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 / www.BRHPC.org

Committee Meeting Agenda: Priority Setting & Resource Allocation

Date/Time: Wednesday, July 10, 12:30 p.m. Location: BRHPC

Part A Co-Chair: Carla Taylor Bennett Part B Co-Chair: Lisa Agate

1. Call To Order: Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment

2. Approvals: 7/10/13 Agenda and 6/12/13 Meeting Minutes

3. Standard Committee Items: None

4. Unfinished Business

a. Service Delivery Models: Continue discussion on other EMAs' service delivery models for Medical and Non-Medical Case Management

5.Meeting Activities/New Business

Work Plan Objective #: 1.6, 1.9	Today's Meeting Goals
1. Review scope of services and eligibility for each service category 2. Review Policies and Procedures 3. Allocations	1. Review the eligibility for each service category and make revisions, if necessary. 2. Review PSRA's Policies and Procedures and make revisions, if necessary 3. Allocate Part A and MAI funds by service category a. Ensure resources target underserved populations hit hard by epidemic b. Discuss funding to expand services by adding more providers c. Study requiring that only chronically ill clients need specialty care referral d. Study increasing access to food bank e. Study targeting prevention, testing funds to providers with high success rates

6. Grantee Reports

7. Public Comment (Please sign up on the Public Comment Sheet)

8. Agenda Items/Tasks For Next Meeting (July 17, 2013 at 12:30 p.m. Venue: BRHPC)

Agenda Items/Work Plan Item #1.9	Responsible	Information requested/Action To Be Taken
1. Allocations	PSRA	1. Continue allocation of Part A and MAI funds by service category a. Ensure resources target underserved populations hit hard by epidemic b. Discuss funding to expand services by adding more providers c. Study requiring that only chronically ill clients need specialty care referral d. Study increasing access to food bank e. Study targeting prevention, testing funds to providers with high success rates

9. Announcements

10. Adjournment

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care. Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments. Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

MEETING MINUTES
COMMITTEE: Joint Priorities Committee
Date/Time: Wednesday, June 12, 2013, 12:30 p.m.
Location: BRHPC
Carla Taylor-Bennett **Part A Co-Chair** Lisa Agate **Part B Co-Chair**

ATTENDANCE						
#	**Members**		**Present**	**Absent**		**Guests**
1	Taylor-Bennett, C.	Part A Co-Chair	**X**			Majcher, B.
2	Agate, L.	Part B Co-Chair	**X**			Volpitta, R.
3	Gammell, B.		**X**			
4	Grant, C.			**X**		**Grantee Staff**
5	Hayes, M.		**X**			Jones, L. (Part A)
6	Katz, H. B.		**X**			Mercer, A. (Part B)
7	Reed, Y.			**E**		Copa , R. (Part A)
8	Schickowski, K.		**X**			
9	Siclari, R			**E**		**HIVPC Support Staff**
10	Wynn, J		**X**			Eshel, A.
11	Green, D.			**X**		Crawford, T.
12	Proulx, D.		**X**			Rosiere, M.
13	DeSantis, M.		**X**			Solomon, R.
						LaMendola, B. *
	Quorum = 8		**9**	**4**		*By phone

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 12:42 p.m.
The Part A Co-Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.
Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda
Proposed by:	Gammell, B.
Seconded by:	Katz, H.B.
Amendment	Hayes, M. To add to today's agenda item #4 under New Business, priority ranking of service categories
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 4/17/13
Proposed by:	Katz, H.B.
Seconded by:	Agate, L.
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

None

4. UNFINISHED BUSINESS

a) Update on ad Hoc PCIP Subcommittee

The Part A Chair reported that the former Subcommittee was asked to study the potential impact of the Affordable Care Act (ACA) on the Ryan White Program and make recommendations to the Joint PSRA Committee. The Subcommittee's work will transition to the Joint Executive Committee and its work plan will be revised to incorporate the former Subcommittee's tasks.

5. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #	*Accomplishments*
1. Review FY2013-14 Scorecard Format (#1.4) 2. Review PSRA Recommendations from Committees (#1.5) 3. Review Client Survey Results (#1.7) 4. Rank Service Categories (#1.8)	1. The Chair of the PSRA Committee explained the overall format of the FY2013-14 scorecards and explanations for information included in the scorecards. For the first time, the scorecards include income breakdowns for clients to show how many are eligible for subsidies under the Affordable Care Act. The information is expected to be helpful during the allocation process. Demographics broken down by race, gender and ethnicity also are included. The cards also include the HIV/AIDS Bureau measures and Broward County outcomes and indicators. Grantee comments have been included on some service category scorecards. The Committee asked for clarification on the NQC In+Care retention measures definitions. The Committee also reviewed the Part B scorecards. The Chair explained the information provided on the scorecards to the Committee. Members reviewed the All-Funders tables for FY12-13 showing total expenditures and unduplicated clients served in the EMA by all available HIV/AIDS programs. HOPWA gave a clarification of its data: 322 clients are ages 45-62+, and 816 clients have incomes of 0-200% of the federal poverty level. It was noted that HOPWA data is broken down differently than Ryan White, so its numbers do not match the table's demographic categories. Members also reviewed the FY 12-13 viral load stratification data per service category. A member asked to total clients in the income category of 100%-400% of FPL, which is the group eligible for ACA health exchanges, due to Florida not expanding Medicaid coverage. 2. Members reviewed rankings for core and support services by members of the Joint Client/Community Relations (JCCR) Committee. Members compared them to consumer rankings from the FY 12-13 Client Survey. Members noted that the JCCR members are more homogenous than overall client survey participants. The Committee considered Joint Planning Committee's suggestion that special attention be given to the special populations of MSMs and Black Heterosexuals. Members reviewed and discussed Joint Planning recommendations for changes to the Language on How Best to Meet the Need. These are recommendations that will go to the HIVPC for action at the upcoming meeting. During the discussion, the Committee was informed that private policies offered in the ACA health exchanges will carry a surcharge for smokers. If the Ryan White Part A Program considers paying for client policy costs, it may be necessary to determine how many clients smoke. Members discussed changes suggested for MCM, item two. It was noted that the goal of the EMA is viral load suppression; strategies/counseling to increase adherence should be considered. Members discussed the feasibility of using and/or funding Oral Health Care navigators to help with retention. Members suggested modifying the language similar to bullet two. The dental director of the Florida/Caribbean AIDS Education and Training Center met with the Grantee to discuss Oral Health Care issues. She noted that a recent SPNS (Special Projects of National Significance) Project highlighted the important role of Oral Health Care navigators in promoting compliance with medical and dental care. She recommended the EMA consider the

	feasibility of adding an Oral Health Care navigator component to the Oral Health Care service category. Members noted the role of MCMs includes assistance with linkage to, and retention in, Oral Health Care and a navigator component would be duplicative. Staff explained that Joint Planning expressed concern about agencies providing MCM in a non-clinical setting. The Committee had a long discussion about reshaping MCM, noting that some case managers are performing non-medical case management tasks. Members mentioned that medical case managers should focus on assisting clients with disease management rather than support service needs. Currently, the non-medical case management service category includes only Centralized Intake and Eligibility. The Committee reviewed the contractually used MCM definition. There was a discussion on reimbursement rates if MCM is reclassified into medical and non-medical case management. It was noted that there is not enough information to determine the ratio of funding needed for medical vs. non-medical case management at this time. Staff was asked to research medical and non-medical case management service category definitions and best practices used by other EMAs. The Committee will revisit the discussion at the July meeting. 3. The Committee reviewed the ranking sections of the client survey included in the FY12-13 Needs Assessment. Members noted that twice as many clients ranked categories in 2010 compared to 2012. The Committee asked staff to verify the sample size. Staff reported that the number who ranked categories is lower because some respondents did not complete rankings. The Committee suggested simplifying the wording in next year's survey to encourage more answers (e.g. replace 'outpatient ambulatory medical care' with 'doctor's visits'). The suggestion will be sent to the Joint Planning Committee, which oversees survey language. 4. The Committee completed the process of ranking service categories in priority order, which was done electronically. Individual rankings were tallied and the PSRA rankings for Core services are: 1) outpatient medical, 2) AIDS pharmaceuticals, 3) MCM, 4) Health Insurance Continuation Program, 5) Oral Health, 6) Mental Health and 7) Substance Abuse Treatment. PSRA rankings for Support services are: 1) CIED, 2) Food Bank, 3) Legal Assistance and 4) Outreach.

After members ranked the FY14/15 service categories, the Committee agreed by consensus to cancel the June 19, 2013 Priority Setting and Resource Allocation meeting.

6. GRANTEE REPORTS

a) Part A

The Grantee received a call two weeks ago from the Department of Health and Human Services. The HHS attorney made an incorrect ruling on funding; awards were recalculated. Broward will now receive a 3% reduction rather than a 6% reduction as expected. It was mentioned that other EMAs are being hit harder by sequestration: Palm Beach County, 13% reduction; Baltimore, 15% cut; Miami, 3.2% cut. The grant award is expected by the end of next week. Broward EMA's funding is currently fine; the EMA will be allowed to request another partial grant award if needed before the full grant award is received.

b) Part B

The written Part B Grantee report was provided detailing expenditures up to April 2013. Non-Medical Case Management conducted 972 eligibility interviews in April. Medication co-payment served 253 clients of which 17 were new to the program. There were 245 clients served in April for Medication Co-Payment and 8 clients served by Mail Orders. Medical Transportation for April 2013. A total of 323 (10 ride) and 225 (31 day) passes distributed.

c) PUBLIC COMMENT

None

d) AGENDA ITEMS / TASKS FOR NEXT MEETING: Date: July10, 2013 **Venue:** BRHPC

Agenda Items/Work Plan Item #	Responsible	Information requested/Action To Be Taken
1. Service Delivery Models	PSRA	1. Continue discussion on other EMAs' service delivery models for Medical and Non-Medical Case Management
2. Review scope of services and eligibility for each service category (Work Plan Item 1.6)	PSRA, Staff	2. Review the eligibility for each service category and make revisions, if necessary.
3. Allocate funds to Part A & MAI service categories for FY 14-15 (Work Plan Item 1.9)	PSRA, Grantee	3. Allocate FY14-15 grant funds to service categories, based on data on the estimate of needs. a. Ensure resources target underserved populations hit hard by epidemic b. Discuss funding to expand services by adding more providers c. Discuss whether to require that only chronically ill clients need referrals for specialty care d. Discuss increasing access to food bank e. Discuss targeting prevention, testing funds to providers with high success rates

e) ANNOUNCEMENTS
None

f) ADJOURNMENT
Without objection, the meeting was adjourned at 3:14 p.m.

JOINT PRIORITIES COMMITTEE - ATTENDANCE CY 2013

#	Members	Jan	Feb	Mar	April	June
1	Taylor-Bennett, C	P		P	P	P
2	Agate, L.	P		P	A	P
3	DeSantis, M.	*Appointed 3/28/13*			A	P
4	Gammell, B.	A		P	P	P
5	Grant, C.	P		P	P	A
6	Hayes, M.	P		P	P	P
7	Katz, H. B.	P		P	P	P
8	Reed, Y.	P		P	P	E
9	Schickowski, K.	P		P	P	P
10	Siclari, R	P		E	A	E
11	Green, D.	P		P	P	A
12	Wynn, J	P		P	P	P
13	Proulx, D.	*Appointed 1/24/13*		P	P	P
Quorum = 8		**10**		**12**	**10**	**9**

Medical vs. Non-Medical Case Management Comparison of Metropolitan Areas

METRO AREA	DEFINITION DIFFERENCES	CLIENT ELIGIBILITY DIFFERENCES	DIFFERENCES IN ACTIVITIES / DUTIES
BROWARD	**MCM**: Services that link clients to health care, psychosocial care, etc. Ensures timely and coordinated access to medically appropriate levels of care. Uses ongoing assessment of client and family members' needs and support systems. Coordination and follow-up of medical treatments is a component. Provides treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments. Includes Peer Counseling to help solve problems. **NMCM**: A single entry point of service and assistance with applications and referrals to third party benefits and community services available to HIV clients.	**MCM**: Clients who need help accessing medical and social services. Goal is to empower them to independently manage themselves. **NMCM**: All Ryan White clients are eligible.	**MCM**: Assess client. Develop individual service plan. Coordinate services. Monitor for success/needs. Re-evaluate and adapt. Discharge. (Use face-to-face, phone and all other types of encounter.) **NMCM**: Screen client for eligibility for federal, state and local assistance programs. Assist with applications, documentation and enrollment. Help solve access problems.
BALTIMORE http://balpc.intergroupinfo.com/categories/9	**MCM**: Services that link clients to health care, psychosocial care, etc. Ensures timely and coordinated access to medically appropriate levels of care. Uses ongoing assessment of client and family members' needs and support systems. Coordination and follow-up of medical treatments is a component. Provides treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments. **NMCM**: Client advocacy. Advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. ***Key difference from MCM is NMCM cannot coordinate or follow-up on medical treatments***; ***otherwise the two categories are the same***.	**MCM**: For clients in need of medical follow-up, and who have barriers to medical care and treatment adherence. Clients with multiple service needs should be served by MCM. Clients with co-morbid conditions as primary barriers should be served in primary care co-morbidity service category. **NMCM**: General clients who need help coordinating services.	**MCM**: Assess client. Develop individual service plan. Coordinate services. Monitor for success/needs. Re-evaluate and adapt. Discharge. (Use face-to-face, phone and all other types of encounter.) **NMCM**: Activities focus on immediate problem solving, not aimed at establishing long-term relationships or ongoing services.

NEW ORLEANS www.norapc.org/resources.php	**MCM**: Services that link clients with health care, psychosocial care, etc. Essential component is coordination and follow-up of medical treatment, as well as treatment adherence counseling. Primary goal is working with the primary care doctor to improve health status, as reflected in health indicators. **NMCM**: Advice and assistance to empower clients to access services (such as medical, social, community, legal, financial) that support medically related outcome measurements.	**MCM**: Clients with scores reflecting poor health status as demonstrated by high viral load or low CD4 counts, acute opportunistic infection or multiple needs. **NMCM**: Clients with a lower level of need, requiring only direct services offered or referred (e.g., rental assistance and monthly med refills).	**MCM**: Assess client. Develop individual service plan. Coordinate services. Monitor for success/needs. Re-evaluate and adapt. Discharge. **NMCM**: Assess client. Coordinate services. Revisit, re-evaluate periodically.
ORLANDO hivnetwork.org/pdf/doc_links_care/mcm_soc.pdf	**MCM**: Services that link clients to health care, psychosocial care, etc. Ensures timely and coordinated access to medically appropriate levels of care. Uses ongoing assessment of client and family members' needs and support systems. Coordination and follow-up of medical treatments is a component. Provides treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatments. **NMCM**: Same definition. Excludes treatment adherence. Includes inpatient CM that prevents needless hospitalization or expedites discharge from an inpatient facility.	**MCM**: Open to all eligible for Ryan White. **NMCM**: Must have unusual difficulty such as physical/mental disability, language disorder, substance abuse, family problems, severe acuity, newly diagnosed or new to region.	**MCM**: Assess client. Develop individual service plan. Coordinate services. Monitor for success/needs. Re-evaluate and adapt. Discharge. (Use face-to-face, phone and all other types of encounter.) **NMCM**: Same activities.
PALM BEACH COUNTY www.carecouncil.org/providerinformation/	**MCM**: Counseling and treatment adherence to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care. **NMCM**: Advice and assistance to help clients obtain medical, social, community, legal, financial and other needed services. ***Key difference from MCM is NMCM cannot coordinate or follow up medical treatments***; ***otherwise they are the same***.	**MCM**: Clients with need for medical care coordination. **NMCM**: Open to general clients.	**MCM**: Assess client. Develop individual service plan. Coordinate services. Monitor for success/needs. Re-evaluate and adapt. Discharge. (Use face-to-face, phone and all other types of encounter.) **NMCM**: Counseling and referrals to help clients access public and private programs. Transitional counseling for inmates leaving incarceration.

Funding for Medical and Non-Medical Case Management Selected Metropolitan Areas, 2008-09		
Metro Area	**MCM**	**NMCM**
Atlanta	$1,414,874	$0
Austin	$111,196	$403,688
Baltimore	$1,512,311	$494,399
Baton Rouge	$847,710	$0
Bergen-Passaic	$347,778	$437,548
Boston	$2,723,128	$443,789
Charlotte	$568,582	$0
Chicago	$3,638,042	$545,146
Cleveland	$284,651	$0
Dallas	$1,155,491	$1,327,324
Denver	$591,611	$216,917
Detroit	$1,627,232	$126,149
Fort Lauderdale	$1,214,267	$0
Fort Worth	$826,839	$0
Hartford	$716,948	$0
Houston	$1,527,423	$606,937
Jacksonville	$417,595	$671,974
Jersey City	$671,974	$0
Kansas City	$1,699,440	$0
Las Vegas	$1,042,169	$51,416
Los Angeles	$2,632,825	$0
Memphis	$677,169	$117,517
Miami	$4,151,194	$0
Minneapolis-St. Paul	$1,504,838	$0
Nassau Suffolk County	$1,437,720	$0
New Haven	$1,461,788	$0
New Orleans	$1,037,846	$404,649
New York City	$17,751,681	$0
Newark	$2,008,413	$135,474
Oakland	$1,534,407	$0
Orlando	$818,539	$0
Philadelphia	$6,307,629	$0
Phoenix	$999,103	$414,404
Portland	$975,794	$0
St. Louis	$1,602,356	$0
San Antonio	$331,728	$271,036
San Juan	$763,411	$476,424
Tampa-St. Petersburg	$1,361,615	$89,544
San Diego	$1,931,704	$107,053
San Francisco	$2,104,525	$701,804
Seattle	$1,588,260	$0
Washington, DC	$5,021,921	$121,512
West Palm Beach	$2,715,896	$0

FY 2012-2013 Ryan White Part A Services Eligibility Criteria

SUPERCORE SERVICE CATEGORIES

LOCAL AIDS PHARMACEUTICAL ASSISTANCE (400% FPL)
OUTPATIENT/AMBULATORY MEDICAL CARE (400% FPL)
ORAL HEALTH CARE (300% FPL)

CORE SERVICE CATEGORIES

MEDICAL CASE MANAGEMENT
MENTAL HEALTH SERVICES
SUBSTANCE ABUSE SERVICES (OUTPATIENT)
Proof of Income, 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
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

Priority Setting & Resource Allocation Committee

Policies and Procedures

The Priority Setting & Resource Allocation 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 Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the 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 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 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 decision making process is publicly stated and implemented 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.

Priority and allocation recommendations shall be forwarded to the Council and/or Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars.The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

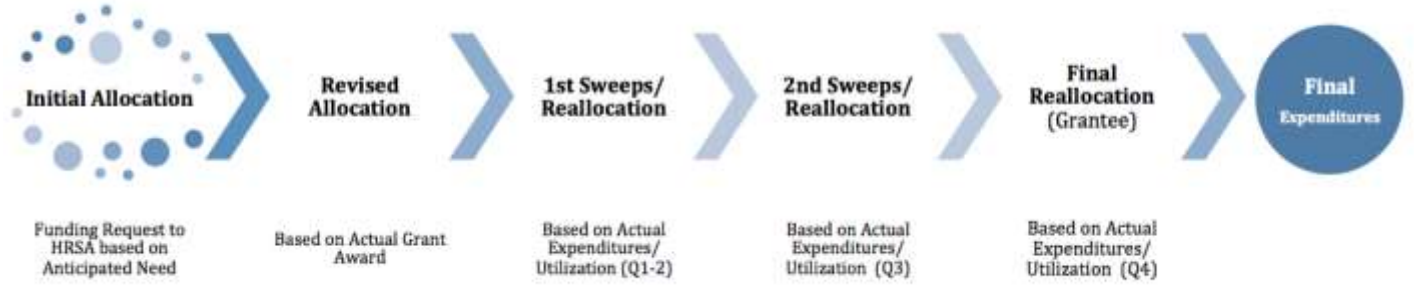
The Planning Council has identified the following core medical services as those, which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement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

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)

The EMA adopted has identified a subset of the Part A core services curriculum as a “Super Core,” for which all eligible clients should be able to access at a minimum. The “Super Core” categories are

1. Outpatient/Ambulatory Health Services (including Medical Nutrition Therapy)
2. AIDS Pharmaceutical Assistance (local)
3. Oral Health Care

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle



Initial Allocation (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.

Review Data

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medical Care (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

Develop Language Regarding How Best To Meet The Need. The Committee shall assign language on how best to meet the needs to each prioritized funding category.

Prioritize Service Categories. The Committee shall first prioritize the three "Super Core" servicesfollowed by the remaining core and support services.

Allocate Funding to Service Categories. The Committee shall first allocate funding to the "Super Core" services followed by the remaining core and support services. The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) * *the* cost to provide needed service (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.
[# of clients* cost] – [other funding + other documented community needs] = resources needed

Estimate Client Need. The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
   a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
   b. Estimate # of eligible newly diagnosed PLWHA that will need services

Other Funding. The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
   a. Subtract # of PLWHA likely to be served through increase in available other funding
   b. Add # of PLWHA estimated to need services due to decreases in other available funding

Revised Allocation (Based on Actual HRSA Ryan White Grant Award)

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

Funding Increase: In the event of a funding award greater than the amount received 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 these services.If additional dollars still remain the same process will be applied for **Core Services** followed by support services.

Funding Shortages: In the event of funding shortages (i.e., level funding or less than level funding), "Super Core" 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.

Sweeps and Reallocation Process(Based on periodic review of service utilization)

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 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 planned allocation 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.

FY 2012/13 Scorecard: Part A and MAI Substance Abuse — **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

FY	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
FY 12	$355,389	$400,624	$756,013	$319,631	$399,986	$719,617	-2%	$15,390,658	4.7%	7
FY 11	$355,389	$375,000	$730,389	$360,060	$374,931	$734,991	7%	$15,006,261	4.9%	8
FY 10	$359,861	$375,000	$734,861	$350,277	$334,750	$685,027	4%	$15,395,252	4.4%	6
FY 09	$418,861	$215,268	$634,129	$359,824	$296,393	$656,217	2%	$15,188,452	4.3%	5
FY 08	$225,861	$215,268	$441,129	$427,801	$215,193	$642,994		$15,171,291	4.2%	9

FY 2012 Part A and MAI Utilization & Demographics

Total Clients	# New	% New	Male	Female	Trans
126	44	35%	75%	25%	0.0%
Black	White	Other	Hispanic	Haitian	
53%	45%	2%	11%	2%	

Funded Providers

Part A	MAI
#	#
2	1

FY 2012 Other HIV Funders

Funder	Amount	Clients
Part D	$20,609	27
PAC Waiver	$0	0
	$ 20,609	27

Part A/MAI Utilization by FPL

Federal Poverty Level (FPL)	RW PART A and MAI # of Clients	RW PART A and MAI % of Clients	Annual Premium w/ Subsidy Applied: Cost as % of Income	FPL Range Min	FPL Range Max	Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket) Min	Total Annual Cost (Premium & Out of Pocket) Max	Medicaid Expansion
0%-99%	109	87%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	10	8%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	1	1%	3%-4%	$479	$689	$1,964	$2,443	$2,653	
151%-200%	4	3%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	Not Eligible
201%-250%	2	2%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	0	0%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	0	0%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	0	0%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	0	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	0	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	126	100%							

Part A/MAI Cost Ranges

Cost Range	Avg Cost	Clients
$1-$1,000	$334	27
$1,001-$5,000	$2,559	46
$,5001-$10k	$6,917	23
$10,001-$14,90	$12,280	30
$0-$14,901	5,192	126

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assitance= Premium subsidy reduces premium cost based on % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from Fed benefits
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP funding for medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A and MAI Substance Abuse		ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL		
National Quality Center (NQC) inCARE Retention Measures				
NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	3	34	9%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	16	21	76%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	4	7	57%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	41	49	84%
Denominator:	Patients with at least one medical visit in the measurement year			

Mental Health Parity and Addiction Equity Act

This new Federal law requires group health insurance plans (with >50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits but, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan.

Why is the Federal parity law important?

Eliminates unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension.

How does the Federal parity law work?

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

FY 2012/13 Scorecard: Part A Local AIDS Drug Assistance — **ELIGIBILITY: HIV+, Broward Resident, </=400%**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Priority Rank
FY	*Part A*	*MAI*	*Total*	*Part A*	*MAI*	*Total*	*% change*	Total	% of Total	
2012	$411,109	$0	$411,109	$655,486	$0	$655,486	64%	$15,390,658	4.3%	2
2011	$622,385	$0	$622,385	$400,827	$0	$400,827	-49%	$15,006,261	2.7%	2
2010	$926,000	$0	$926,000	$780,125	$0	$780,125	-15%	$15,395,252	5.1%	2
2009	$1,652,500	$40,000	$1,692,500	$921,396	$0	$921,396	-53%	$15,188,452	6.1%	2
2008	$4,361,410	$40,000	$4,401,410	$1,932,285	$39,998	$1,972,283		$15,171,291	13.0%	1

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cos

Federal Poverty Level (FPL) Range	PART A/MAI Medical Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	#	%	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	1,555	61%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	427	17%	2%	$230	$317	$1,964	**$2,194**	**$2,281**	
139%-150%	59	2%	3%-4%	$479	$689	$1,964	**$2,443**	**$2,653**	Not Eligible
151%-200%	229	9%	4%-6.3%	$694	$1,448	$1,964	**$2,658**	**$3,412**	
201%-250%	169	7%	6.3%-8%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	73	3%	8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	10	0%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	20	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	6	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	3	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	2,551	**100%**							

Part A Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$100	$41	1,372
$101-$300	$181	720
$301-$500	$387	238
$501-$4,691	$975	274
$1-$4,691	$210	2,604

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assistance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* ADAP funding for copay assistance will likely be greatly expanded
* Potential need for Part A emergency deductible, copay and premium assistance

FY 12/13 Pharmacy Client Demographics

Total Clients	# New	% New	Black	White	Other	Hispanic	Haitian
2,551	679	27%	57%	42%	1%	18%	16%
				Male	**Female**		
Part A Pharmacy Providers	*3*			68%	32%		

FY 12/13 Other Funding

Source	Clients	Amount
ADAP	3,321	$19,783,108
Med CoPay	553	$456,503
		$20,239,611

FY 2012/13 Scorecard: Part A Local AIDS Drug Assistance	ELIGIBILITY: HIV+, Broward Resident, </=400% FPL			
National Quality Center (NQC) in CARE Retention Measures				
NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	50	802	6%
Denominator:	Patients with one or more medical visits in the first six months of measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	622	692	90%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	19	29	66%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	700	852	82%
Denominator:	Patients with at least one medical visit in the measurement year			

FY 2012/13 Scorecard: Part A Outreach ELIGIBILITY: HIV+, Broward Resident, At Risk Populations HIV+ and not in Medical Care

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Support Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$67,000	$0	$67,000	$46,846	$0	$46,846	-9%	$15,390,658	0.3%	4
2011	$67,000	$0	$67,000	$51,402	$0	$51,402	-38%	$15,006,261	0.3%	4
2010	$221,345	$0	$221,345	$82,945	$0	$82,945	-63%	$15,395,252	0.5%	4
2009	$414,359	$382,720	$797,079	$221,342	$0	$221,342	-68%	$15,188,452	1.5%	4
2008	$244,250	$382,720	$626,970	$468,479	$232,118	$700,597		$15,171,291	4.6%	4

Part A Outreach Services Utilization & Demographics

Total Clients	# New	% New	Male	Female	Transgender	Black	White	Other	Hispanic	Haitian
182	172	95%	85%	14%	2.0%	27%	33%	40%	10%	3%

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)Part A Utilization by FPL

Federal Poverty Level (FPL)	RW PART A # Clients	RW PART A % Clients	Annual Premium w/ Subsidy Applied: Cost as % of Income	FPL Range Min	FPL Range Max	Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket) Min	Total Annual Cost (Premium & Out of Pocket) Max	Medicaid Expansion
0%-99%	140	77%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	20	11%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	2	1%	3%-4%	$479	$689	$1,964	$2,443	$2,653	Not Eligible
151%-200%	7	4%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	
201%-250%	7	4%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	3	2%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	1	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	1	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	1	1%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	0	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	182	100%							

Part A Cost Ranges

Cost Range	Avg Cost	Clients
$0-$20	$13	92
$21-$30	$26	63
$31-$50	$39	16
$51-$124	$76	10
$0-$124	$23	182

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assitance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP funding for medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A Outreach ELIGIBILITY: HIV+, Broward Resident, At Risk Populations HIV+ and not in Medical Care			
FY 2012/2013 Clinical Quality Management Indicators Data Summary			
EMA Outcome: Facilitate client access to medical care and/or MCM	Numerator	Denominator	Achieved
Indicator 1: 80% of new/lost to care clients have Medical or MCM visit w/in 2 weeks of eligibility	8	88	9%
National Quality Center (NQC) inCARE Retention Measures			
NQC Retention Measure #1: Gap Measure	Numerator	Denominator	Percent
Numerator: Patients with no medical visits in the last 180 days of the measurement year	6	25	24%
Denominator: Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency	Numerator	Denominator	Percent
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	4	15	27%
Denominator: Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care	Numerator	Denominator	Percent
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	8	10	80%
Denominator: Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression	Numerator	Denominator	Percent
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	19	63	30%
Denominator: Patients with at least one medical visit in the measurement year			

FY 2012/13 Scorecard: Part A Oral Health Care — **ELIGIBILITY: HIV+, Broward Resident, </=300%**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Rank
FY	*Part A*	*MAI*	*Total*	*Part A*	*MAI*	*Total*	*% change*	Total Part A/MAI	% Award	
2012	$2,623,653	$0	$2,623,653	$2,641,484	$0	$2,641,484	0%	$15,390,658	17.2%	3
2011	$2,155,150	$0	$2,155,150	$2,635,854	$0	$2,635,854	15%	$15,006,261	17.6%	4
2010	$2,183,022	$0	$2,183,022	$2,293,381	$0	$2,293,381	7%	$15,395,252	14.9%	3
2009	$1,455,187	$0	$1,455,187	$2,152,430	$0	$2,152,430	47%	$15,188,452	14.2%	4
2008	$1,040,526	$0	$1,040,526	$1,463,896	$0	$1,463,896		$15,171,291	9.6%	3

Part A Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$1,000	$428	1 ,945
$1,001-$2,000	$1,350	540
$2,001-$3,000	$2,448	174
$3,001-$7,181	$4,059	102
$167-$7,181	$870	2,761

Funded Providers

Part A	2
Part F Funding	**Part F Clients**
$234,747	212

Utilization Demographics

Total Clients	# New	% New
2,751	676	25%
Male	Female	Trans.
71%	28%	1%
Black	White	Other
49%	51%	0%
Hispanic		Haitian
17%		11%

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)

Federal Poverty Level (FPL)	PART A OHC Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	#	%	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	1,491	54%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	583	21%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	84	3%	3%-4%	$479	$689	$1,964	$2,443	$2,653	
151%-200%	317	12%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	Not Eligible
201%-250%	164	6%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	81	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	15	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	10	0%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	3	0.1%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401% & over	3	0.1%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
Total	2,751	100%							

FY 2012/2013 Clinical Quality Management Indicators Data Summary				
EMA Outcome:		*Numerator*	*Denominator*	*Achieved*
Indicator 1:	90% of caries identified in the initial treatment plan restored upon completion of initial treatment plan	257	262	98%
Indicator 2:	90% of patients free of recurrent caries on restorations placed in the initial treatment plan upon exam 6 or 12 months after completion of initial treatment plan	32	61	52%
National Quality Center (NQC) inCARE Retention Measures				
NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visit in the last 180 days of the measurement year	91	741	12%
Denominator:	Patients with one or more medical visit in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	412	545	76%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care				
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	45	89	51%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	652	834	78%
Denominator:	Patients with at least one medical visit in the measurement year			
Grantee Comments				
Review the feasibility of establishing a patient navigator component to promote access to, and retention in, oral health care.				

FY 2012/13 Scorecard: Part A & MAI Mental Health — **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$274,099	$95,368	$369,467	$332,746	$84,003	$416,749	20%	$15,390,658	2.7%	6
2011	$229,098	$95,000	$324,098	$257,238	$88,814	$346,052	8%	$15,006,261	2.3%	7
2010	$259,168	$95,000	$354,168	$239,685	$79,579	$319,264	-16%	$15,395,252	2.1%	5
2009	$171,168	$112,408	$283,576	$251,035	$129,476	$380,511	40%	$15,188,452	2.5%	6
2008	$110,238	$112,408	$222,646	$159,392	$112,121	$271,513		$15,171,291	1.8%	6

Part A/MAI Utilization by FPL

Health Insurance Exchange Cost Estimate for Silver Plan

Federal Poverty Level (FPL)	RW PART A and MAI		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	# of MH Clients	% of MH Clients	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	338	67%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	72	14%	2%	$230	$317	$1,964	**$2,194**	**$2,281**	
139%-150%	11	2%	3%-4%	$479	$689	$1,964	**$2,443**	**$2,653**	
151%-200%	36	7%	4%-6.3%	$694	$1,448	$1,964	**$2,658**	**$3,412**	Not Eligible
201%-250%	28	6%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	13	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	7	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	0	0%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	1	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	2	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	508	**100%**							

Part A/MAI Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$500	$231	242
$501-$1,000	$709	121
$1,001-$2,000	$1,431	116
$2,001-$3452	$2,452	29
$0-$3,452	**$746**	**508**

Other Funders

Source	Funding	Clients
Part C	$16,886	197
Part D	$115,574	793

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assistance= Premium subsidy reduces cost based on a % of income (100% FPL=2% of income)
`
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP funding for medical deductible, copay and premium assistance will likely be expanded

RW Part A Funded Providers

Part A = 3 MAI = 2

Part A/MAI Utilization & Demographics

Total Clients	# New	% New	Black	White	Other
508	157	31%	37%	62%	1%

Male	Female	Transgender	Hispanic	Haitian
82%	17%	1%	24%	7%

FY 2012/13 Scorecard: Part A & MAI Mental Health		ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL		
National Quality Center (NQC) inCARE Retention Measures				
NQC Retention Measure #1: Gap Measure		*Numerator*	*Denominator*	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	7	228	3%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	122	141	87%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		*Numerator*	*Denominator*	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	23	28	82%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		*Numerator*	*Denominator*	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	191	297	64%
Denominator:	Patients with at least one medical visit in the measurement year			

Mental Health Parity and Addiction Equity Act

This new Federal law requires group health insurance plans (with >50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits but, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan.

Why is the Federal parity law important?

Eliminates unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension.

How does the Federal parity law work?

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

FY 2012/13 Scorecard: Part A & MAI Outpatient/Ambulatory Health — ELIGIBILITY: HIV+, Broward Resident, </=400% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$6,504,282	$100,000	$6,604,282	$5,743,196	$99,936	$5,843,132	5%	$15,390,658	38%	1
2011	$5,920,360	$234,473	$6,154,833	$5,482,813	$99,993	$5,580,806	-9%	$15,006,261	37%	1
2010	$5,944,675	$120,035	$6,064,710	$5,876,974	$263,344	$6,140,318	-1%	$15,395,252	40%	1
2009	$4,534,544	$176,185	$4,710,729	$5,833,076	$344,635	$6,177,711	24%	$15,188,452	41%	1
2008	$4,271,208	$120,079	$4,391,287	$4,639,829	$331,075	$4,970,904		$15,171,291	33%	2

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)

Federal Poverty Level (FPL)	PART A/MAI Medical Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	#	%	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	2,258	58%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	728	19%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	119	3%	3%-4%	$479	$689	$1,964	$2,443	$2,653	
151%-200%	379	10%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	Not Eligible
201%-250%	246	6%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	117	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	21	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	23	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	15	0.4%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401% & over	4	0.1%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						

Part A/MAI Medical Cost Ranges

Cost Range	Avg Cost	Clients
$0-$1,000	$597	1,380
$1,001-$2,000	$1,428	1,715
$2,001-$3,500	$2,507	550
$3,501-$5,500	$4,226	123
$5,501-$9,326	$6,654	22
$0-$9,326	$1,403	3,790

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Premium subsidy reduces premium cost based on % of income (100% FPL=2% of income)
* Long transition period may require Part A medical to be fully funded, at least initially, in FY 14
* ADAP medical deductible, copay and premium assistance funding will likely be greatly expanded
* Potential need for Part A emergency deductible, copay and premium assistance
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from federal benefits
* PLWHA out of/or never in care may need assistance while being reconnected or connected

FY 2012/13 Part A/MAI Demographics

Total Clients	# New	% New		Male	Female	Transgender
3,790	997	26%	Gender	72%	28%	1%
				Black	White	Other
			Race	53%	46%	1%
				Hispanic	non-Hispanic	Haitian
			Ethnicity	19%	81%	14%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	5	1

FY 2012/2013 Other Medical Funding

Source	Clients	Amount
Ryan White Part C	182	$143,437
Ryan White Part D	1,329	$369,969
RW Part B AICP	712	$3,782,640
Veterans (VA)	377	$660,609
	2,600	$4,956,655

FY 2012/13 Scorecard: Part A & MAI Outpatient/Ambulatory Health **ELIGIBILITY: HIV+, Broward Resident, </=400% FPL**

HAB HRSA HIV Performance Measures

HAB Performance Measure	Numerato	Denominator	Achieved	HAB Performance Measure	Numerator	Denominator	Achieved
CD4 T-Cell Count	2,559	3,291	**78%**	Chlamydia Screening	549	808	**68%**
HAART	316	329	**96%**	Gonorrhea Screening	547	808	**68%**
Medical Visits	2,765	3,291	**84%**	Syphilis Screening	3,018	3,922	**77%**
Oral Exam	1,647	3,922	**42%**	Cervical Cancer Screening	404	1,083	**37%**
Lipid Screening	2605	3,310	**79%**	Hepatitis B Screening	3,281	3,922	**84%**
TB Screening	2,545	3,915	**65%**	Hepatitis C Screening	2,985	3,922	**76%**

Fort Lauderdale/Broward EMA Medical Outcome

Outcome	**Slow/prevent clients HIV disease progression**	Numerator	Denominator	Percent
Indicator 1:	80% of clients with a CD4 <500 are on HAART	1,660	1,938	86%
Indicator 2:	70% of clients on HAART over 6 months will have a VL <400	2,748	3,264	84%

National Quality Center (NQC) inCARE Retention Measures for Part A/MAI Medical Patients

NQC Retention Measure #1: Gap Measure		Numerator	Denominator	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	23	1,572	1%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		Numerator	Denominator	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	1,070	1,134	94%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		Numerator	Denominator	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	97	128	76%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		Numerator	Denominator	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	1,386	1,803	77%
Denominator:	Patients with at least one medical visit in the measurement year			

Grantee Comments

1. Enhance the emphasis on adherence and retention in medical care with a focus on those sub-populations that are not achieving virologic suc
2. Review ability to establish and integrate a patient centered medical home model of care for all core medical services.

FY 2012/13 Scorecard: Part A & MAI Medical Case Management — ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
2012	$1,134,105	$176,644	$1,310,749	$1,097,100	$23,544	$1,120,644	0.2%	$15,390,658	7.3%	5
2011	$1,090,105	$29,953	$1,120,058	$1,088,560	$29,943	$1,118,503	-9%	$15,006,261	7.5%	3
2010	$1,282,612	$29,953	$1,312,565	$1,174,211	$58,835	$1,233,046	-3%	$15,395,252	8.0%	4
2009	$1,400,201	$29,953	$1,430,154	$1,243,500	$29,761	$1,273,261	5%	$15,188,452	8.4%	3
2008	$1,154,840	$29,953	$1,184,793	$1,184,341	$29,924	$1,214,265		$15,171,291	8.0%	4

Part A/MAI Utilization & Demographics

Total Clients	# New	% New	Male	Female	Trans.
3,509	951	27%	74%	26%	1.0%
Black	White	Other	Hispanic	non-Hispanic	Haitian
55%	44%	1%	17%	83%	11%

Funded Providers

RW Providers	
Part A	*MAI*
7	2

FY 2012 -13 Other Funding

Source	Funding	Clients
Part C	$173,099	1,072
Part D	$365,805	1,114
PAC Waiver	$606,200	659

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)

Federal Poverty Level (FPL)	RW PART A and MAI		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	# of MCM Clients	% of MCM Clients	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	2,188	62%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	608	17%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	100	3%	3%-4%	$479	$689	$1,964	$2,443	$2,653	Not Eligible
151%-200%	313	9%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	
201%-250%	175	5%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	89	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	18	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	10	0%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	5	0%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401%+	4	0%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid*						
	3,510	100%							

Part A/MAI MCM Cost Range

Cost Range	*Avg Cost*	*# Clients*
$0-$300	$135	2,223
$301-$600	$417	910
$601-$1,500	$831	354
$1,501-$6519	$2,053	22
$0-$6,519	$290	3,509

ACA Impact on Ryan White Part A Medical Services

* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
* Assistance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
* PLWHA out of/or never in care may need assistance while being reconnected or connected
* Potential need for Part A emergency deductible, copay and premium assistance
* ADAP medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A & MAI Medical Case Management	ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL		
FY 2012/2013 Clinical Quality Management Indicators Data Summary			
EMA Outcomes:	*Numerator*	*Denominator*	***Achieved***
Indicator 1.1: *100% of clients receive information regarding available services & corresponding eligibility*	1,716	1,725	**99%**
Indicator 1.2: *80% of new clients achieve initial POC goals by designated target dates*	1,475	2,573	**57%**
Indicator 2.1: *80% of clients self-report adherence with their prescribing medication regimen*	3,136	3,248	**97%**
Indicator 2.2: *80% of new client have outpatient medical visits scheduled to occur within 2 weeks of intake*	1,590	1,725	**92%**
Indicator 2.3: 80% of clients remain enrolled in Medical at time of discharge or episodic status	861	1,314	**66%**
National Quality Center (NQC) inCARE Retention Measures			
NQC Retention Measure #1: Gap Measure	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with no medical visits in the last 180 days of the measurement year	109	1,559	**7%**
Denominator Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	770	1,028	**75%**
Denominator Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	135	205	**66%**
Denominator Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression	*Numerator*	*Denominator*	**Percent**
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	1,400	2,095	**67%**
Denominator Patients with at least one medical visit in the measurement year			

HAB HRSA HIV Performance Measures

HAB Performance Measure	*Numerator*	*Denominator*	*%*
MCM Care Plans	298	2,292	**13%**
MCM Medical Visits	2,292	2,292	**100%**

Grantee Comments

Enhance the emphasis on adherence and retention in medical care with a focus on those sub-populations that are not achieving virologic succes

FY 2012/13 Scorecard: Part A Legal Services — **ELIGIBILITY: HIV+, Broward Resident, </= 300% FPL**

FY	Part A & MAI Service Allocations			Final Part A Expenditures				EMA Award		Support Priority
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
FY 12	$112,426	$0	$112,426	$131,423	$0	$131,423	15%	$15,390,658	0.9%	5
FY 11	$112,426	$0	$112,426	$114,444	$0	$114,444	3%	$15,006,261	0.8%	3
FY 10	$96,426	$0	$96,426	$111,375	$0	$111,375	16%	$15,395,252	0.7%	5
FY 09	$146,596	$0	$146,596	$96,427	$0	$96,427	-6%	$15,188,452	0.6%	3
FY 08	$80,360	$0	$80,360	$102,685	$0	$102,685		$15,171,291	0.7%	3

Part A Utilization by FPL

Federal Poverty Level (FPL) Range	RW PART A # of Clients	RW PART A % of Clients
0%-99%	124	58%
100%-138%	42	20%
139%-150%	7	3%
151%-200%	24	11%
201%-250%	10	5%
251%-285%	3	1%
286%-299%	1	0%
300%-349%	1	0%
350%-400%	0	0%
401%+	2	1%
	214	**100%**

Part A Cost Ranges

Cost Range	Avg Cost	Clients
$0-$300	$170	108
$301-$600	$453	52
$601-$1,000	$755	26
$1,001-$4433	$2,071	28
$23-$4,433	**$558**	**214**

Part A Demographics

Total Clients	# New	% New
214	116	54%
Male	Female	Transgender
77%	23%	0%
Black	White	Other
42%	57%	1%
Hispanic		Haitian
21%		4%

Funded Providers

Part A = 1

FY 2012/2013 Clinical Quality Management Indicators Data Summary

EMA Outcome: Increased access to benefits for which the clients is eligible	*Numerator*	*Denominator*	*Achieved*
1.1 70% of clients whose cases are accepted for representation at SS admin Law Judge hearing will win approval of case benefits and/or medical benefits & improving their financial stability	15	15	100%

Fort Lauderdale/Broward County EMA FY 2011/2012 PSRA Process Scorecard: Health Insurance Continuation Program (HICP)

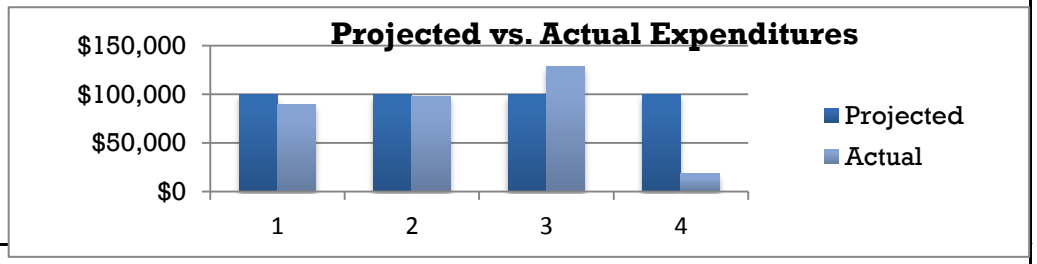
HICP - PART A — **[LITY: HIV+, Broward County Resident, Proof of Income, 300% FPL**

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Allocation (Final)	Expenditure (To Date)	% of Award (Final)	Proj. Clients	Actual Clients	Difference
5	FY2011	$14,447,827	$400,000	2.77%	-$400,000	$0	$333,128	2.31%	102	137	35
5	FY2010	$14,323,522	$70,745	0.49%	$69,897	$140,642	$384,043	2.68%			

FY 2011/2012 Quarterly Service Category Expenditures ($ Spent

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	3/11 - 5/11	6/11 - 8/11	9/11 - 11/11	12/11 - 2/12
Projected	$100,000	$100,000	$100,000	$100,000
% Allocation	25%	25%	25%	25%
Actual	$89,352	$97,350	$128,324	$18,102
% Allocation	22%	24%	32%	5%
Difference	$10,648	$2,650	-$28,324	$81,898

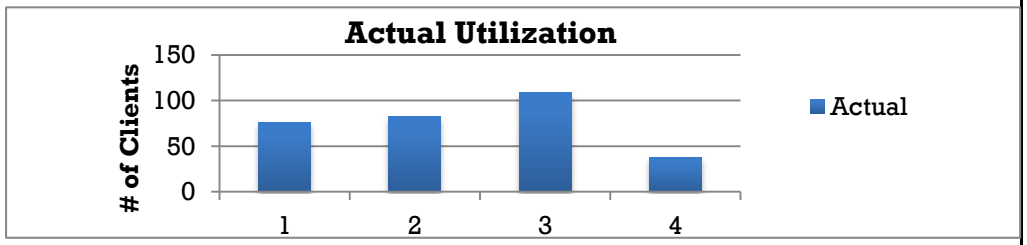
Average Annual Cost Per Client = $2,432



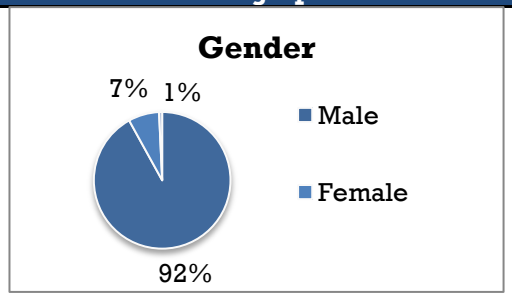
FY 2011/2012 Quarterly Client Service Utilization (# of Clients)

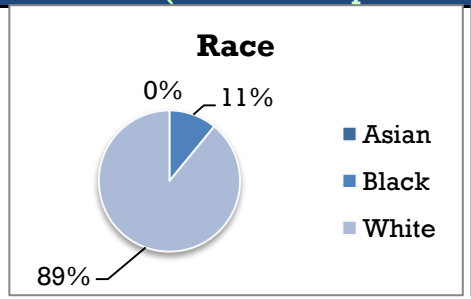
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	3/11 - 5/11	6/11 - 8/11	9/11 - 11/11	12/11 - 2/12
Actual	76	82	109	38

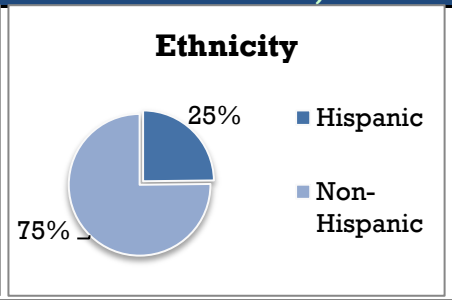
Total Annual Unduplicated Clients = 137

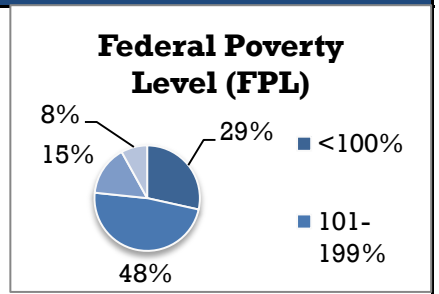


FY 2011/2012 Demographic Utilization Data - Part A (Pie Charts Represent TOTAL UNDUPLICATED)









Gender	Male	Female	Transgender M - F
#	126	10	1

Federal Poverty Level (FPL)	<100%	101-199%	200-299%	300-399%
#	39	66	21	11

Race	Asian	Black	White	> 1 Race	Other
#	0	15	122	0	0

Ethnicity	Haitian	Hispanic	Non-Hispanic
#	3	34	103

FY 2011/2012 Needs Assessment Results

9% of respondents reported that they were enrolled in the FL AICP and 43% either reported that they did not know if they were enrolled or left this item blank.

92 clients (12%) reported needing but not getting the service within 6 months before the survey. (Didn't know where to find help: 60.9%; No transporation: 10.9%)

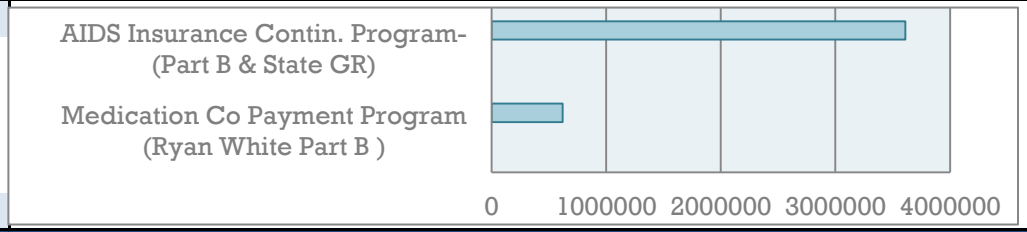
Provider's report ease/difficulty in making referrals for legal assistance: Very Easy = 11%; Easy = 56%; Hard = 22%; Very Hard = 11%

Consumer Ranking = 3; Provider Ranking = 4

Number of Part A-funded Providers = 1

Other Funding Sources for HIV-Related Services (Expenditures for most recently completed year)

HIV-Related Medical Services	$	# Clients
Medication Co Payment Program (Ryan White Part B)	$621,548	513
AIDS Insurance Contin. Program- (Part B & State GR)	$3,611,060	678
TOTAL	**$4,232,608**	



Grantee and Fiscal Comments/Questions to Consider

FY 2012/13 Scorecard: Part A ELIGIBILITY: Food Bank </= 150% FPL, Emergency Provision (Food Vouchers/Box) </= 151%-300% FPL

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Support Rank
FY	*Part A*	*MAI*	*Total*	*Part A*	*MAI*	*Total*	*% change*	Total Award	% of Total	
2012	$277,111	$0	$277,111	$695,995	$0	$695,995	-22%	$15,390,658	4.5%	1
2011	$363,360	$0	$363,360	$894,790	$0	$894,790	-17%	$15,006,261	6.0%	1
2010	$273,035	$0	$273,035	$1,077,795	$0	$1,077,795	17%	$15,395,252	7.0%	1
2009	$801,154	$0	$801,154	$921,003	$0	$921,003	-29%	$15,188,452	6.1%	1
2008	$583,615	$0	$583,615	$1,301,154	$0	$1,301,154		$15,171,291	8.6%	1

Part A Utilization & Demographics

Total Clients	# New	% New	Male	Female	Transgender	Black	White	Other	Hispanic	Haitian
2,188	577	26%	69%	31%	1%	52%	47%	1%	14%	5%

Part A Utilization by FPL

Federal Poverty Level (FPL)	RW PART A # of Clients	RW PART A % of Clients
0%-99%	1,487	68%
100%-138%	525	24%
139%-150%	68	3%
151%-200%	62	3%
201%-250%	30	1%
251%-285%	11	1%
286%-299%	1	0%
300%-349%	1	0%
350%-400%	1	0%
401%+	2	0%
	2,188	**100%**

Part A Cost Ranges

Cost Range	Avg Cost	Clients
$0-$100	$49	400
$101-$250	$171	751
$251-$400	$339	679
$401-$630	$429	358
$0-$630	**$243**	**2,188**

FY 12/13 Other Public Funding

Source	Funding	Clients
Part B*	$1,050	5
PAC Waiver*	$113,515	77
Total	**$114,565**	**82**

**Home Delivered Meals*

Part A Providers

1

FY 2012/2013 Clinical Quality Management Indicators Data Summary

EMA Outcome:

Indicator 1:

80% of clients report an improved ability to take medications when food is required

Numerator	*Denominator*	*Achieved*
1,507	1,524	99%

Indicator 2:

100% of clients will receive food handling information as indicated by client signature

Numerator	*Denominator*	*Achieved*
1,839	2,280	81%

FY 2012/13 Scorecard: Part A and MAI Centalized Intake and Eligibility Determination (CIED) ELIGIBILITY: HIV+, Broward Resident

FY	CIED Service Allocations			CIED Final Expenditures				EMA Award		Support Rank
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% Total	
FY 12	$300,000	$290,957	$590,957	$467,438	$290,943	$758,381	22%	$15,390,658	5%	2
FY 11	$300,000	$290,957	$590,957	$329,542	$290,957	$620,499	137%	$15,006,261	4%	5
FY 10	$384,043	$290,957	$675,000	$87,765	$174,354	$262,119	N/A	$15,395,252	2%	2

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge </=50% premium full cost)

Federal Poverty Level (FPL)	PART A/MAI CIED Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	#	%	Cost as % of Income	FPL Range Min	FPL Range Max		Min	Max	
0%-99%	3,850	58%	*Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*						Eligible
100%-138%	1,217	18%	2%	$230	$317	$1,964	$2,194	$2,281	
139%-150%	235	4%	3%-4%	$479	$689	$1,964	$2,443	$2,653	
151%-200%	649	10%	4%-6.3%	$694	$1,448	$1,964	$2,658	$3,412	Not Eligible
201%-250%	371	6%	4%-6.3%	$1,455	$2,298	$2,975	$4,430	$5,273	
251%-285%	184	3%	6.3%-8%	$2,307	$2,620	$2,975	$5,282	$5,595	
286%-299%	44	1%	9%	$2,958	$3,092	$2,975	$5,933	$6,067	
300%-349%	42	1%	9.5%	$3,275	$3,810	$3,987	$7,262	$7,797	
350%-400%	24	0.4%	9.5%	$3,820	$4,366	$3,987	$7,807	$8,353	
401% & over	14	0.2%	*NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicai*						
Total	6,629	100.0%							

Part A/MAI CIED Cost Ranges

Cost Range	*Avg Cost*	*Clients*
$0-$100	$67	3,880
$101-$200	$133	2,467
$201-$300	$225	261
$301-$408	$322	20
$0-$408	$99	6,629

ACA Impact on Ryan White Part A Medical Services

Medical Services Coverage

* Medical services will be covered for most if FL fully implements ACA
* However, If Medicaid is not expanded clients < 100% FPL will not be eligible for ACA
* Most legal residents with income >100% FPL required to purchase insurance or pay a penalty
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from Fed benefits

Utilization & Demographics

Race	2009	2010	2011	2012	Gender	2009	2010	2011	2012
Other	226	214	249	82	Transgender	22	23	28	32
White	2,933	3,169	3,117	3,028	Female	1,998	2,110	2,076	1,962
Black	3,457	3,733	3,656	3,520	Male	4,596	4,983	4,918	4,635
Total	6,616	7,116	7,022	6,630	Total	6,616	7,116	7,022	6,629

Ethnicity	2009	2010	2011	2012
Hispanic	876	997	1,014	1,034
Haitian	598	651	696	687

FY 2012/13 Scorecard: Part A/MAI Centalized Intake and Eligibility Determination (CIED)

CIED Referrals	Part A	Other	Total
Medical	326	16	342
Pharmaceutical	165		165
Oral Health	780		780
MCM	777		777
Mental Health	125		125
Substance Abuse	14		14
Food Bank	774	4	778
Legal Assistance	447		447
Outreach	33		33
AICP	250		250
Medication Copay		23	23
Transportation		3	3
Housing		94	94
Other Services		54	54
Total	3691	194	3885

	Enrolled	Applied	Approved
Medicaid	2,413	20	9
Medicare	1,486		
Private Insurance	454		
Food Stamps	2,851	120	98
Cash Assistance		2	
Total Duplicated	7,204	132	102

2013-14 Work Plan Calendar for Priority Setting & Resource Allocation Committee

	March	April	May	June	July	Aug
PSRA	1 Review Grant Award 2 Set PSRA timeline 3 ID PSRA data	1 Review Grant App stats (Unmet need, epi, co-morbidities, etc) 2 PCIP report	1 Scorecards 2 Review JPC/JCCR recommendations	1 FY14 Priorities rankings 2 Review scope services, eligib. 3 Client Survey results	1 FY14 Allocations	1 Sweeps for FY13

	Sep	Oct	Nov	Dec	Jan	Feb
PSRA	1 Affordable Care Act Impact 2 Review new service proposals from retreat	Training on Assessment of Admin Mechanism	1 Develop HIVPC self-assess survey 2 Conduct Assessment of Admin Mechanism	Affordable Care Act Impact	FY13 Sweeps	1 Update Work Plan, P&P 2 Annual Evaluation

FY 2013-2014 Broward County HIV Health Services Planning Council **Priority Setting & Resource Allocation Committee** Work Plan

Objective 1. Priority Setting and Resource Allocations	**Responsible**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Approve PSRA timeline and identify data to be used	PSRA, Staff	PSRA process	3/13	3/13	Complete
1.2 Review PCIP recommendations and determine next steps	PSRA (Data: Staff)	Ensure services meet needs	4/13	6/13	In process
1.3 Review Grant Data (Epi, unmet need, imp plan, co-morbidities, EIIHA, survey)	PSRA, JPC, Staff	Better informed PSRA	4/13	4/13	Complete
1.4 Review updated Scorecards format	PSRA (Data: Staff)	Data for PSRA	5/13	6/13	Complete
1.5 Review recommendations from Joint Planning Committee, JCCR	PSRA (Data: Staff)	Input based on data	5/13	6/13	Complete
1.6 Review scope of services and eligibility for each service category	PSRA (Data: Staff)	Data for PSRA	6/13	6/13	Pending
1.7 Review Client Survey results	PSRA (Data: Staff)	Input from clients on PSRA	6/13	6/13	Complete
1.8 Rank Part A & MAI Priorities	PSRA	Priorities for services	6/13	6/13	Complete
1.9 Allocate funds by service category (Part A & MAI) a. Ensure resources target underserved populations hit hard by epidemic b. Discuss funding to expand services by adding more providers c. Study requiring that only chronically ill clients need specialty care referral d. Study increasing access to food bank e. Study targeting prevention, testing funds to providers with high success rates	PSRA <u>Data:</u> PC Staff Grantee Staff	Funds allocated per HRSA requirements; Resources targeted	7/13	7/13	Pending
1.9 Review and discuss impact of Affordable Care Act on allocations	PSRA, staff, grantee	Ensure allocations meet needs	9/13	12/13	
Objective 2. Execute Implementation Plan					
2.1 Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls	PSRA	Appropriate service funding	8/13 & 1/14		
2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and distributed fairly to other categories	Data: Grantee, Staff	Appropriate service funding			
Objective 3. Assess the Administrative Mechanism					
3.1 Assessment of Administrative Mechanism Training	PSRA	Ensure compliance efficiency	10/13	10/13	
3.2 Plan PC Self-Assessment (related to Assessment of Admin Mechanism)	Data: Grantee and	Improved administration	11/13	11/13	
3.3 Conduct Assessment of Administrative Mechanism	PC Staff		11/13	11/13	
Objective 4. Review And Revise Committee Work Plan, Policies And Procedures					
4.1 Review and update Work Plan, Policies & Procedures	PSRA, Staff,	Updated Plans	2/14	2/14	
4.2 Annual Evaluation: Assess the past year and recommend improvements	Grantee	Improved process	2/14	2/14	
Objective 5: Review PSRA Proposals to Meet the Goals of the National HIV/AIDS Strategy					
5.1 Study possible new services PSRA identified to address goals of NHAS a. Funding for peers to address issues of retention in care b. Integrated model including prevention for positives, medical care and outreach for discordant couples c. Develop plan to reduce wait times at clinics d. Develop plan to streamline eligibility and intake, through more locations e. Develop with QM Committee strategy to increase retention in care f. Develop with QM strategy to refocus MAI funding	PSRA, Grantee, Staff	Ensure services meet needs of clients	9/13	9/13	