Joint Priorities Committee
Meeting Agenda
May 16, 2012 at 12:30 p.m.

Carla Taylor-Bennett, Part A Co-Chair

1. **Call to Order (***Please sign-in)*
2. **Welcome and Introductions**
   a. Review Meeting Ground Rules, Sunshine and Public Comment Requirements
   b. Committee Memberand Guest Introductions
   c. Moment of Silence
3. **Approval of Today's Agenda & Meeting Minutes 04/18/12**
4. **Unfinished Business**
   a. **Policies & Procedures**
   b. **HIVPC and Executive Retreat Follow Up**
      1. Ryan White Grantees Presentations
         a. Ryan White Parts Coordination to Maximize Access, System-Wide Funding and Resources
            i. How the Program/Part Coordinates With Part A Program (Overall and Service Category)
            ii. Percentage of clients receiving services from Part A and Parts B, C, D, F and ADAP
            iii. How Client Becomes Eligible For Each Program/Part (Parts B, C, D, F and ADAP)
            iv. Utilization and Expenditures by Service Category
      2. Mandated Categories Data Quarterly Data Reporting/ Scorecards Implementation
      3. Pre-Existing Conditions Insurance Plan (PCIP) and Plan Analysis
      4. Marketing Ryan White Services
      5. Cost Sharing for Eligibility
5. **New Business**
   a. **HRSA Request for Public Comment Regarding Reauthorization**
6. **Grantee Reports** (Part A, Part B, ADAP)
7. **Public Comment**
8. **Agenda Items for Next Meeting**
9. **Next Meeting Date:** 6/13/12* at 12:30.**Venue:** BRHPC
10. **Adjournment**

**At the March 2012 meeting the Committee agreed to meet twice in June (13th and 20th)*

Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

HRSA/HAB 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.

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

HAB Web site

TARGET Center, 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.

PSRA COMMITTEE
RETREAT MEETING MINUTES

Secret Woods Nature Park, 2701 W. SR 84, Dania Beach, FL, 33312
April 18, 2012, 12:00 p.m. – 4:00 p.m.

#	Members		Present	Absent		Guests
1	Taylor-Bennett, C	Part A Co-Chair	X			Carhart, D.
2	Cannon, K.	Part B Co-Chair	X			Kuryla, S.
3	Bush, A.		X			Montgomery, W.
4	Ferrer, M.		X			
5	Gammell, B.		X			**Grantee Staff**
6	Grant, C.		X			Clarke, V. (Part A)
7	Hayes, M.		X			Jones, L. (Part A)
8	Katz, H. B.		X			Mercer, A. (Part B)
9	Lefevre, R.		X			
10	Leverence, S.			X		
11	Moore, P		X			
12	Pryor, J.		X			**HIVPC Support Staff**
13	Reed, Y.		X			Desa, G.
14	Siclari, R		X			Hosein, F.
15	Starkey , J.			X		Rosiere, M.
16	Wynn, J			X		Smith, N.
		Quorum = 9	**13**	**3**		

I. Call to Order (Government in the Sunshine)

The Part A Co-Chair called the meeting to order at 12:15 p.m.

Welcome and Introductions

The Part A 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.

Moment of Silence

A moment of silence was observed.

Approve Today's Agenda

Motion #1	To "approve the 04/18/12 Meeting Agenda"				
Proposed by:	Claudette Grant	**Seconded by:**	Carla Taylor-Bennett	**Action:**	Passed

Approve 03/21/12 Meeting Minutes

Motion #2	To "approve meeting minutes of 03/21/12"				
Proposed by:	Brad Gammell	**Seconded by:**	Andrew Bush	**Action:**	Passed

Part A Grantee Report

The Part A Grantee reported the final expenditures from Providers are being wrapped up by 4/13/12. There is a carryover of $300,000 - $500,000 as a result of the late Notice of Grant Award. There was no downturn in services which had to be stretched out. It is hoped that the grant would be as favorable next fiscal year.
HRSA has reorganized and our EMA (eligible metropolitan area) may not have the same project officer. In a call earlier in April the new requirements for recertification were discussed with regards to income eligibility. There are going to be some changes due to the new requirements that HRSA (Health Resources and Services Administration) put on ADAP (AIDS Drug Assistance Program). Irrespective we are still moving forward.

The Grantee announced Denim Day on 4/24/12 in support of sexual assault victims.

Part B Report

The Part B Grantee report was provided on expenditures up to March 2012: Non Medical Case Management conducted 521 eligibility interviews in March of which 130 were new clients. Medication co-payment served 314 clients in which 7 were new to the program. There were 307 clients served in March for Med Co-Pay and 9 clients served for mail orders. Cost avoidance for Med Co-Pay Program is $42,000. Total cost avoidance from April 2011 - March 2012 is $248,000. Bus passes are being distributed for both Part A and Part B (Medical Transportation) and this is being closely monitored and information is being tracked and put into CAREWARE. When Part A bus passes have been depleted, Part B bus passes will begin being distributed. Remaining funds are approximately 7%-8% and must be returned to the state.

Part B Allocations

The Part B Grantee distributed the following sheet and Part B FY 12/13 Allocations were conducted:

Ryan White Part B FY 12/13 Allocations approved by PSRS Meeting 4-18-12

Core Services	FY 11/12 Initial Approved Allocation	Sweep Out	Sweep In	FY 12/13 Initial Approved Allocation	% of Award
Medication Co Payment	$ 812,894.00	$ 202,894.00	$ -	$ 610,000.00	55.36%
Home Health Care Services	$ 16,448.00	$ 16,448.00	$ -	$ -	0.00%
Core Total	$ 829,342.00	$ 219,342.00	$ -	$ 610,000.00	55.36%
-					
Support Services					
Home Delivered Meals	$ 5,000.00	$ 2,521.00		$ 2,479.00	0.22%
Medical Transportation	$ -		$ 50,950.00	$ 150,971.00	13.70%
Non Medical Case Management	$ 157,395.00		$ 70,892.00	$ 228,287.00	20.72%
Support Total	$ 162,395.00	$ 2,521.00	$ 121,842.00	$ 381,737.00	34.64%
Administration	$ 110,192.00	$ -	$ -	$ 110,192.00	10.00%
Total Funding	**$ 1,101,929.00**	**$ 221,863.00**	**$ 121,842.00**	**$ 1,101,929.00**	**100.00%**

The allocations are indicated by the following motions:

Motion #3	To "reallocate $50,950 from Part B 'Other to transportation for FY 12/13"				
Proposed by:	Brad Gammell	**Seconded by:**	Andrew Bush	**Action:**	Passed (1 Abstention)

Motion #4	To "allocate $610,000 to Medication Co Payment"				
Proposed by:	Yolonda Reed	**Seconded by:**	Andrew Bush	**Action:**	Passed (1 Abstention)

Motion #5	To "defund Home Health Services"				
Proposed by:	Andrew Bush	**Seconded by:**	Brad Gammell	**Action:**	Passed (1 Abstention)

Motion #6	To "allocate $2,479 to Home Delivered Meals"				
Proposed by:	Regine Lefevre	**Seconded by:**	H. Bradley Katz	**Action:**	Passed (1 Abstention)

Motion #7	To "allocate $150,971 to Medical Transportation"				
Proposed by:	Andrew Bush	**Seconded by:**	Yolonda Reed	**Action:**	Passed (1 Abstention)

Motion #8	To "move $228,287 to Non Medical Case Management"				
Proposed by:	Rick Siclari	**Seconded by:**	H. Bradley Katz	**Action:**	Passed (1 Abstention)

ADAP Report

The ADAP report through March 30, 2012 was provided: The total ADAP "open" enrollment was 2,312 with 1,525 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 171 clients and the total ADAP/Medicare Part D Enrollment was 187. There were 771 appointments of which 272 (35%) 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)

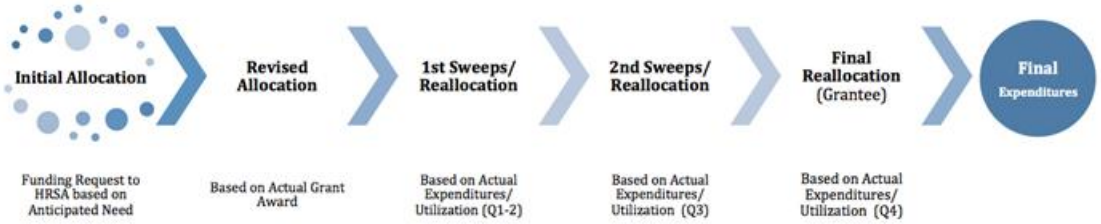
Category C Clients Served = 97 (Treatment naïve clients with CD4 cell count > 350 cells/mm3)

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.

II. Priority Setting and Resource Allocation

The following Funding Cycle graphic presentation was made by Michele Rosiere:



The Part A Grantee stated that Medical is the primary objective and as we go through the funding Pocess, we should recognize HRSA's measures and expectations. Funding is integral but if the best funding is done and clients cannot get to the medical care they need what is the objective of all of this? There are funding issues across the board. Are we going to address these issues? Guest noted that priorities are already set by HRSA, why are we not doing it that way? Needs are identified by clients (survey) and we are committed to these findings. A person needs medical care and services, and when we identify what that means, are we able to provide the care at a quality level? We lived under the premise that the funds are always there. The Continuum of Care needs to be identified first and from the model, move on and how to best serve an individual or a group of people?

A guest commented that he looks at Continuum of Care and Quality of Care from his own healthcare experience. We get people into care and onto a regular regime of medications. Stopping to think, food is a very important part of this medical portion as most of the meds require proper nutrition and certain amount of calories before or after the meds are administered. What we have discussed is 'yes continuum of care or quality of care'. We need to define what quality of care is and from there go to continuum of care. Quality is far more significant in the long run and may actually dictate the continuum of care. This is a discussion that the group needs to have in future. How and how many do we serve with the funds at hand?

Part A Co-Chair replied that Food Bank limits boxes and posed the question to all: Is reallocation of the Food Bank an essential component that helps people stay on their meds? Guest commented that Continuum of Care is really a revamping of Medical Case Management. It is concerning that FPL is presently 300% and there is nothing in place for persons between FPL 300% - 400%. This needs to be addressed. Pre-existing Conditions Insurance Plan (PCIP) will affect these people. We need to address current problems that affect us now and not plan for what may occur into the future. We are at a place where we see systems can change with time and our goal needs to be the clients who are neediest which includes those undocumented.

Eligibility criteria (to best meet the population) were addressed and with this discussion the following motions 9 and 10 were made:

Motion # 9	To "change the eligibility requirements for OAMC from 300% - 400%"				
Proposed by:	Marie Hayes	**Seconded by:**	Claudette Grant	**Action:**	Passed
Amendment: Effective after ratification by the HIVPC 4/26/12 - Passed					

Motion # 10	To "change the eligibility requirements for Part A Pharmacy from 300% - 400%"				
Proposed by:	Marie Hayes	**Seconded by:**	Jeri Pryor	**Action:**	Passed / 1 Opposition
Amendment: Effective after ratification by the HIVPC 4/26/12					

Referring to eligibility, the Part A Grantee remarked that the motions made increased allocations without any data noting there is yet no data for this group (between 300% - 400%). A member noted that every client does and will not cost the same e.g. a female client can also have cervical or breast cancer and her medical costs go up or a male client with heart disease and/or diabetes. It was suggested that data should show cost by groups e.g. women, men, AIDS diagnosed, newly diagnosed and those with additional health issues as each client incur different costs and clients kept healthier cost us less in the long run. Following a discussion on inefficiencies noted by the member above, the committee discussed developing a guiding principle for Ryan White Part A Services that would ensure that eligible clients will have access to three core services (OAMC, Part A Pharmacy, Oral Healthcare) and also on developing a stratification plan, the following motions were made:

Motion # 11	To "add to our Policies and Procedures a guiding principle for Ryan White Part A Services that would fully fund all eligible clients to have access at a minimum to OAMC, Part A Pharmacy and Oral Healthcare effective upon ratification by the HIVPC "				
Proposed by:	Rick Siclari	**Seconded by:**	Andrew Bush	**Action:**	Passed / 1 Abstention
This will be forwarded to the HIVPC after it is incorporated into the Committee's Policies and Procedures					

Motion # 12	The PSRA will develop a stratification plan that will review at a minimum: eligibility, provider feedback, utilization, cost avoidance measures and other relevant data annually.				
Proposed by:	Andrew Bush	**Seconded by:**	Claudette Grant	**Action:**	Passed
This will be added to the committee's Policies and Procedures before sending for ratification by the HIVPC.					

III. HIVPC and Executive Retreat Follow Up
In the interest of time, this will be discussed at the next meeting.

IV. Old Business / New Business
There was none.

V. Parking Lot Items
In the interest of time, this will be discussed at a future meeting.

VI. Agenda Items for Next Meeting: Wednesday, May 16, 2012 at 12:30 p.m. at BRHPC
- Standing Agenda Items
- HIVPC and Executive Retreat Follow Up
- Policies and Procedures

VII. Adjournment
The meeting was adjourned at 4:01 p.m.

Priorities Committee Attendance CY 2012

#	Members	Jan	Feb	Mar	Apr
1	Taylor-Bennett, C	P	P	P	P
2	Cannon, K.	P	P	P	P
3	Bush, A.	P	P	P	P
4	Ferrer, M.	P	P	P	P
5	Gammell, B.	P	P	P	P
6	Grant, C.	P	P	P	P
7	Hayes, M.	P	P	P	P
8	Katz, H. B.	P	**E**	P	P
9	Lefevre, R.	P	**A**	P	P
10	Leverence, S.	P	**A**	**A**	**A**
11	Moore, P	P	**A**	**E**	P
12	Pryor, J.	P	P	P	P
13	Reed, Y.	P	P	P	P
14	Siclari, R	P	P	P	P
15	Starkey , J.	**E**	P	P	**A**
16	Wynn, J	P	**A**	**E**	**A**
	Quorum = 9	**15**	**11**	**13**	**13**

Joint Priorities Committee Policies and Procedures

Priority Setting and Resource Allocation 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.

Guiding Principle

The Committee has identified a subset of the EMA's Part A core services curriculum as a "Super Core," or which all eligible clients should be able to access at a minimum.

Core Medical Services Curriculum

The Planning Council has identified the following services as those which have a documented need for funding. These services have been classified by the Health Resources and Services Administration (HRSA) as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

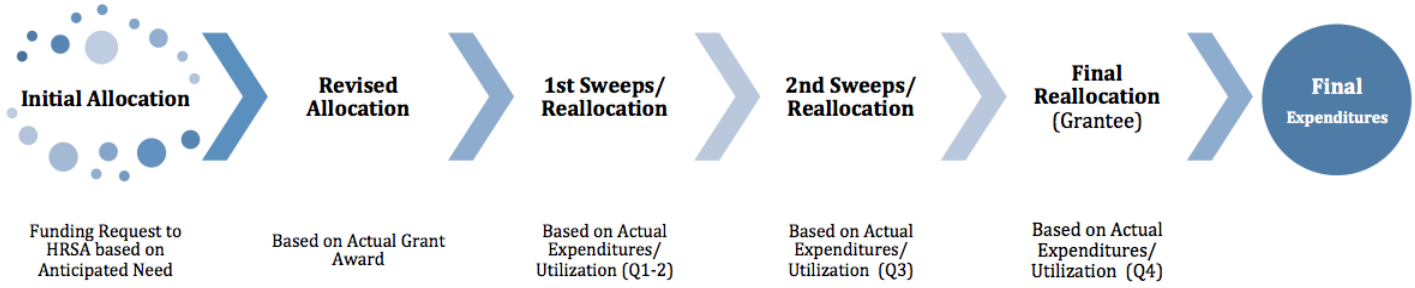
1. Outpatient/Ambulatory Health Services (including Medical Nutrition Therapy)
2. AIDS Pharmaceutical Assistance (local)
3. Oral Health Care
4. Mental Health Services
5. Medical Case Management (including Treatment Adherence)
6. Substance Abuse Services (outpatient)

Community Involvement

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.

Reimbursement of Consumer Expenses. 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

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



Initial Allocation (Request to HRSA)

Review of Data

- Client Needs and Other Needs Assessment Data
- Comprehensive Planning Documents
- Statewide Coordinated Statement Of Need
- Client Utilization Data and Spending Patterns
- 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.

Funding Formula

[# of clients* cost] – [other funding + other documented community needs] = resources needed

The funding formula to be utilized when estimating resources needed shall be: # of clients (based on utilization and surveillance data) * 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.

Revised Allocation (Upon Notice of Grant Award)

Funding Increase: 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 "super 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 "super core services".

Funding Shortages: In the event of funding shortages (i.e., level funding or less than level funding), "super core curriculum service categories" will be funded at the prior year's 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.

Reallocation Process

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.

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.

Final Reallocation: 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.

Voting and Approval Process

Voting/Decision Making: The Committee shall utilize a "nominal group process method" to set priorities as outlined in the committee's procedures.

HIV Council Approval: All priorities and allocation recommendations shall 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.

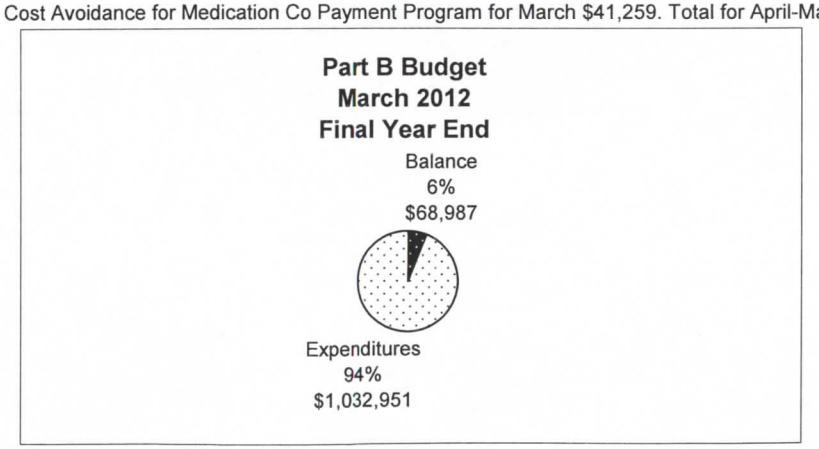
Broward County Board of County Commissioners Approval: The Grant Administrator shall submit the Part A funding priority award recommendations of the Council to the Board of County Commissioners' designated Division Director, who in turn forwards them to the Broward County Board of County Commissioners for its approval.

Ryan White Part B
Final Year End Report March 2012

Service Category	Part B 2011-2012 Allocated	Part B 2011-2012 (Final March 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 Final Year End (Balance)
Home Delivered Meals	$ 2,479	$ 315	N/A	$ 1,050	58%	$ 1,429
Home Health Care Services	$ 13,018	$ 3,360	N/A	$ 6,550	50%	$ 6,468
Medication Co Pay	$ 647,318	$ 116,396	N/A	$ 621,548	4%	$ 25,770
Case Management (non-medical)	$ 179,001	$ 23,309	N/A	$ 143,681	20%	$ 35,320
Medical Transportation	$ 149,930	$ -	N/A	$ 149,930	0%	$ -
Administration	$ 110,192	$ 6,455	N/A	$ 110,192	0%	$ -
TOTALS	**$ 1,101,938**	**$ 149,836**	**N/A**	**$ 1,032,951**	**6%**	**$ 68,987**
					94%	

Non-Medical Case Management conducted 521 interviews from March of which 130 were new.
Medication Co Payment served 340 clients in March in which 17 were new to the program.
333 Clients served in March Med Co Pay
7 Clients served in Mail Order

Cost Avoidance for Medication Co Payment Program for March $41,259. Total for April-March is $254,991.



This report reflects all invoices received and paid to close out fiscal year 2011-12.

Broward County Health Department ADAP Report as of 4/25/12

Total ADAP "Open" Enrollment		2,469
Total ADAP Clients Served in Last 30 Days*		1,526
Total ADAP Waitlist Enrollment**		111
	Category A	2
	Category B	51
	Category C	58
	Category D	0
Total ADAP/Medicare Part D Enrollment		187
Number of Appointments in April		606
Number of Missed Appointment in April		187
Percentage of April Appointments Missed		31%

*"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 month they will loose their position on the Wait List.

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Ryan White Part B FY 12/13 Allocations approved by PSRS Meeting 4-18-12

Core Services	FY 11/12 Initial Approved Allocation	Sweep Out	Sweep In	FY 12/13 Initial Approved Allocation	% of Award
Medication Co Payment	$ 812,894.00	$ 202,894.00	$ -	$ 610,000.00	55.36%
Home Health Care Services	$ 16,448.00	$ 16,448.00	$ -	$ -	0.00%
Core Total	$ 829,342.00	$ 219,342.00	$ -	$ 610,000.00	55.36%
Support Services					
Home Delivered Meals	$ 5,000.00	$ 2,521.00		$ 2,479.00	0.22%
Medical Transportation	$ -		$ 50,950.00	$ 150,971.00	13.70%
Non Medical Case Management	$ 157,395.00		$ 70,892.00	$ 228,287.00	20.72%
Support Total	$ 162,395.00	$ 2,521.00	$ 121,842.00	$ 381,737.00	34.64%
Administration	$ 110,192.00	$ -	$ -	$ 110,192.00	10.00%
Total Funding	**$ 1,101,929.00**	**$ 221,863.00**	**$ 121,842.00**	**$ 1,101,929.00**	**100.00%**

Recommended Ryan White Part B FY 12/13 Allocations					
Core Services	**FY 11/12 Initial Approved Allocation**	**Sweep Out**	**Sweep In**	**FY 12/13 Initial Approved Allocation**	**% of Award**
Medication Co Payment	$ 812,894.00	$ 202,894.00	$ -	$ 610,000.00	61.51%
Home Health Care Services	$ 16,448.00	$ 16,448.00	$ -	$ -	0.00%
Core Total	$ 829,342.00	$ 219,342.00	$ -	$ 610,000.00	61.51%
Support Services					
Home Delivered Meals	$ 5,000.00	$ 2,521.00		$ 2,479.00	0.25%
Medical Transportation	$ -		$ 100,021.00	$ 100,021.00	10.09%
Non Medical Case Management	$ 157,395.00		$ 70,892.00	$ 228,287.00	23.02%
OTHER			$ 50,950.00	$ 50,950.00	
Support Total	$ 162,395.00	$ 2,521.00	$ 221,863.00	$ 381,737.00	38.49%
Administration	$ 110,192.00	$ -	$ -	$ 110,192.00	
Total Funding	**$ 1,101,929.00**	**$ 221,863.00**	**$ 221,863.00**	**$ 1,101,929.00**	**100.00%**

Preliminary Data

Counseling and Testing Data Summary Report By Selected Variables

Report Date: 05/08/2012

County BROWARD

Sex	N	P	Total	P%
Female	2130	6	2138	0.28
Male	2241	28	2279	1.23
Transgender	7	2	9	22.22
Missing Data	32	0	32	0.00
Grand Total	4410	36	4458	0.81

Race	N	P	Total	P%
Asian	30	0	30	0.00
Black	2310	25	2340	1.07
Hispanic	849	5	858	0.58
Amer Indian/Alaskan	8	0	8	0.00
Native Hawaiian/ Pac Isle	21	0	21	0.00
White	1098	6	1107	0.54
Mixed	31	0	31	0.00
Refused	11	0	11	0.00
Missing Data	52	0	52	0.00
Grand Total	4410	36	4458	0.81

Site Type	N	P	Total	P%
01-Anonymous	1	0	1	0.00
02-STD	412	13	425	3.06
03-Drug Treatment	52	0	52	0.00
04-Family Planning	242	0	242	0.00
05-Prenatal/OB	0	0	0	0.00
06-TB	12	0	12	0.00
07-Adult Health	51	1	52	1.92
08-Prison/Jails	386	1	388	0.26
09-College	11	0	11	0.00
10-Private/MD	1233	7	1242	0.56
11-Special Projects	0	0	0	0.00
12-CBO	2008	14	2031	0.69
13-CHD FieldVisit	2	0	2	0.00
Other-Missing	0	0	0	0.00
Grand Total	4410	36	4458	0.81

Risk	N	P	Total	P%
MSM/IDU	29	1	30	3.33
MSM	629	17	652	2.61
IDU	223	0	223	0.00
Sex with HIV	54	5	59	8.47
Sex with MSM	28	0	28	0.00
Sex with IDU	70	0	70	0.00
Sex with Other	157	1	158	0.63
Perinatal	16	0	16	0.00
STD Diagnosis	533	4	537	0.74
Sex for Drugs/Money	38	0	38	0.00
Sexual Assault	128	0	129	0.00
Heterosexual	2363	5	2372	0.21
Other Risk	64	1	65	1.54
No Identifiable Risk	39	0	39	0.00
Refused	16	0	17	0.00
Missing Data	23	2	25	8.00
Grand Total	4410	36	4458	0.81

Age Group	N	P	Total	P%
<2	0	0	0	0.00
2-4	1	0	1	0.00
5-12	0	0	0	0.00
13-19	472	0	475	0.00
20-29	1792	11	1806	0.61
30-39	938	9	950	0.95
40-49	657	10	670	1.49
50+	534	6	540	1.11
Missing Data	16	0	16	0.00
Grand Total	4410	36	4458	0.81

**Indeterminate test results are not shown, but are included in the total tested

JOINT PRIORITIES COMMITTEE

HIVPC Approved Motions
Made at 4/18/12 Meeting

To "change the eligibility requirements for Outpatient Ambulatory Medical Care from 300% to 400%" *(Effective after ratification by the HIVPC)*

To "change the eligibility requirements for Part A Pharmacy from 300% to 400%" *(Effective after ratification by the HIVPC)*

COVERAGEforALL.ORG
Foundation for Health Coverage Education

2012 Federal Poverty Level

The benefit levels of many low-income assistance programs are based on these poverty guidelines. Find your family size and monthly or yearly income below to determine your FPL percentage category.
Note: Pregnant women count as two people for the purpose of this chart.

48 Contiguous States and the District of Columbia

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$2,793	$5,585	$8,378	$9,048	$11,170	$14,856	$19,548	$22,340	$27,925	$33,510
2	$3,783	$7,565	$11,348	$12,255	$15,130	$20,123	$26,478	$30,260	$37,825	$45,390
3	$4,773	$9,545	$14,318	$15,463	$19,090	$25,390	$33,408	$38,180	$47,725	$57,270
4	$5,763	$11,525	$17,288	$18,671	$23,050	$30,657	$40,338	$46,100	$57,625	$69,150
5	$6,753	$13,505	$20,258	$21,878	$27,010	$35,923	$47,268	$54,020	$67,525	$81,030
6	$7,743	$15,485	$23,228	$25,086	$30,970	$41,190	$54,198	$61,940	$77,425	$92,910
7	$8,733	$17,465	$26,198	$28,293	$34,930	$46,457	$61,128	$69,860	$87,325	$104,790
8	$9,723	$19,445	$29,168	$31,501	$38,890	$51,724	$68,058	$77,780	$97,225	$116,670

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$233	$465	$698	$754	$931	$1,238	$1,629	$1,862	$2,327	$2,793
2	$315	$630	$946	$1,021	$1,261	$1,677	$2,206	$2,522	$3,152	$3,783
3	$398	$795	$1,193	$1,289	$1,591	$2,116	$2,784	$3,182	$3,977	$4,773
4	$480	$960	$1,441	$1,556	$1,921	$2,555	$3,361	$3,842	$4,802	$5,763
5	$563	$1,125	$1,688	$1,823	$2,251	$2,994	$3,939	$4,502	$5,627	$6,753
6	$645	$1,290	$1,936	$2,090	$2,581	$3,433	$4,516	$5,162	$6,452	$7,743
7	$728	$1,455	$2,183	$2,358	$2,911	$3,871	$5,094	$5,822	$7,277	$8,733
8	$810	$1,620	$2,431	$2,625	$3,241	$4,310	$5,671	$6,482	$8,102	$9,723

Alaska

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$3,493	$6,985	$10,478	$11,316	$13,970	$18,580	$24,448	$27,940	$34,925	$41,910
2	$4,730	$9,460	$14,190	$15,325	$18,920	$25,164	$33,110	$37,840	$47,300	$56,760
3	$5,968	$11,935	$17,903	$19,335	$23,870	$31,747	$41,773	$47,740	$59,675	$71,610
4	$7,205	$14,410	$21,615	$23,344	$28,820	$38,331	$50,435	$57,640	$72,050	$86,460
5	$8,443	$16,885	$25,328	$27,354	$33,770	$44,914	$59,098	$67,540	$84,425	$101,310
6	$9,680	$19,360	$29,040	$31,363	$38,720	$51,498	$67,760	$77,440	$96,800	$116,160
7	$10,918	$21,835	$32,753	$35,373	$43,670	$58,081	$76,423	$87,340	$109,175	$131,010
8	$12,155	$24,310	$36,465	$39,382	$48,620	$64,665	$85,085	$97,240	$121,550	$145,860

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$291	$582	$873	$943	$1,164	$1,548	$2,037	$2,328	$2,910	$3,493
2	$394	$788	$1,183	$1,277	$1,577	$2,097	$2,759	$3,153	$3,942	$4,730
3	$497	$995	$1,492	$1,611	$1,989	$2,646	$3,481	$3,978	$4,973	$5,968
4	$600	$1,201	$1,801	$1,945	$2,402	$3,194	$4,203	$4,803	$6,004	$7,205
5	$704	$1,407	$2,111	$2,279	$2,814	$3,743	$4,925	$5,628	$7,035	$8,443
6	$807	$1,613	$2,420	$2,614	$3,227	$4,291	$5,647	$6,453	$8,067	$9,680
7	$910	$1,820	$2,729	$2,948	$3,639	$4,840	$6,369	$7,278	$9,098	$10,918
8	$1,013	$2,026	$3,039	$3,282	$4,052	$5,389	$7,090	$8,103	$10,129	$12,155

Hawaii

	% Gross Yearly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$3,215	$6,430	$9,645	$10,417	$12,860	$17,104	$22,505	$25,720	$32,150	$38,580
2	$4,353	$8,705	$13,058	$14,102	$17,410	$23,155	$30,468	$34,820	$43,525	$52,230
3	$5,490	$10,980	$16,470	$17,788	$21,960	$29,207	$38,430	$43,920	$54,900	$65,880
4	$6,628	$13,255	$19,883	$21,473	$26,510	$35,258	$46,393	$53,020	$66,275	$79,530
5	$7,765	$15,530	$23,295	$25,159	$31,060	$41,310	$54,355	$62,120	$77,650	$93,180
6	$8,903	$17,805	$26,708	$28,844	$35,610	$47,361	$62,318	$71,220	$89,025	$106,830
7	$10,040	$20,080	$30,120	$32,530	$40,160	$53,413	$70,280	$80,320	$100,400	$120,480
8	$11,178	$22,355	$33,533	$36,215	$44,710	$59,464	$78,243	$89,420	$111,775	$134,130

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	$268	$536	$804	$868	$1,072	$1,425	$1,875	$2,143	$2,679	$3,215
2	$363	$725	$1,088	$1,175	$1,451	$1,930	$2,539	$2,902	$3,627	$4,353
3	$458	$915	$1,373	$1,482	$1,830	$2,434	$3,203	$3,660	$4,575	$5,490
4	$552	$1,105	$1,657	$1,789	$2,209	$2,938	$3,866	$4,418	$5,523	$6,628
5	$647	$1,294	$1,941	$2,097	$2,588	$3,442	$4,530	$5,177	$6,471	$7,765
6	$742	$1,484	$2,226	$2,404	$2,968	$3,947	$5,193	$5,935	$7,419	$8,903
7	$837	$1,673	$2,510	$2,711	$3,347	$4,451	$5,857	$6,693	$8,367	$10,040
8	$931	$1,863	$2,794	$3,018	$3,726	$4,955	$6,520	$7,452	$9,315	$11,178

The following figures are the 2012 HHS poverty guidelines as of January 26, 2012.
(Source: *http://aspe.hhs.gov/poverty/12poverty.shtml*)
Monthly percentage data calculated by FHCE and rounded to the nearest dollar.