine Law. Florida Statute, Chapter 119.01 Acknowledgement by participants of HIV status is not required, and if disclosed becomes a part of the public record.

Joint Priorities Committee
Meeting Minutes
200 Oakwood Lane, Suite 100, Hollywood FL 33020
January 18, 2012 at 12:30 p.m.

#	Members	Present	Absent		Guests
1	Carla Taylor-Bennett, Part A Co-Chair	X			Bonnie Majcher
2	Kathleen Cannon, Part B Co-Chair	X			Kara Schickowski
3	Andrew Bush	X			Kristopher Kenny
4	Brad Gammell	X			
5	Claudette Grant	X			
6	H. Bradley Katz	X			**Grantee Staff**
7	Jean Starkey		E		Leonard Jones (Part A)
8	Jeri Pryor	X			Valentino Clarke (Part A)
9	Joey Wynn	X			Ann Mercer (Part B)
10	Marie Hayes	X			
11	Paul A. Moore	X			**HIVPC Support Staff**
12	Regine Lefevre	X			Ariela Eshel
13	Rick Siclari	X			Faikah Hosein
14	Seth Leverence	X			Michele Rosiere
15	Yolonda Reed	X			
	Quorum = 8	**14**	**1**		

1. **Call to Order (Government in the Sunshine)**
   The Part B Co-Chair called the meeting to order at 12:39 p.m.

2. **Welcome and Introductions**
   The Part B Co-Chair welcomed everyone. Self-introductions and conflicts were announced. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, the attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

3. **Moment of Silence**
   A moment of silence was observed.

4. **Approve 01/18/12 Meeting Agenda**

Motion #1	To "approve the 01/18/12 Meeting Agenda"
Proposed by	Brad Gammell
Seconded by	Andrew Bush
Action	Passed

5. **Approve 12/14/11 Meeting Minutes**

Motion #2	To "approve 12/14/11 Meeting Minutes."
Proposed by	Marie Hayes
Seconded by	Rick Siclari
Action	Passed

6. **Grantee Reports**
   - **A. Part A Report**
     The Part A Grantee reported on the potential for Part A Sweeps #2 and based on where we're at, there was no need. Sweeps #2 will be reviewed in February once all invoices are submitted. There are unspent Part A funds as a result of the Late Notice of Grant Award. The amount of unspent funds does not reflect the fact that the Part A system is at capacity. A data match with ADAP has been done; the Part A Grantee is working to upload relevant information into PE (e.g., recertification dates, pick-ups, etc.). A three-hour PE training will be provided in February to interested HIVPC and Committee members.

   - **B. Part B Report**
     The Part B grantee reported: Non-Medical Case Management conducted 359 eligibility interviews in November of which 106 were new clients. Medication Co Payment served 329 clients in November in which 15 were new to the program. 322 clients served in November for Medication Co Payment Cards: 7 Clients served in November Mail Order. Cost Avoidance for Medication Co Payment Program for November is $31,059.82. Total cost avoidance from April-November is $111,084.16. A total of 390 clients have activated Pharmaceutical Co Pay cards for the 7 month period May 1, to November 31, 2011.

The first Part B Sweeps and Reallocations report was reviewed. As a result of the cost avoidance and with Tallahassee's approval and as a recommendation from Joint Priorities Committee meeting of December 2011, funds are being reallocated out of Medication Co Payment and several other categories and into Medical Transportation from the end of the year and going forward. To date $100,021.00 was allocated to Medical Transportation. The Part B grantee requested clarification as to whether the Medical Transportation Eligibility was changing or will remain the same or, following December 2011's meeting, be opened up for all core services. The Part A Co Chair reminded everyone that the bulk purchase was discussed when Part B was to take up the service category and should this be the case, Part B has full latitude to decide what the eligibility should be without having to honor Part A's past Medical Transportation Eligibility guidelines when the service category was under Part A. Part B and ADAP grantee noted that this can be done but not with $100,000.00 and if bus passes are going to be changed to 31-day passes approximately $350,000.00 - $400,000.00 will be needed and there will not be that amount of funds available. The restriction in eligibility will solely be based on funds and not due to any Part A restriction(s). There are many Part A bus passes (bought in bulk to minimize the carry over) to be distributed along with Part B passes, keeping a small amount of Part A bus passes for anyone who may be not be Part B eligible, which will be followed through by case managers through PE. The Part A grantee noted that any eligibility changes will affect both Part A and Part B bus passes as the consistency has to be maintained. In a second sweep to be sent from SFAN, there are sufficient funds to be swept into non medical case management to assist with wait time for core eligibility. The following motion was therefore made:

Motion #3	To "move $21,606.00 into Non-Medical Case Management to O.P.S. to assist with wait time for core eligibility"
Proposed by	Joey Wynn
Seconded by	Rick Siclari
Action	Passed; 1 Abstention; 1 Opposition
Further:	*Motion rescinded*

On the same discussion, the following motion was made:

Motion #4	To "direct any unspent Part B funds at end of fiscal year to do a bulk purchase of bus passes"
Proposed by	Joey Wynn
Seconded by	Rick Siclari
Action	Passed (1 Abstention)

- **ADAP Report**

The ADAP Grantee reported as of 01/06/12: Total ADAP "Open" Enrollment: 2,001; Total ADAP Clients Served in Last 30 Days*:1,235; Total ADAP Waitlist Enrollment: 293; Category A: 6; Category B: 118; Category C: 159; Category D: 10; Total ADAP/Medicare Part D Enrollment: 187; Number of Appointments in November: 547; Number of Missed Appointment in November: 127; Percentage of November Appointments Missed: 23%."Clients Served" are defined as having at least one "pickup" in the period. The category definitions are as follows:

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 position on the Wait List.

In response to a question as to what happens when a person misses appointments and loses their place on the waitlist, the ADAP Grantee stated that they are placed at the bottom of the list and the entire list moves up.

7. **Old Business / New Business**

Part A Sweeps and Reallocations #2

Part A Sweeps and Reallocations #2 was deferred to a later date.

a. **Medical Transportation Eligibility**

The committee reviewed the report. The Part A Grantee noted there are data limitations. Member noted that clients need to travel to oral health care appointments and that oral health care appointments can be added to the Medical Transportation Eligibility list. Following the committee's recommendation to move the medical transportation (bus passes) service category from Part A to Part B for FY12/13, client eligibility and the transition process were discussed. To be eligible for bus passes under Part B, clients must be Part B eligible and have an FPL at or below 150%. The Committee agreed to expand eligibility for bus passes to all core service category appointments and recommend the purchase is split 50/50 between 31-day and 10-ride passes. It was agreed a transition strategy should be developed to inform clients of changes in bus pass service eligibility criteria. Hence, the following motions were made:

Motion #5	To "expand eligibility for bus passes to all core service category appointments"
Proposed by	Joey Wynn
Seconded by	Andrew Bush
Action	Passed (1 Abstention)

Motion #6	To "recommend the purchase is split 50/50 between 31-day and 10-ride passes"
Proposed by	Joey Wynn
Seconded by	Seth Leverence
Action	Passed (5 Opposed; 1 Abstention; 6 In Agreement)

The Part A grantee stated that, based on service utilization, the recommendation can potentially change as more clients will be accessing the services and suggested the committee reassess the recommendation going forward.

b. **Policies and Procedures Review** (Handout A)

To be reviewed at a later date.

c. **HIVPC Approved Motions** (Handout B)

The motions approved by HIVPC were noted by the committee.

8. **Public Comment**

There was no public comment.

9. **Agenda Items for Next Meeting**

→ Standing Agenda Items
→ Sweeps and Reallocations #2
→ Policies & Procedures

10. **Meeting Evaluation**

Members and guests were reminded to complete meeting evaluations.

11. **Next Meeting Date**

February 15, 2012 at 12:30 p.m. at BRHPC, 200 Oakwood Lane, Suite 100, Hollywood 33020

12. **Adjournment**

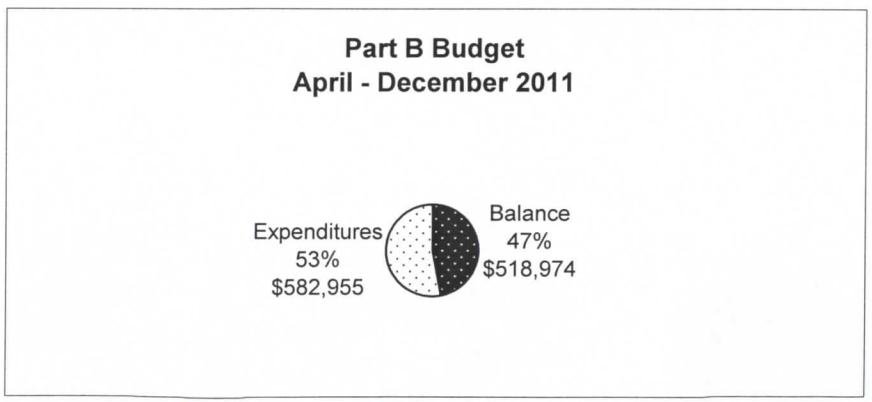
The meeting was adjourned at 2:41p.m.

Ryan White Part B
Expenditure Report
December 2011

Service Category	Part B 2011-2012 Allocated	Part B 2011-2012 (December Spent/ Encumbered)	Part B 2011-2012 Monthly Average Left	Part B 2011-2012 (YTD Spent/ Encumbered)	Part B 2011-2012 (% Left)	Part B 2011-2012 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 581	$ 735	70%	$ 1,744
Home Health Care Services	$ 13,018	$ -	$ 3,276	$ 3,189	76%	$ 9,829
Medication Co Pay	$ 697,218	$ 21,117	$ 100,232	$ 396,521	43%	$ 300,697
Case Management (non-medical)	$ 179,001	$ 11,096	$ 27,145	$ 97,567	45%	$ 81,434
Medical Transportation	$ 100,021	$ -	$ 33,340	$ -	0%	$ 100,021
Administration	$ 110,192	$ 8,865	$ 8,416	$ 84,943	23%	$ 25,249
TOTALS	**$ 1,101,929**	**$ 41,078**	**$ 172,991**	**$ 582,955**	**47%**	**$ 518,974**
					53%	

Non-Medical Case Management conducted 353 eligibility interviews in December of which 102 were new clients.
Medication Co Payment served 316 clients in December in which 15 were new to the program.
308 Clients served in December Med Co Pay
8 Clients served in December Mail Order

Cost Avoidance for Medication Co Payment Program for December is $27,248. Total cost avoidance from April-December is $138,333.



This report reflects all invoices received and paid as of 12/31/11

2/3/2012

Broward County Health Department ADAP Report as of 1/31/12

Total ADAP "Open" Enrollment		2,057
Total ADAP Clients Served in Last 30 Days*		1,273
Total ADAP Waitlist Enrollment**		301
	Category A	6
	Category B	119
	Category C	167
	Category D	9
Total ADAP/Medicare Part D Enrollment		187
Number of Appointments in January		676
Number of Missed Appointment in January		258
Percentage of January Appointments Missed		38%

*"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 loose their position on the Wait List.

JOINT PRIORITIES COMMITTEE
Policies and Procedures

Policies

The Joint Priorities Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) and/or South Florida AIDS Network (Consortia) for the disbursement of Ryan White Part A and Ryan White Part B funds in Broward County. Priority Setting and resource allocation to service categories involves all members of the Council and the Consortia. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council and the Consortia.

The Joint Priorities Committee may offer input regarding the Housing Opportunities for Persons With HIV/AIDS (HOPWA) Program based upon the results of the collaborative needs assessment for the HOPWA Grantee to take into consideration. However, the Joint Priorities Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of both the Council and Consortia to ensure collaboration and coordination across funding streams. The Committee shall have co-chairs appointed by the Council and the Consortia, respectively.

The Committee shall recommend language to the Council and Consortia on how best to meet each priority and additional factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.
The Grant Administrator shall submit the Part A funding priority award recommendations of the Council to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

The priority process shall allow for funds to enable Council members who are individuals with HIV and their alternates to be reimbursed for their reasonable expenses which shall include but not be limited to the following: transportation, parking, mileage, child care, regular lost wages and appropriate refreshments.

Procedures

The Committee shall meet on an as-needed basis as determined by the Council, the Consortia and Committee Chairs. Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

The Committee shall review client needs and other data presented in the Needs Assessment, Comprehensive Planning documents, the Statewide Coordinated Statement of Need, client utilization data and spending patterns as provided by the Grantee, and other data as applicable and available. This

should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.

The Committee shall determine priority funding categories with justifications that can be linked back to the Needs Assessment and Comprehensive Plan for Ryan White Part A and Ryan White Part B consortia's.

The funding formula to be utilized when estimating resources needed shall be:
# of clients (based on surveillance data) x cost (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need. The Committee shall then assign language on how best to meet the needs to each prioritized funding category.

For periodic reallocation of resources the following process shall be utilized:
The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The Implementation Plan should then be reviewed. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the Implementation Plan will be documented with justification for why the deviation will occur.

In the event of funding shortages (i.e., level funding or less than level funding), core curriculum service categories will be funded at the prior years final funded allocation level minus un-obligated administrative and carryover funds. If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of the previous year allocated to support services, the Grantee's office will convene the committee to revise funding allocations. Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less that 10% of the funding award and that there are less than 120 days left in the fiscal year.

The priorities and allocation recommendations shall then be forwarded to the Council and/or the Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars.

Priority Setting Principle
In the event of a funding award greater than the previous year, service categories will be funded first at the most recent fiscal year's final expenditures. The grantee will exercise discretion in applying up to $500,000 to core services based on a pro rata share of the amount of the increase in proportion to the original grant application percentage (based on estimated need) for core services.

Core Curriculum
The Health Resources and Services Administration (HRSA) has identified the following as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need (SCSN):

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Oral Health Care
4. Mental Health Services
5. Medical Case Management (including Treatment Adherence)
6. Substance Abuse Services (outpatient)
7. Medical Nutrition Therapy

Broward County HIV Health Services Planning Council

Approved Motions – January 26, 2012

Joint Priorities

To "expand eligibility for bus passes to all core service category appointments"