**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, June 12, 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:** 6/12/13 Agenda and 4/17/13 Meeting Minutes

**3. Standard Committee Items:** None

**4. Unfinished Business**

a. Update on ad Hoc PCIP Subcommittee (Information Item): Update on the restructuring of the Committee

**5. Meeting Activities/New Business**

| Work Plan Objective #: 1.4, 1.5, 1.7 | Today's Meeting Goals |
|---|---|
| 1. Review Updated Scorecard Format<br>2. Review PSRA recommendations<br>3. Review Client Survey results | 1. Review updated scorecard format and make recommendations<br>2. Review PSRA recommendations formulated by the Joint Planning and Joint Client/Community Relations Committees<br>3. Review the client survey results to see how the community ranked service categories and assess the identified barriers in order to determine allocations. |

**6. Grantee Reports**

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

**8. Agenda Items/Tasks For Next Meeting (**June 19, 2013 at 12:30 p.m. **Venue:** BRHPC**)**

| Agenda Items/Work Plan Item # | Responsible | Information requested/Action To Be Taken |
|---|---|---|
| 1. Review scope of services and eligibility for each service category (Work Plan Item 1.6) | JPC, Staff | 1. Review the eligibility for each service category and make revisions, if necessary. |
| 2. Rank Part A & MAI Priorities (Work Plan Item 1.8) | JPC | 2. Rank the service categories in priority order based on data reviewed. |

**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:** Tuesday, April 17, 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** | | | Carhart, D. |
| 2 | Agate, L. | Part B Co-Chair | | **X** | | Ettinger, R. |
| 3 | Gammell, B. | | **X** | | | Majcher, B. |
| 4 | Grant, C. | | **X** | | | |
| 5 | Hayes, M. | | **X** | | | **Grantee Staff** |
| 6 | Katz, H. B. | | **X** | | | Jones, L. (Part A) |
| 7 | Reed, Y. | | **X** | | | Majcher, B. (Part B) |
| 8 | Schickowski, K. | | **X** | | | Copa , R. (Part A) |
| 9 | Siclari, R | | | **X** | | |
| 10 | Wynn, J | | **X** | | | **HIVPC Support Staff** |
| 11 | Green, D. | | **X** | | | Eshel, A. |
| 12 | Proulx, D. | | **X** | | | Crawford, T. |
| 13 | DeSantis, M. | | | **X** | | LaMendola, B |
| | | | | | | Solomon, R. |
| | **Quorum = 8** | | **10** | **3** | | Rosiere, M. |

## 1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 12:40 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:** | Wynn, J. |
| **Seconded by:** | Katz, H.B. |
| **Action:** | Passed Unanimously |

| | |
|---|---|
| **Motion #2** | To approve meeting minutes of 3/20/13 |
| **Proposed by:** | Katz, H.B. |
| **Seconded by:** | Wynn, J. |
| **Action:** | Passed Unanimously |

## 3. STANDARD COMMITTEE ITEMS

None

## 4. UNFINISHED BUSINESS

a) Update on ad Hoc PCIP Subcommittee

The Committee requested information from Part B for co-pay assistance; information from the state for AICP information for Broward; information from Grantee on unmet need, particularly the number of undocumented clients in Part A. Members requested a letter be sent to Sherry Riley at the Florida Department of Health asking for the State's intent for ADAP and AICP in light of the ACA. The information is requested in preparation for the upcoming FY14-15 PSRA process. Committee discussed membership and suggested that more members get involved; recommendation from Joint Priorities requested.

## 5. MEETING ACTIVITIES / NEW BUSINESS

| *Goal/Work Plan Objective #:* | *Accomplishments* |
|---|---|
| Needs Assessment Step 1:<br>1. Ensure ACA Alignment<br>2. Review Severe Need Data | 1. Michele Rosiere, HIV Division Director, gave a presentation titled *Planning for the Potential Impact of the Affordable Care Act on the Ryan White Program* in order to assist the Committee in planning for the impact of the Affordable Care Act (ACA) on the Ryan White Program. Ms. Rosiere noted that the Ryan White Program will likely continue without reauthorization as long as it receives appropriations. The Patient Protection and ACA directs states to extend Medicaid eligibility to all individuals < 133% FPL and it offers a 100% federal matching rate for newly eligible individuals (those not otherwise Medicaid eligible before the new law). It was noted that Medicaid expansion was still being debated in Florida. However, many Ryan White services are not available under Florida's current Medicaid plan and there are limitations on such needed services as pharmacy. The members discussed the potential future of the Ryan White program, which may include gaps in coverage for both Medicaid and private insurance. These service gaps may include: transportation, non-medical case management, food, nutrition, and copays. The presentation stated that many PLWHA are expected to become eligible for Medicaid, a BHP, or subsidies next year. Approximately 23% of Florida's RW clients in 2010 were between 101-200% FPL, making them potentially eligible for either Medicaid or a BHP in 2014. An estimated 51% of ADAP clients would be eligible for Medicaid following an expansion. Approximately 28% are estimated to be eligible for private insurance subsidies. The Committee members discussed which clients would likely be eligible under Medicaid expansion as well as those who would not, such as undocumented individuals. Ms. Rosiere mentioned that undocumented immigrants and "lawfully present" immigrants within 5 years of residency are barred from receipt of federal benefits. Other challenges such as the cost for copays were noted by various members. According to the presentation, health insurance exchanges will provide a new source of coverage for PLWHA. However, some cost-sharing may be required and needed services may not be covered. Members noted that transition time should be accounted for and many changes will likely happen gradually. CMS is now funding navigators to educate clients on their eligibility for Medicaid. A member questioned whether |

enrollment information by county was available.
It was noted that the Ryan White Program may have a significant role supplementing insurance exchanges by providing assistance with premiums and copays. It was mentioned that it is important to consider that HICP was once funded through Part A. Members also discussed what the policy would be if someone was not in the correct payer source post healthcare reform. Committee members discussed what data analysis could be achieved in preparation for the PSRA process in two months. Members were asked to consider the data they currently have and discuss any changes that should be made to the Policies and Procedures. Members asked for data on clients who have Medicaid, but no dental service.

After further discussion, the following motion was made:

| | |
|---|---|
| **Motion #3** | a) Budget for Status Quo<br>b) Identify "transition services" and dollar amount<br>c) Create a "process" policy in the event of reductions we will have a priority of which services get reduced first and by how much<br>d) Exempt Dental and other non-covered services |
| **Proposed by:** | Wynn, J. |
| **Seconded by:** | Katz, H. B. |
| **Action:** | Passed |

The members mentioned that the three things they must account for are 1) copays 2) deductibles and 3) premiums. There may also be a need for more supportive services that are not currently funded in order to continue to fill gaps and provide quality care. A member questioned how we would account for RSR data for individuals not inputting information into the system as well as how to ensure reimbursement. Members suggested that they would need planned data such as copays and premiums to help with the process. It was mentioned that PCIP already requested to look at this information. PCIP's data requests include: Data on the Broward AICP for 2012-2013 (including cost, utilization, demographics); Data on the Part B Medication Co-Pay Program for 2011-2012 and 2012-2013 (including cost, utilization, demographics); and Estimated number of undocumented clients served by Part A. Members also mentioned PCIP's initial request for a letter to Sherry Riley. As a result, the following motions were made:

| | |
|---|---|
| **Motion #4** | To draft a letter to Sherry Riley asking about the intent of the State in terms of ADAP and AICP as relates to the ACA for the upcoming year. |
| **Proposed by:** | Wynn, J. |
| **Seconded by:** | Green, D. |
| **Action:** | Passed |

| | |
|---|---|
| **Motion #5** | To forward a motion to the HIVPC to move Motion #4 forward |
| **Proposed by:** | Wynn, J. |
| **Seconded by:** | Proulx, D. |
| **Action:** | Passed, 2 oppositions |

The members requested to look at following: Massachusetts'

| | |
|---|---|
| | process/model; copy of the service delivery models of each service category from the Boston EMA; current specialty plans of PSN, PHCP, and Clear Health Alliance.<br><br>2. The severe need data was available for members to review. This included: epidemiology, comorbidities, unmet need, and EIIHA data. |

## 6. GRANTEE REPORTS

### a) Part A

During a call with the project officer, it was confirmed that Broward EMA to receive a 5% reduction for the overall Part A program and the final grant award is anticipated for the end of May. It was mentioned that the US DHHS received a 5.8% decrease due to sequestration.

### b) Part B

The written Part B Grantee report was provided detailing expenditures up to February 28, 2013. Non-Medical Case Management conducted 863 eligibility interviews in February. Medication co-payment served 282 clients of which 16 were new to the program. There were 274 clients served in February for Medication Co-Payment and 8 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for December is $45,493.64. Total cost savings April – February 2013 is approximately $200,000. Home Delivered Meals served 3 clients. Medical Transportation for February 2013: A total of 288 (10 ride) and 389 (31 day) passes distributed.

Part B presented preliminary demographics of Part B clients; number of bus passes and unduplicated services for the year still pending. The members were provided a copy of services provided under Part B. It was noted that the 3-5 day wait for ADAP is removed. Software update expected to allow clients to complete ADAP process at initial appointment. Additionally, it was mentioned that surveys are still being distributed.

### c) PUBLIC COMMENT

None

### d) AGENDA ITEMS / TASKS FOR NEXT MEETING: **Date:** May 15, 2013 **Venue:** BRHPC

| *Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)* | *Responsible Party* | *Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.* |
|---|---|---|
| Review updated Scorecards (WP Item 1.4) | Staff | Scorecards to be presented, to include data on expenses, utilization, etc. |
| Review recommendations from Joint Planning and JCCR Committees | JPC, Staff | JPC and JCCR recommendations on service categories, allocations, data. |

### e) ANNOUNCEMENTS

### f) ADJOURNMENT

Without objection the meeting was adjourned at 3:07 p.m.

## JOINT PRIORITIES COMMITTEE - ATTENDANCE CY 2013

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

# FY 2014/2015 Language To Best Meet The Need

## All Part A Core and Support Services

- Ensure eligible individuals learn about and enroll in new coverage opportunities created by ACA
- Ensure SDM meets NHAS recommendations and requirements
- Ensure all providers have HIV specific Clinical QM Plans & cultural competency plans based on CLAS standards
- Ensure staff provide services in a culturally and linguistically appropriate manner that reflect clients' racial/ethnic, cultural and linguistic needs
- Ensure SDM responds to treatment needs of clients' race/ethnicity, gender, gender identification, sexual orientation and linguistic needs
- Ensure high client satisfaction with services
- Identify/implement strategies to address disparities in access and outcomes

## Outpatient Ambulatory Health Services (</=400% FPL)

- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Continue to ensure access to nutritional counseling/therapy services
- Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Ensure services are available to PLWHAs in all Broward geographic areas through selection of providers located in areas where prevalence is highest
- Funds should be allocated to sub-grantees demonstrating effective linkages and collaboration with outreach to ensure adherence and retention

## AIDS Pharmaceuticals (Local) (</=400% FPL)

Service Delivery Models (SDM)

- Ensure only locally available ADAP approved ARVs are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AICP, med co-pay, PAPs, Medicaid, Medicare and private health insurance/exchange

## Oral Health Care (</=300% FPL)

- Maintain specialty oral health care service definition "provide care beyond extractions and restoration to include full or partial dentures and surgical procedures."

## Medical Case Management (</=300% FPL)

- Ensure the service delivery model contains a peer component
- Enhance emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- Conduct MH/SA assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Review feasibility OHC Patient Navigators

**MAI Medical Case Management** (</=300% FPL)

- Ensure that services are incorporating a strength-based approach that is conducted by peers
- Ensure short-term services and that clients are integrated into Part A MCM
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Conduct MH/SA assessments within the SDM
    - Consider role of culture/stigma related to accessing MH/SA
    - Refer to appropriate services/follow-up and client reassessment. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)
- Provide health education and reinforce strategies for risk behavior reduction

Mental Health Services (</=300% FPL)

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use

**Substance Abuse Services** (</=300% FPL)

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues

**Centralized Intake and Eligibility Determination** (HIV+, Broward Resident)

- Support outreach, benefits counseling and enrollment activities of into private health insurance plans through the Health Exchange and into Medicaid and other 3rd party funded programs
- Ensure rapid linkage of newly diagnosed and individuals out of care
- Ensure coordination with key points of entry including Prevention, CTS, other RW Parts, hospitals, correctional facilities and substance abuse programs

**Outreach Services** (HIV+, at- risk populations not in medical care or who have fallen out of care)

- Outreach program is specifically designed to identify people with HIV and make them aware of available HIV medical and support services
- Ensure providers have active, focused MOUs, with key points of entry
- Ensure linkage of newly diagnosed and those out of care
- Ensure linkages to ambulatory medical and other service systems
- Target outreach activities to key points of entry, including hospitals/private providers and ambulatory care settings, targeting new clients and clients lost to care
- Support outreach, benefits counseling and enrollment activities of RWHAP clients into private health insurance plans through the Health Insurance Marketplace and/or Medicaid

**Food Bank/Food Vouchers**

- Food Bank/Vouchers =150% FPL and Food Stamps/WIC application
- 15 boxes max per year/may substitute 3 boxes for vouchers
- Emergency Assistance = 151-300% FPL & *income loss/reduction due to unexpected/ unbudgeted expense beyond client's control* (annual max 3 boxes/vouchers)

**Legal Services** (</=300% FPL)

# Priority Setting Recommendations & Client Survey Results

June 12, 2013

# Overview

- Review Scorecard Format
- Review PSRA Recommendations
  - Joint Planning Recommendations
    - Special Populations
    - Language on How Best to Meet the Need
  - Review Viral Load Data
  - JCCR Rankings
- Client Survey Results
- PSRA Timeline

# Review Scorecard Format

Work Plan Item #1.4

**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 |
| **Ryan White Part A & MAI Providers** | | | Race | 53% | 46% | 1% |
| Type | *Part A* | *MAI* | | Hispanic | non-Hispanic | Haitian |
| Number | 5 | 1 | Ethnicity | 19% | 81% | 14% |

**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 | Numerator | 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 | | | |

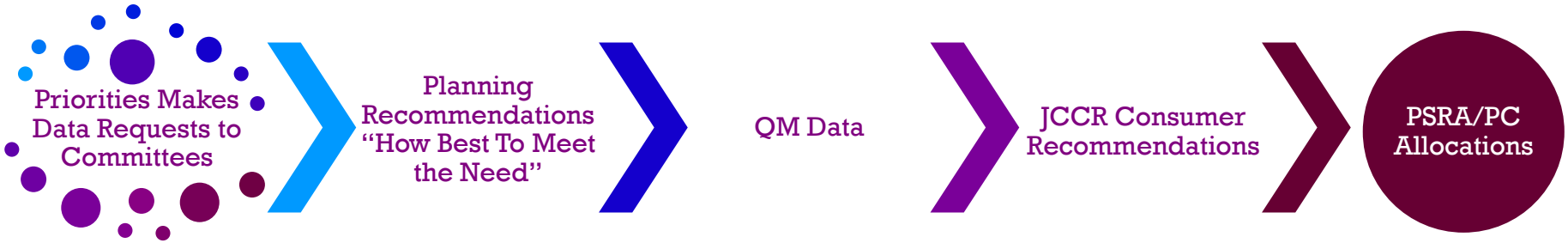
## Grantee Comments

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

# Priority Setting

Work Plan Item #1.5

# Committee Roles in PSRA



# Joint Planning Committee Recommendations

- Special attention to be focused on the following target populations to make recommendations by service category in order to best meet their needs:
- Black Heterosexuals
- All MSMs

# FY14/15 Language on How Best to Meet the Need

# ALL Part A and MAI Services

- Ensure eligible individuals learn about and enroll in new coverage opportunities created by ACA
- Ensure NHAS recommendations and objectives are integrated into the Service Delivery Model (SDM)
- Ensure providers have HIV specific Clinical QM & cultural competency plans based on CLAS Standards
- Ensure SDM and service delivery are culturally and linguistically appropriate reflecting clients' racial/ethnic, cultural, gender, gender identification, sexual orientation and linguistic needs
- Ensure high client satisfaction with services
- Identify and implement strategies to address disparities in access and outcomes

# Outpatient Ambulatory Health Services Part A and MAI

- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- *Conduct basic Mental Health /Substance Abuse (MH/SA) assessments within the SDM. Refer to appropriate services/follow-up and client reassessment. Consider role of culture/stigma related to accessing MH/SA*
- Ensure geographic service availability through selection of providers located in high prevalence areas
- Funds should be allocated to sub-grantees demonstrating effective linkages and collaboration with outreach to ensure adherence and retention

# AIDS Pharmaceuticals (Local) and Oral Health Care

## AIDS Pharmaceuticals (Local)

- Ensure only locally available ADAP approved ARVs are added to formulary
- Ensure payer of last resort through application/enrollment in ADAP, AICP, med co-pay, PAPs, Medicaid, Medicare and private health insurance/exchange

## Oral Health Care

- Maintain specialty oral health care service definition "provide care beyond extractions and restoration to include full or partial dentures and surgical procedures."

# Medical Case Management

- Ensure the service delivery model contains a peer component
- Enhance emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- Provide health education and reinforce strategies for risk behavior reduction
- *Conduct Mental Health /Substance Abuse (MH/SA) assessments within the SDM. Refer to appropriate services/follow-up and client reassessment. Consider role of culture/stigma related to accessing MH/SA. Respect refusal of services and if appropriate suggest alternatives (church, spiritual healing)*
- Review feasibility OHC Patient Navigators

# MAI Medical Case Management

- Ensure that services are incorporating a strength-based approach that is conducted by peers
- Ensure short-term services and that clients are integrated into Part A MCM
- Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression
- Provide information about importance of medication adherence
- Assess barriers and implement strategies to address adherence including referrals for further counseling
- *Conduct Mental Health /Substance Abuse (MH/SA) assessments within the SDM. Refer to appropriate services/follow-up and client reassessment. Consider role of culture/stigma related to accessing MH/SA. Respect refusal of services and if appropriate suggest alternatives (e.g., church, spiritual healing)*
- Provide health education and reinforce strategies for risk behavior reduction

# Review the Definition of Medical Case Management

- Medical Case Management shall include the provision of treatment adherence  counseling to ensure readiness for and adherence to, complex HIV/AIDS treatments. Key activities/services  X shall provide include: (1) initial assessment of service needs; (2) development of  a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) Client monitoring to assess the efficacy of the plan; and (5) periodic revaluation and adaptation of the plan as necessary over the life of the client.

- Joint Planning Committee's Concerns
  - Will Medical Case Managers who aren't located in a medical setting meet the needs as expressed in the SDM?

# Mental Health Services and Substance Abuse Services Part A and MAI

## Mental Health

- Ensure services to stabilize mental health and facilitate treatment adherence
- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and mental health issues and substance use

## Substance Abuse

- Ensure services are provided in a manner that addresses the dual diagnosis/co-occurrence of HIV and substance abuse issues as well as any mental health issues

# Centralized Intake and Eligibility Determination (CIED) Part A and MAI

- Support outreach, benefits counseling and enrollment activities of into private health insurance plans through the Health Exchange and into Medicaid and other 3rd party funded programs
- Ensure rapid linkage of  newly diagnosed and individuals out of care
- Ensure coordination with key points of entry including Prevention, CTS, other RW Parts, hospitals, correctional facilities and substance abuse programs

# Outreach Services

- Outreach program is specifically designed to identify people with HIV and make them aware of available HIV medical and support services
- Ensure active, focused MOUs, with key points of entry
- Ensure linkage of  newly diagnosed and those out of care
- Ensure linkages to medical and other service systems
- Target outreach activities to key points of entry, including hospitals/private providers and ambulatory care settings, targeting new clients and clients lost to care
- Support outreach, benefits counseling and enrollment activities of RW clients into private health insurance plans through the Health Insurance Marketplace and/or Medicaid

# Viral Load Data

Work Plan Item #1.5

# Part A Viral Load Stratification FY 12-13

| Female | High VL | | UnSuppressed | | Suppressed | | Undetectable | | Total |
|---|---|---|---|---|---|---|---|---|---|
| Black Non-Hisp | 52 | 4% | 364 | 29% | 139 | 11% | 716 | 56% | 1,271 |
| White Non-Hisp | 7 | 4% | 31 | 19% | 17 | 11% | 104 | 65% | 159 |
| White Hispanic | 2 | 2% | 24 | 19% | 16 | 13% | 84 | 67% | 126 |
| Black Hispanic | 1 | 5% | 8 | 40% | 2 | 10% | 9 | 45% | 20 |
| Other | 0 | 0% | 3 | 25% | 4 | 33% | 5 | 42% | 12 |
| **Male** | | | | | | | | | |
| Non-Hispanic | 0 | 0% | 1 | 100% | 0 | 0% | 0 | 0% | 1 |
| White Non-Hisp | 58 | 4% | 230 | 17% | 209 | 15% | 878 | 64% | 1,378 |
| Black Non-Hisp | 84 | 5% | 403 | 24% | 208 | 13% | 948 | 58% | 1,645 |
| White Hispanic | 17 | 2% | 120 | 17% | 96 | 14% | 475 | 67% | 708 |
| Black Hispanic | 3 | 11% | 6 | 21% | 1 | 4% | 18 | 64% | 28 |
| Male Other | 1 | 3% | 10 | 26% | 3 | 8% | 25 | 66% | 38 |
| **Transgender (M to F)** | | | | | | | | | |
| Asian | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 100% | 1 |
| Black | 1 | 6% | 5 | 28% | 3 | 17% | 9 | 50% | 18 |
| Hispanic (White) | 0 | 0% | 4 | 67% | 0 | 0% | 2 | 33% | 6 |
| White Non-Hisp | 0 | 0% | 1 | 20% | 0 | 0% | 4 | 80% | 5 |
| **Total** | **226** | **4%** | **1210** | **22%** | **698** | **13%** | **3277** | **61%** | **5416** |

Undetectable VL: Viral Load is < / = 50
Suppressed Detectable VL: Viral Load >50 and < / =200
Not Suppressed VL: Viral Load >200 and < 100,000
High VL: Viral Load is > / = 100,000

# JCCR Committee Rankings

Work Plan Item #1.5

# JCCR's Rankings

| | JCCR 5/7/2013 |
|---|---|
| **Core Services** | **Rankings** |
| Doctor visits for medical care and nutritional counseling | 1 |
| AIDS pharmaceutical assistance | 2 |
| Medical case management | 3 |
| Dental Care | 4 |
| Mental health services | 5 |
| Outpatient addiction treatment | 6 |
| **Support Services** | **Rankings** |
| Centralized Intake and eligibility | 1 |
| Emergency food bank | 2 |
| Outreach services | 3 |
| Legal services | 4 |

# 2012 Client Survey Results

Work Plan Item #1.7

# Consumer Rankings

| Consumer Priority Ranking Comparison | | | |
|---|---|---|---|
| | 2010 | 2011 | 2012 |
| **Core Services** | **n=1,263** | **n=445** | **n=658** |
| Ambulatory Medical | 6 | 1 | 1 |
| AIDS Pharmacy Assistance | 1 | 2 | 2 |
| HICP | 2 | 3 | N/A |
| Oral Health | 4 | 4 | 3 |
| Medical Case Management | 3 | 5 | 4 |
| Mental Health | 5 | 6 | 5 |
| Substance Abuse | 7 | 7 | 6 |
| **Support Services** | **n=1,263** | **n=445** | **n=666** |
| Food Bank | 1 | 1 | 2 |
| Outreach | 4 | 3 | 3 |
| Medical Transportation | 2 | 5 | N/A |
| Legal Services | 3 | 4 | 4 |
| CIED | N/A | 2 | 1 |

# Demographics

| Gender | # (n=1,038) | % | Part A (n=7,064) | % |
|---|---|---|---|---|
| **Male** | 719 | 69% | **4,962** | **70%** |
| **Female** | 304 | 29% | 2,065 | 29% |
| **Transgender (Male to Female)** | 15 | 1.5% | 35 | 0.5% |
| **Race** | | | | |
| **White/Caucasian** | 443 | 44% | 3,028 | 42.9% |
| **Black/African Descent** | 507 | 50% | **3,712** | **52.5%** |
| **American Indian/Alaska Native** | 6 | 0.6% | 7 | 0.1% |
| **Asian** | 5 | 0.5% | 34 | 0.5% |
| **More than one race** | 43 | 4% | 9 | 0.1% |
| **Ethnicity** | | | | |
| **Non-Hispanic** | 660 | 76% | 5,897 | 83.5% |
| **Hispanic** | 173 | 20% | 1,088 | 15% |

# Age

| Age Groups of Respondents (n=1,065) | | |
|---|---|---|
| Age | # | % |
| 13-19 | 5 | 0.5% |
| 20-24 | 34 | 3% |
| 25-29 | 63 | 6% |
| 30-39 | 166 | 15% |
| 40-49 | 355 | 33% |
| 50-59 | 357 | 33% |
| 60+ | 85 | 8% |

# Payment Source

| Select ALL Ways You Pay for Medical Care & Medications | | | | |
|---|---|---|---|---|
| (Multiple Situations May be Reported) | All (n=1,049) | Male (n=719) | Female (n=304) | Transgender (n=15) |
| Private Health Insurance | 8.6% | 10.5% | 4.4% | --- |
| Veteran's Administration (VA) | 1.5% | 1.9% | 0.0% | 7.1% |
| Cash/Self-Paid | 14.1% | 16.1% | 10.4% | 7.1% |
| AICP | 2.1% | 2.1% | 1.7% | --- |
| Medicare | 21.3% | 20.6% | 23.8% | --- |
| Medicaid | 25.8% | 19.1% | 41.1% | 7.1% |
| Ryan White | 64.4% | 65.6% | 63.3% | 57.1% |
| ADAP | 37.9% | 42.8% | 28.1% | 28.6% |
| No Health Insurance | 7.2% | 8.5% | 3.0% | 21.4% |

# Situation When First Tested HIV+

| Situation When First Tested HIV Positive HIV | | | |
|---|---|---|---|
| (Multiple Situations May be Reported) | Male (n=719) | Female (n=304) | Transgender (n=15) |
| During Pregnancy | | 17.8% | 0% |
| Living In A Homeless Shelter | 2% | 3% | 13% |
| Getting Care At An ER | 7% | 7% | 7% |
| You Injected Drugs | 0.8% | 0.3% | 0% |
| In Jail Or Prison | 4% | 5% | 7% |
| Testing Site/Doctor's Office | 40% | 23% | 27% |
| Admitted To A Hospital | 12% | 13% | 0% |
| Getting Substance Abuse Treatment | 3% | 4% | 7% |
| Getting STD Treatment | 6% | 3% | 13% |
| Don't Know/Don't Remember | 9% | 10% | 7% |
| Other | 20% | 22% | 13% |

# Linkage to Care

| Experiences in the Last Six Months | | |
|---|---|---|
| | # | % |
| Took an HIV Test | | |
| Yes | 390 | 39% |
| No | 524 | 53% |
| Received Info About Attaining HIV Medical Care | | |
| Yes | 306 | 88% |
| No | 12 | 4% |
| Length of Time to See a Doctor | | |
| 0-2 weeks | 196 | 58% |
| 2-4 weeks | 65 | 19% |
| 4-12 weeks | 38 | 11% |
| 12 weeks + | 18 | 5% |

# Linkage to Care

| How Did You Hear About Where to Go for Services? | |
|---|---|
| | % |
| Family | 6.8% |
| Friend | 31.5% |
| Advertisement | 5.4% |
| Internet | 5.6% |
| Test Site | 21.0% |

| Other Responses | |
|---|---|
| | % |
| Case Manager/Counselor | 6% |
| Doctor's Office | 11% |
| Hospital | 5% |
| Jail | 2% |

# Key Findings – Newly Diagnosed (n=31)

*Received an HIV test within the last 6 months and 2012 reported as year of diagnosis*

| Findings |
| --- |
| Respondents were mostly between ages 25-29 (29%) followed by 40-49 (19%) |
| Majority of respondents were male (73%) with one person identifying as transgender |
| Majority identified as Black/African Descent (52%) |
| 93% reported receiving information about where to go for medical care<br>66% reported seeing a doctor within 0-2 weeks (n=29) |
| 65% tested positive for HIV at a testing site/doctor's office and 26% reported being tested at an emergency room or after being admitted to the hospital |
| 76% described reported sexual experience in last 6 months as always having sex with men |
| Majority (53%) reported hearing about where to go for HIV services from testing sites |

# Key Findings – Newly Diagnosed, Cont.

*Received an HIV test within the last 6 months and 2012 reported as year of diagnosis*

| Findings |
| --- |
| 71% reported having a usual place to go for medical care; of those who did not (n=5), the reasons indicated were inability to pay (60%) and not knowing where to find care (40%) |
| About 35% reported visiting a medical provider, including the ER, 1-2 times over the last 6 months, while 21% reported 4-6 visits and 17% reported no visits |
| 55% reported having a CD4 count, VL test, or ARV prescription in past 12 months |
| Respondents identified lack of knowledge, cost of services, unemployment, poor living conditions, fear, and stigma as the main reasons why PLWHA in the community do not get care |
| 38% reported CD4 >350 and VL between 50-55,000; 26% reported taking ARVs as prescribed Of those who never took, or stopped taking, ARVs, (n=10), 50% reported their doctor said they didn't need them/did not prescribe and 10% reported not being able to afford them |
| 13% reported experiencing homelessness with 50% (n=4) reporting no medical care while homeless |

# Special Populations: MSM

## Characteristics & Service Utilization Rates

| | ALL (n=1,087) | WMSM (n=258) | BMSM (n=72) | HMSM (n=83) |
|---|---|---|---|---|
| Avg. Age of Respondents | 42 | 42 | 35 | 38 |
| | | | | |
| First tested HIV+ in Broward County | 62% | 45% | **57%** | 44% |
| First tested HIV+ in other FL County | 13% | 14% | 10% | 13% |
| First tested HIV+ in other State | 21% | 35% | 31% | 27% |
| First tested HIV+ in other Country | 4% | 6% | 1.4% | 16% |
| | | | | |
| Ryan White as Payment Source | 64.4% | 65.8% | 54.3% | 76.5% |
| Has Usual Source of HIV Medical Care | 93.4% | 96% | 87% | 95% |
| Avg. Medical Visits (Last Six Months) | 2.2 | 1.7 | 1.6 | 1.9 |
| Currently Using ARVs | 73.3% | 82% | 57% | 70% |
| Never Taken ARVs | 13.9% | 9% | 18% | 18% |
| Always Taking ARVs as Prescribed | 91.1% | 92% | 95% | 94% |
| Received CD4, VL, or ARVs (past year) | 83.8% | 88% | 77% | 85% |
| | | | | |
| Out of Care (>/= 1 year w/in last 5 years) | 19.0% | 15% | 27% | 12% |
| Experienced Homelessness | 28.9% | 17% | 29% | 18% |
| Currently In Stable Housing | 81.7% | 87% | 91% | 85% |
| Medical Care Improved Due to Stable Housing | 69.8% | 65% | 75% | 70% |

# Special Populations: Black Heterosexuals

| Characteristics & Service Utilization Rates | ALL (n=1,087) | BHM (n=103) | BHF (n=151) |
|---|---|---|---|
| Avg. Age of Respondents | 42 | 43 | 38 |
| | | | |
| First tested HIV+ in Broward County | 62% | 69.1% | 91.2% |
| First tested HIV+ in other FL County | 13% | 21.7% | 4.8% |
| First tested HIV+ in other State | 21% | 7.2% | 2.7% |
| First tested HIV+ in other Country | 4% | 2.1% | 1.4% |
| | | | |
| Ryan White as Payment Source | 64.4% | 64.7% | 63.1% |
| Has Usual Source of HIV Medical Care | 93.4% | 91.6% | 92.4% |
| Avg. Medical Visits (Last Six Months) | 2.2 | 2.3 | 2.2 |
| Currently Using ARVs | 73.3% | 66.3% | 66.2% |
| Never Taken ARVs | 13.9% | 16.9% | 11.8% |
| Always Taking ARVs as Prescribed | 91.1% | 88.0% | 89.7% |
| Received CD4, VL, or ARVs (past year) | 83.8% | 81.5% | 79.3% |
| | | | |
| Out of Care (>/= 1 year w/in last 5 years) | 19.0% | 18.5% | 22.3% |
| Experienced Homelessness | 28.9% | 44.0% | 34.3% |
| Currently In Stable Housing | 81.7% | 75.8% | 82.0% |
| Medical Care Improved Due to Stable Housing | 69.8% | 72.2% | 71.7% |

# Barriers to Medical Care

| Perceived Barriers | Experienced Homelessness |
|---|---|
| Paid Medication & Medical Care Before Rent | 19% |
| Paid Medication & Medical Care Before Utilities | 21% |
| Paid Medication & Medical Care Before Mortgage | 11% |
| Paid Rent Before Medication & Medical Care | 28% |
| Paid Utilities Before Medication & Medical Care | 27% |
| Paid Mortgage Before Medication & Medical Care | 12% |
| Currently in Stable Housing | 69% |
| Stable Housing Improved Medical Care | 73% |
| Difficulty Getting Transportation | 44% |
| Difficulty Getting Day Care Services | 8% |
| Difficulty Getting Appropriate Food | 39% |
| Paid for Transportation Before Rent/Utilities/Mortgage | 30% |
| Paid for Day Care Before Rent/Utilities/Mortgage | 5% |
| Paid for Food Before Rent/Utilities/Mortgage | 45% |

# Barriers to Medical Care: MSM

| Perceived Barriers | ALL | WMSM | BMSM | HMSM |
|---|---|---|---|---|
| Paid Medication & Medical Care Before Rent | 14.1% | 15.6% | 12.1% | 17.5% |
| Paid Medication & Medical Care Before Utilities | 16.4% | 20.4% | 13.6% | 22.5% |
| Paid Medication & Medical Care Before Mortgage | 9.0% | 11.1% | 7.6% | 13.2% |
| Paid Rent Before Medication & Medical Care | 21.4% | 25.5% | 20.6% | 27.5% |
| Paid Utilities Before Medication & Medical Care | 20.9% | 27.3% | 16.2% | 32.5% |
| Paid Mortgage Before Medication & Medical Care | 10.2% | 13.9% | 7.7% | 15.8% |
| Currently in Stable Housing | 81.7% | 86.5% | 91.0% | 84.7% |
| Stable Housing Improved Medical Care | 69.8% | 64.5% | 74.6% | 69.4% |
| Difficulty Getting Transportation | 25.6% | 18.5% | 31.8% | 19.7% |
| Difficulty Getting Day Care Services | 3.9% | 1.3% | 3.0% | 5.3% |
| Difficulty Getting Appropriate Food | 23.5% | 19.9% | 20.3% | 22.4% |
| Paid for Transportation Before Rent/Utilities/Mortgage | 19.2% | 14.8% | 19.1% | 20.5% |
| Paid for Day Care Before Rent/Utilities/Mortgage | 3.3% | 0.9% | 1.5% | 1.4% |
| Paid for Food Before Rent/Utilities/Mortgage | 32.3% | 29.4% | 32.8% | 34.6% |

# Barriers to Medical Care: Black Heterosexual Males & Females

| Perceived Barriers | ALL | BHM | BHF |
|---|---|---|---|
| Paid Medication & Medical Care Before Rent | 14.1% | 8.7% | 7.5% |
| Paid Medication & Medical Care Before Utilities | 16.4% | 9.9% | 8.8% |
| Paid Medication & Medical Care Before Mortgage | 9.0% | 5.6% | 4.2% |
| Paid Rent Before Medication & Medical Care | 21.4% | 9.9% | 17.2% |
| Paid Utilities Before Medication & Medical Care | 20.9% | 11.8% | 14.6% |
| Paid Mortgage Before Medication & Medical Care | 10.2% | 8.6% | 8.4% |
| Currently in Stable Housing | 81.7% | 75.8% | 82.0% |
| Stable Housing Improved Medical Care | 69.8% | 72.2% | 71.7% |
| Difficulty Getting Transportation | 25.6% | 25.3% | 27.7% |
| Difficulty Getting Day Care Services | 3.9% | 5.6% | 4.9% |
| Difficulty Getting Appropriate Food | 23.5% | 16.7% | 21.6% |
| Paid for Transportation Before Rent/Utilities/Mortgage | 19.2% | 15.9% | 18.9% |
| Paid for Day Care Before Rent/Utilities/Mortgage | 3.3% | 2.4% | 4.2% |
| Paid for Food Before Rent/Utilities/Mortgage | 32.3% | 30.0% | 29.6% |

# Key Findings - Lost To Care (n=138)

*Reported a period of at least 12 months over the past 5 years when they were not receiving HIV primary care*

| Findings |
| --- |
| Respondents' average age was 40 |
| Majority of respondents (68%) were male and identify as Black/African Descent (55%) |
| Most (60%) reported Ryan White as their way for paying for care and medications |
| Among those who stated they got an HIV test in the last 6 months (n=127), 43% were able to see a doctor within 0-2 weeks and 25% within 2-4 weeks |
| Respondents reported the following reasons for taking longer than 12 weeks to see a doctor about their HIV infection: Fear, thinking it was not necessary, not wanting others to know of their HIV status, and lack of knowledge of where to find a doctor |
| About 36% reported first testing positive at a testing site/doctor's office; 45% and 44% reported being tested between '89-'99 and '00-'10 respectively (n=125) |
| Majority (58%) reported their sexual experience in the last 6 months as always having sex with men |
| Majority (95%) reported having a place to go for medical care; for those who reported not having a place to go (n=6), most (50%) reported the reason was cost of care |

# Key Findings - Lost To Care, Cont.

*Reported a period of at least 12 months over the past 5 years when they were not receiving HIV primary care*

| Findings |
| --- |
| Of those currently taking ARVs, 94% reported ALWAYS taking ARVs as prescribed. Of those who reported missing doses (n=7), 43% reported that drugs made them feel bad and 43% forgetting to take them. |
| Main reasons for never taking, or stopping ARVs were: doctor said they were not needed (21%), inability to pay for medications (14%), and taking a drug holiday (14%) |
| 36% of respondents reported experiencing homelessness |
| 34% did not receive medical care during episodes of homelessness; those who did, continued seeing their previous physician (29%), utilized public transportation (21%), and accessed free/low cost clinics (18%) |
| 76% stated they were stably housed currently and 64% reported their medical care improved as a result of being stably housed (n=104) |
| 37% reported difficulty getting transportation to medical care and 23% reported paying for transportation before paying for rent/mortgage/utilities (n=122) |
| Many respondents (32%) reported difficulty getting food as required for medications |
| Many respondents (37%) reported paying for food before paying rent/mortgage/utilities |

# Key Findings - Lost To Care, Cont.

*Reported a period of at least 12 months over the past 5 years when they were not receiving HIV primary care*

| Findings |
| --- |
| All respondents reported having at least a CD4 count, VL test, or prescription for ARVs in the past 12 months |
| Reasons for not receiving medical care included not being able to afford the care (34%), not knowing where to go (14%), fear of being identified as HIV+ (12%), not being ready to deal with HIV status (10%), and hearing bad things about medication side effects (10%) |
| The services identified as needed, other than medical and medications, while out of care were Dental Care (68%), Case Management (44%), Housing (41%), and Mental Health Services (34%) |
| The reasons reported for getting back into care included: Getting sick and knowing care was needed (31%), being ready to deal with the illness (25%), finding a doctor/facility the respondents liked (21%), and getting the information needed to get into care (20%) |
| Respondents identified the following as the most important reasons why PLWHA in this community do not get HIV medical care: Lack of knowledge, transportation, and support (34%), and inability to afford services (18%) |
| About 28% reported a CD4 count between 200-350; 17% reported 350-500; 26% reported over 500; and approximately 16% did not know their CD4 count. Most (51%) reported being undetectable (n=126) |

# Key Findings – Reasons for Being Out of Care (n=52)

| Other Responses | |
|---|---|
| | % |
| Cost/No Insurance | 33% |
| Did Not Know Where to Go | 2% |
| Internal Struggles (Depressed/Scared) | 13% |
| Missed Appointment | 4% |
| Homeless | 4% |
| Moving | 6% |

# Key Findings – Comments Related to Service Categories (n=254)

| Other Responses | |
|---|---|
| Increase Funding for: | % |
| Medications | 5% |
| Doctor Care/Medical Care | 2% |
| Dental Care | 3% |
| Food Bank/Food Service | 6% |
| Case Management | 2% |
| Transportation* | 8% |

**Not a Part A Service Category*

# PSRA Timeline

# Upcoming PSRA Items

- Review Eligibility for Service Categories
- Rank Part A and MAI Service Categories
- Contingency Planning based on Implementation of ACA
- Allocations

## 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 | | | | | | Funded Providers | | FY 2012 -13 Other Funding | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Clients | # New | % New | Male | Female | Trans. | RW Providers | | Source | Funding | Clients |
| 3,509 | 951 | 27% | 74% | 26% | 1.0% | *Part A* | *MAI* | Part C | $173,099 | 1,072 |
| Black | White | Other | Hispanic | non-Hispanic | Haitian | 7 | 2 | Part D | $365,805 | 1,114 |
| 55% | 44% | 1% | 17% | 83% | 11% | | | 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 |
| $1-$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 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 |

**Utilization by Poverty Level**

| FPL | PART A Clients | |
|---|---|---|
| | # | % |
| 0%-138% | 2,074 | 75% |
| 139%-300% | 672 | 24% |
| 301%-400% | 12 | 0% |
| >40% | 3 | 0% |
| | 2,761 | 100% |

**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 |
| Over $3001 | $4,059 | 102 |
| $0-$9,326 | $1,403 | 3,790 |

**Funded Providers**

| Part A | 2 |
|---|---|
| Part F Funding | Part F Clients |
| $234,747 | 212 |

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

**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 | 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 visits in the last 180 days of the measurement year | 91 | 741 | 12% |
| 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 | 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* | *Denominator* | Percent |
| 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 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** | |
| **151%-200%** | 229 | 9% | 4%-6.3% | $694 | $1,448 | $1,964 | **$2,658** | **$3,412** | Not Eligible |
| **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-$4691 | $975 | 274 |
| $1-$4,690 | $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 & 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**

| Federal Poverty Level (FPL) | RW PART A and MAI # of MH Clients | RW PART A and MAI % of MH Clients |
|---|---|---|
| 0%-99% | 338 | 67% |
| 100%-138% | 72 | 14% |
| 139%-150% | 11 | 2% |
| 151%-200% | 36 | 7% |
| 201%-250% | 28 | 6% |
| 251%-285% | 13 | 3% |
| 286%-299% | 7 | 1% |
| 300%-349% | 0 | 0% |
| 350%-400% | 1 | 0% |
| 401%+ | 2 | 0% |
| | **508** | **100%** |

**Health Insurance Exchange Cost Estimate for Silver Plan**

| Federal Poverty Level (FPL) | 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% | *Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy* | | | | | | Eligible |
| 100%-138% | 2% | $230 | $317 | $1,964 | **$2,194** | **$2,281** | |
| 139%-150% | 3%-4% | $479 | $689 | $1,964 | **$2,443** | **$2,653** | |
| 151%-200% | 4%-6.3% | $694 | $1,448 | $1,964 | **$2,658** | **$3,412** | Not Eligible |
| 201%-250% | 4%-6.3% | $1,455 | $2,298 | $2,975 | $4,430 | $5,273 | |
| 251%-285% | 6.3%-8% | $2,307 | $2,620 | $2,975 | $5,282 | $5,595 | |
| 286%-299% | 9% | $2,958 | $3,092 | $2,975 | $5,933 | $6,067 | |
| 300%-349% | 9.5% | $3,275 | $3,810 | $3,987 | $7,262 | $7,797 | |
| 350%-400% | 9.5% | $3,820 | $4,366 | $3,987 | $7,807 | $8,353 | |
| 401%+ | *NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid* | | | | | | |

**Part A/MAI Cost Ranges**

| *Cost Range* | *Avg Cost* | *Clients* |
|---|---|---|
| $0-$500 | $231 | 242 |
| $500-$1,000 | $709 | 121 |
| $1,000-$2,000 | $1,431 | 116 |
| >$2,001-$3451 | $2,452 | 29 |
| **$1-$3,451** | **$1,403** | **3,790** |

**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)
* Undocumented & lawfully present immigrant w/in 5 years of residency barred from federal 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 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 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 | $357,755 | $374,931 | $732,686 | 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 |
| $1k-$5,000 | $2,559 | 46 |
| $5k-$10,000 | $6,917 | 23 |
| Over $10,000 | $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 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 |
| $300-$600 | $453 | 52 |
| $600-$1,000 | $755 | 26 |
| Over $1,000 | $2,071 | 28 |
| $22-$4,432 | $558 | 214 |

**Part A Demographics**

| Total Clients | # New | % New |
|---|---|---|
| 214 | 116 | 54% |
| Male | Female | Transgender |
| 77% | 23% | 0.0% |
| 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% |

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

| 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 | $591,208 | $0 | $591,208 | -34% | $15,390,658 | 3.8% | 2 |
| **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% | 0.1% | Part A/MAI = | 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 |
| $100-$250 | $171 | 751 |
| $250-$400 | $339 | 679 |
| Over $400 | $429 | 358 |
| **$0-$9,326** | **$1,403** | **3,790** |

**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:*

Indicatos 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% | 1 |
| FY 11 | $300,000 | $290,957 | $590,957 | $329,542 | $290,957 | $620,499 | | $15,006,261 | | 2 |
| FY 10 | $384,043 | $290,957 | $675,000 | $87,765 | $0 | $87,765 | | $15,395,252 | | 2 |

| CIED FPL | Clients | | Units | Amount | Avg $ | Avg $ | Affordable Care Act Impact by FPL |
|---|---|---|---|---|---|---|---|
| </=138% | 5,067 | 76% | 43,413 | $521,494 | $103 | $103 | If FL Medicaid Expands </=138% FPL* covered |
| 139- 300% | 1,489 | 22% | 12,979 | $155,860 | $105 | $105 | Insurance Exchanges: 100-400% FPL* and ineligible for Medicaid and employer insurance can receive assistance to purchase insurance. |
| 301-400% | 62 | 1% | 556 | $6,672 | $108 | $108 | |
| >/= 400% | 13 | 0% | 108 | $1,296 | $100 | Part A/MAI =1 | |
| Total | 6,631 | 100% | 57,056 | 685,322 | $103 | | * See Immigration Status Restrictions below |

| RW Medical Cost Ranges | | |
|---|---|---|
| *Cost Range* | *Avg Cost* | *Clients* |
| $0-$100 | $67 | 3,880 |
| $100-$200 | $133 | 2,467 |
| $200-$300 | $225 | 261 |
| >$301-$408 | $322 | 20 |
| $0-$408 | $98.92 | 6,629 |

**Affordable Care Act**

**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 |
|---|---|---|---|---|
| Other | 226 | 214 | 249 | 82 |
| White | 2,933 | 3,169 | 3,117 | 3,028 |
| Black | 3,457 | 3,733 | 3,656 | 3,520 |
| Total | 6,616 | 7,116 | 7,022 | 6,630 |
| **Ethnicity** | **2009** | **2010** | **2011** | **2012** |
| Hispanic | 876 | 997 | 1,014 | 1,034 |
| Haitian | 598 | 651 | 696 | 687 |
| **Gender** | **2009** | **2010** | **2011** | **2012** |
| Transgender | 22 | 23 | 28 | 32 |
| Female | 1,998 | 2,110 | 2,076 | 1,962 |
| Male | 4,596 | 4,983 | 4,918 | 4,635 |
| Total | 6,616 | 7,116 | 7,022 | 6,629 |

| FPL | 2009 | 2010 | 2011 |
|---|---|---|---|
| 0-100 | 4,188 | 4,317 | 4,087 |
| 101-200 | 1,820 | 2,095 | 2,193 |
| 201-300 | 530 | 613 | 649 |
| 301-400 | 62 | 74 | 79 |
| 400+ | 16 | 17 | 14 |
| Total | 6,616 | 7,116 | 7,022 |

## 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 |
| Medication Copay | | 23 | 23 |
| Transportation | | 3 | 3 |
| Housing | | 94 | 94 |
| Other Services | | 54 | 54 |
| **Total** | 3441 | 194 | 3635 |

| | Enrolled | Applied* | Approved |
|---|---|---|---|
| AICP | 0 | 250 | |
| Medicaid | 2,413 | 10 | 4 |
| Medicare | 1,486 | | |
| Private Insurance | | | |
| Food Stamps | 2,851 | 120 | 98 |
| Cash Assistance | | 2 | |
| **Total Unduplicated** | 3,817 | 132 | 102 |

### Medical Funding Source

| | 2009 | % | 2010 | % | 2011 | % | 2012 | % |
|---|---|---|---|---|---|---|---|---|
| Private | 389 | 6% | 520 | 7% | 569 | 8% | 452 | 7% |
| Medicaid/ Medicare | 2,511 | 38% | 2,831 | 40% | 2677 | 38% | 2,569 | 39% |
| None | 3,716 | 56% | 3,765 | 53% | 3776 | 54% | 3,511 | 53% |
| Total | 6,616 | 100% | 7,116 | 100% | 7022 | 100% | 6,631 | 100% |

**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 | $164,359 | $0 | $164,359 | $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 |
| Over $50 | $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 | | | |

## Fort Lauderdale/Broward County EMA FY 2012/13 PSRA Process Scorecard:Part B Non-Medical Case Management - Core Eligibility

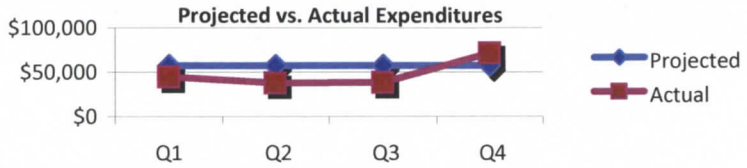
**Non-Medical Case Management - Core Eligibility Support Service** — ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

| Rank | Fiscal Year | EMA Award | Service Allocation | % of Award | Sweeps | Final Allocation | Final Expenditure | % of Award (Final) | Proj. Clients | Actual Clients | Difference |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **FY2012** | $1,101,929 | $228,287 | 20.72% | **$9,107** | $228,287 | $237,394 | **22%** | **3300** | **4465** | **1165** |
| | FY2011 | $1,101,929 | $157,395 | 14.28% | $21,606 | $179,001 | $143,682 | 13% | 1,800 | 2407 | 607 |
| | FY2010 | $1,101,929 | $133,526 | 12.12% | $4,496 | $138,022 | $138,022 | 13% | 900 | n/a | n/a |
| | FY 2009 | $1,101,929 | $67,504 | 6.13% | $975 | $68,479 | $68,479 | 6% | 650 | n/a | n/a |

**FY 2012-13 Quarterly Service Category Expenditures ($ Spent)**

| Allocation = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| $237,394 | 4/12-6/12 | 7/12-9/12 | 10/12-12/12 | 1/13-3/13 |
| Projected | $57,072 | $57,072 | $57,072 | $57,072 |
| % | 25% | 25% | 25% | 25% |
| Actual | $44,439 | $37,894 | $38,249 | $71,107 |
| % | 19% | 16% | 16% | 30% |
| Difference | -$12,633 | -$19,178 | -$18,823 | $14,035 |

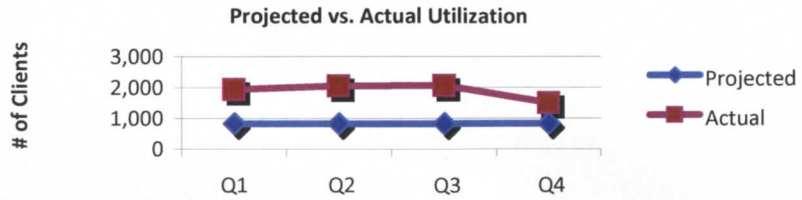
Average Annual Cost Per Client = $53



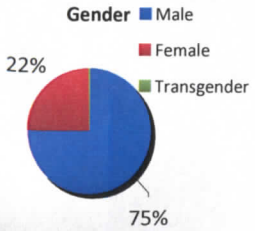

**FY 2012/2013 Quarterly Client Service Utilization (# of Clients)**

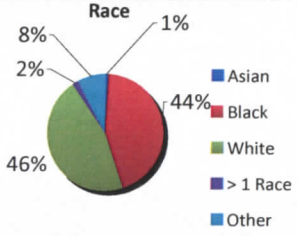
| Clients = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| 4,465 | 4/12-6/13 | 7/12-9/13 | 10/12-12/13 | 1/12-3/13 |
| Projected | 825 | 825 | 825 | 825 |
| Actual | 1,940 | 2,055 | 2,057 | 1,491 |
| Difference | 1115 | 1230 | 1232 | 666 |

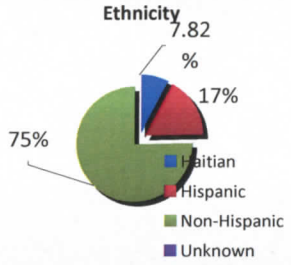
4465 unduplicated clients from April 1, 2011 thru March 31, 2012

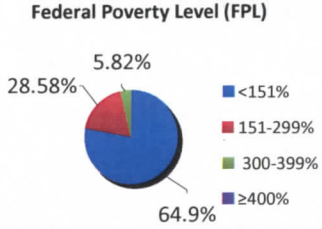



**FY 2012-2013 Demographic Utilization Data**




| Gender | Male | Female | r |
|---|---|---|---|
| # | 3,333 | 1,123 | 9 |

| Federal Poverty Level (FPL) | <151% | 151-299% | 300-399% | ≥400% |
|---|---|---|---|---|
| # | 2,898 | 687 | 126 | 3 |
| | **64.90%** | **28.58%** | **5.82%** | **0.69%** |

| Race | Asian | Black | White | > 1 Race | Other |
|---|---|---|---|---|---|
| # | 31 | 1,981 | 2,032 | 71 | 345 |

| Ethnicity | Haitian | Hispanic | Non-Hispanic | Unknown |
|---|---|---|---|---|
| # | 349 | 751 | 3,365 | |
| | 7.82 | 16.82 | 75.36 | |

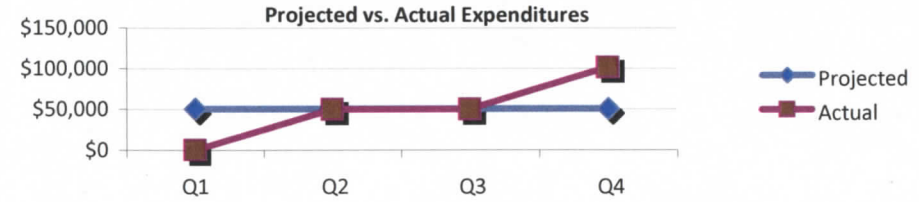
## Fort Lauderdale/Broward County EMA FY 2012/13 PSRA Process Scorecard: Medical Transporation

**Medical Transportation** — ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

| Rank | Fiscal Year | EMA Award | Service Allocation | % of Award | Sweeps | Final Allocation | Final Expenditure | % of Award (Final) | Proj. Clients | Actual Clients | Difference |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Funded Part B** | **FY2012** | **$1,102,929** | **$150,971** | **13.69%** | **$49,883** | **$200,854** | **$200,854** | **18.21%** | **412** | **1,229** | **817** |
| **Funded Part B starting Dec 2011** | **FY2011** | $1,101,929.00 | $100,021.00 | **9.08%** | **$149,930** | **$149,930** | **$149,930** | **14%** | **387** | | |
| Funded Part B | FY2008 | $1,218,925 | $109,829 | **9.01%** | -$109,829 | $0 | $0 | 0% | 0 | 0 | |
| Funded Part B | FY2007 | $998,230 | $72,162 | **7.23%** | $0 | $72,162 | $72,162 | 7% | 836 | 836 | |

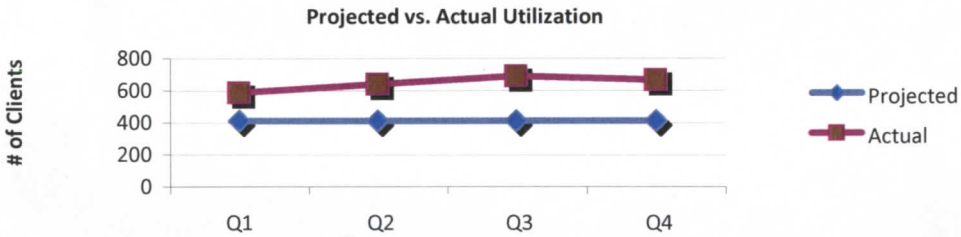
**FY 2012-13 Quarterly Service Category Expenditures ($ Spent)**

| Allocation = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| $200,854 | 4/12-6/13 | 7/12-9/13 | 10/12-12/13 | 1/13-3/13 |
| Projected | $50,212 | $50,214 | $50,214 | $50,214 |
| % | 25% | 25% | 25% | 25% |
| Actual | $0 | $49,909 | $49,909 | $101,036 |
| % | 0% | 25% | 25% | 50% |
| Difference | -$50,212 | -$305 | -$305 | $50,822 |

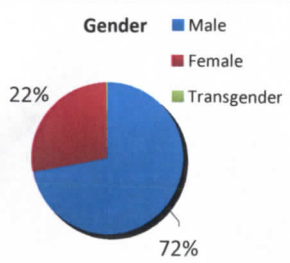


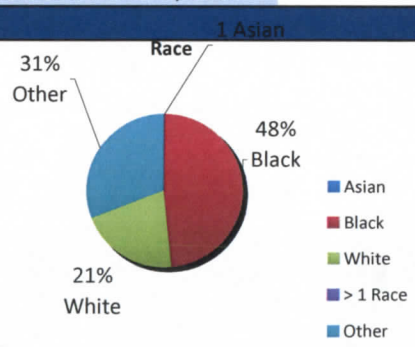

**FY 2012-13 Quarterly Service Category Expenditures ($ Spent)**

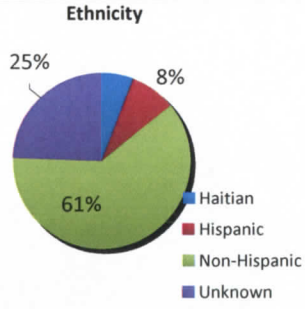
| Clients = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| 412 | 4/12-6/13 | 7/12-9/13 | 10/12-12/13 | 1/13-3/13 |
| Projected | 412 | 412 | 412 | 412 |
| Actual | 588 | 639 | 689 | 665 |
| Difference | 176 | 227 | 277 | 253 |
| 1229 | unduplicated clients from April 1, 2012 thru March 31, 2013 | | | |

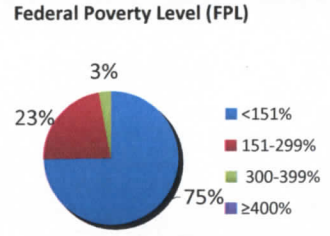



**FY 2012-13 Demographic Utilization Data**




| Gender | Male | Female | Transgender |
|---|---|---|---|
| # | 885 | 340 | 4 |

| Federal Poverty Level (FPL) | <151% | 151-299% | 300-399% | ≥400% |
|---|---|---|---|---|
| # | 918 | 277 | 34 | 0 |
| | 75% | 23% | 3% | |

| Race | Asian | Black | White | > 1 Race | Other |
|---|---|---|---|---|---|
| # | 1 | 591 | 257 | | 379 |

| Ethnicity | Haitian | Hispanic | Non-Hispanic | Unknown |
|---|---|---|---|---|
| # | 70 | 103 | 754 | 302 |

3056 (31) day passes distributed  2,157 (10) ride passes distributed

# Fort Lauderdale/Broward County EMA FY 2012/2013 PSRA Process Scorecard: Part B Medication Co Payment/AICP Program

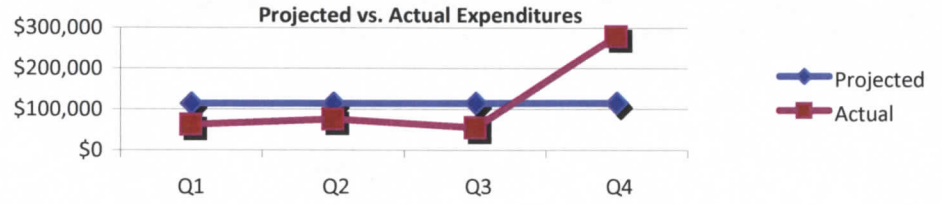
**MEDICATION CO PAYMENT/AICP** — **ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL**

| Rank | Fiscal Year | EMA Award | Service Allocation | % of Award | Sweeps | Final Allocation | Final Expenditure | % of Award (Final) | Proj. Clients | Actual Clients | Difference |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **FY2012** | **$1,101,929** | **$610,000** | **55.36%** | **$58,990** | **$551,010** | **$456,503** | **41.43%** | **400** | **553** | **153** |
| | FY2011 | $1,101,929 | $812,894 | **73.77%** | **$165,585** | $647,309 | $621,548 | **56%** | **350** | **513** | **163** |
| | FY2010 | $1,159,925 | $892,161 | 76.92% | $32,100 | $887,700 | $939,611 | 81% | 400 | 411 | 11 |
| | FY 2009 | $1,159,925 | $802,320 | 69.17% | $42,217 | $844,537 | $844,537 | 73% | 400 | 398 | -2 |
| | FY 2008 | $1,218,925 | $728,310 | 59.75% | $52,953 | $761,537 | $761,537 | 62% | 400 | 350 | -50 |
| | FY 2007 | $998,230 | $559,592 | 56.06% | $38,218 | $597,810 | $597,810 | 60% | 400 | 300 | -100 |

**FY 2012-13 Quarterly Service Category Expenditures ($ Spent)**

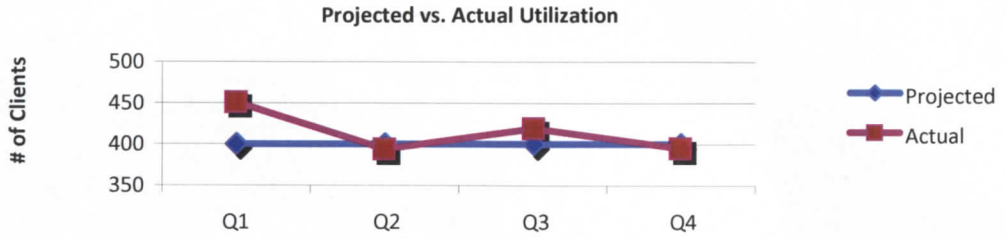
| Allocation = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| $456,503 | 4/12-6/12 | 7/12-9/12 | 10/12-12/12 | 1/13-3/13 |
| Projected | $114,126 | $114,126 | $114,126 | $114,126 |
| % | 25% | 25% | 25% | 25% |
| Actual | $62,863 | $75,590 | $54,744 | $278,601 |
| % | 14% | 17% | 12% | 61% |
| Difference | -$51,263 | -$38,536 | -$59,382 | $164,475 |

Average Annual Cost Per Client = $826



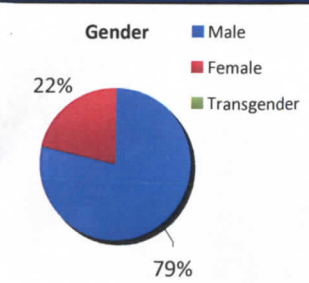

**FY 2012/2013 Quarterly Client Service Utilization (# of Clients)**

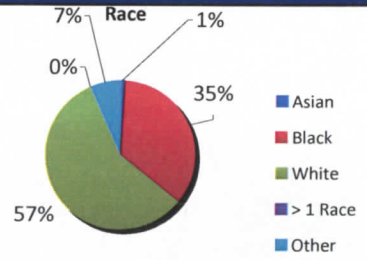
| Clients = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| 553 | 4/12-6/12 | 7/12-9/12 | 10/12-12/12 | 1/13-3/13 |
| Projected | 400 | 400 | 400 | 400 |
| Udup Svd Per Qtr | 451 | 394 | 419 | 395 |
| Difference | 51 | -6 | 19 | -5 |
| Served 553 | unduplicated clients from April 1, 2012 thru March 31, 2013 | | | |

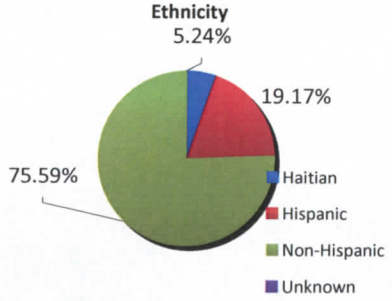


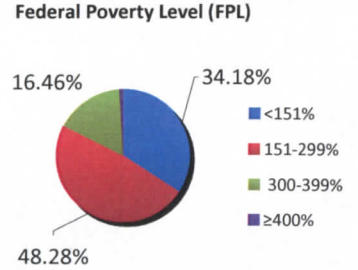

Decline due to clients losing insurance and use of co pay cards,

**FY 2012-13 Demographic Utilization Data**




| Gender | Male | Female | Transgender |
|---|---|---|---|
| # | 435 | 118 | 0 |

| Federal Poverty Level (FPL) | <151% | 151-299% | 300-399% | ≥400% |
|---|---|---|---|---|
| # | 189 | 267 | 91 | 6 |
| | **34.18%** | **48.28%** | **16.46%** | **1.08%** |

| Race | Asian | Black | White | > 1 Race | Other |
|---|---|---|---|---|---|
| # | 5 | 196 | 320 | 0 | 38 |

| Ethnicity | Haitian | Hispanic | Non-Hispanic | Unknown |
|---|---|---|---|---|
| # | 29 | 106 | 418 | 0 |
| | 5.24% | 19.17% | 75.59% | 0.00% |

## Fort Lauderdale/Broward County EMA FY 2012/2013 PSRA Process Scorecard: Part B Home Delivered Meals

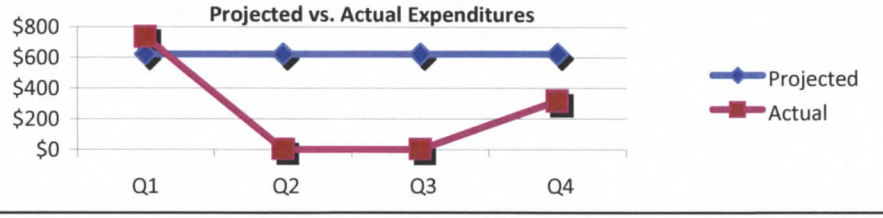
**Home Delivered Meals** — ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

| Rank | Fiscal Year | EMA Award | Service Allocation | % of Award | Sweeps | Final Allocation | Final Expenditure | % of Award (Final) | Proj. Clients | Actual Clients | Difference |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **FY2012** | $1,101,929 | $2,479 | **0.22%** | **0** | $2,479 | **$1,050** | **0.1%** | **6** | **5** | **-1** |
| | FY2011 | $1,101,929 | $5,000 | **0.45%** | **$2,521** | $2,479 | $1,050 | **0.1%** | **6** | **3** | **-3** |
| | FY2010 | $1,159,925 | $16,616 | 1.43% | **$0** | $16,616 | $16,616 | 1% | 17 | 14 | -3 |

**FY 2012-13 Quarterly Service Category Expenditures ($ Spent)**

| Allocation = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| $1,050 | 4/12-6/12 | 7/12-9/12 | 10/12-12/12 | 1/13-3/13 |
| Projected | $620 | $620 | $620 | $620 |
| % | 59% | 59% | 59% | 59% |
| Actual | $735 | $0 | $0 | $315 |
| % | 70% | 0% | 0% | 30% |
| Difference | $115 | -$620 | -$620 | -$305 |

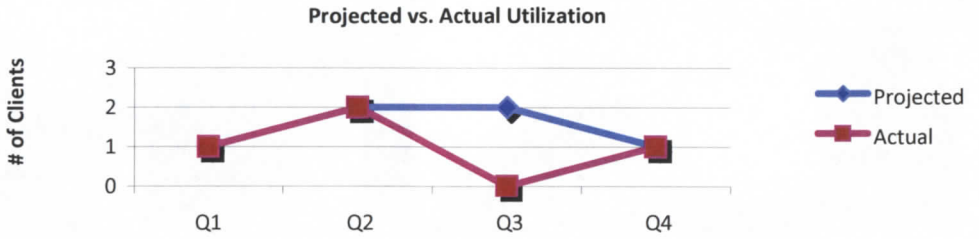
Average Annual Cost Per Client =$262.50



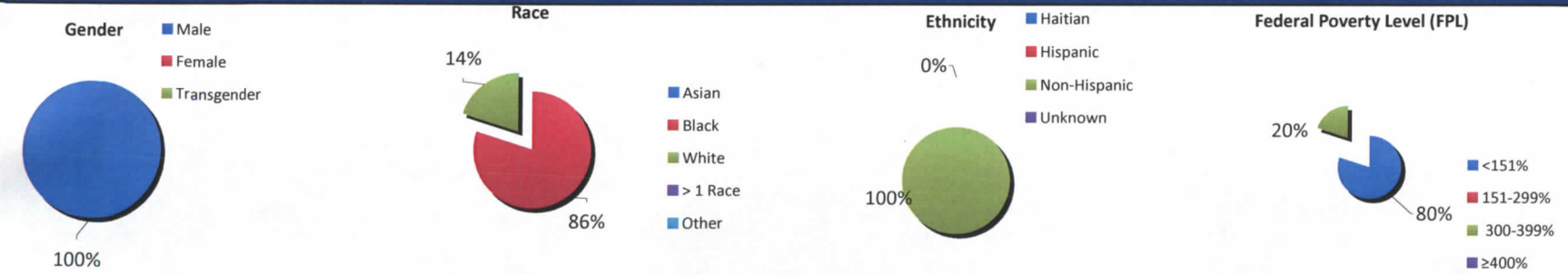

**FY 2012/2013 Quarterly Client Service Utilization (# of Clients)**

| Clients = | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| 6 | 4/12-6/12 | 7/12-9/12 | 10/12-12/12 | 1/13-3/13 |
| Projected | 1 | 2 | 2 | 1 |
| Average Svd Per Qtr | 1 | 2 | 0 | 1 |
| Difference | 0 | 0 | -2 | 0 |

Served 5 unduplicated clients from April 1, 2012 thru March 31, 2013




**FY 2012-13 Demographic Utilization Data**




| Gender | Male | Female | Transgender |
|---|---|---|---|
| # | 5 | 0 | 0 |

| Federal Poverty Level (FPL) | <151% | 151-299% | 300-399% | ≥400% |
|---|---|---|---|---|
| # | 4 | | 1 | 0 |

| Race | Asian | Black | White | > 1 Race | Other |
|---|---|---|---|---|---|
| # | 0 | 4 | 1 | 0 | |

| Ethnicity | Haitian | Hispanic | Non-Hispanic | Unknown |
|---|---|---|---|---|
| # | 0 | 0 | 5 | 0 |

| | Part A & MAI | | Part B / ADAP / AICP | | Part C | | Part D | | Part F | | HOPWA | | PAC Waiver | | VA | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | # | $ | # | $ | # | $ | # | $ | # | $ | # | $ | # | $ | # |
| Outpatient /Ambulatory | $5,843,132 | 3,790 | $0 | - | $143,437 | 182 | $369,969 | 1,329 | $0 | - | $0 | - | $0 | - | - | - |
| AIDS Drug Asstnc. Prog. | $0 | - | $19,783,108 | 3,321 | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Pharmaceutical Asstnc. | $655,486 | 2,604 | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | 350 |
| Dental | $2,641,484 | 2,761 | $0 | - | $0 | - | $0 | 346 | $234,747 | 212 | $0 | - | $0 | - | - | - |
| Early Intervention | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Health Insur. Premium | $0 | - | $4,239,143 | 1,265 | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Home Health | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $165,892 | 233 | - | - |
| Home/Community Hlth. | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $124,895 | 137 | - | - |
| Hospice Services | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Mental Health | $416,749 | 508 | $0 | - | $16,886 | 197 | $115,574 | 793 | $0 | - | $0 | - | $0 | - | - | - |
| Medical Nutrition | $0 | - | $0 | - | $0 | - | $28,080 | 896 | $0 | - | $0 | - | $0 | - | - | - |
| Medical Case Mgt. | $1,120,644 | 3,509 | $0 | - | $173,099 | 1,072 | $365,805 | 1,114 | $0 | - | $0 | - | $606,200 | 659 | - | - |
| Subst. Abuse - outpat. | $719,617 | 126 | $0 | - | $0 | - | $20,609 | 27 | $0 | - | $0 | - | $0 | - | - | - |
| Non-Medical Case Mgt. | $758,381 | 6,631 | $237,394 | 4,465 | $0 | - | $0 | 1,329 | $0 | - | $0 | - | $0 | - | - | - |
| Child Care | $0 | - | $0 | - | $0 | - | $0 | 414 | $0 | - | $0 | - | $0 | - | - | - |
| Emerg. Financial Aid | $0 | - | $0 | - | $0 | - | $0 | 890 | $0 | - | $0 | - | $0 | - | - | - |
| Food Bank/Deliv. Meals | $695,995 | 2,188 | $1,050 | 5 | $0 | - | $0 | 908 | $0 | - | $0 | - | $113,515 | 77 | - | - |
| Education/Risk Redctn. | $0 | - | $0 | - | $0 | - | $0 | 896 | $0 | - | $0 | - | $9,090 | 27 | - | - |
| Housing | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | 9,305,747 | 1,005 | $275 | 3 | - | - |
| Legal | $131,423 | 214 | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Linguistics | $0 | - | $0 | - | $0 | - | $0 | 271 | $0 | - | $0 | - | $0 | - | - | - |
| Medical Transport. | $0 | - | $200,854 | 1,229 | $0 | - | $1,008 | 271 | $0 | - | $0 | - | $0 | - | - | - |
| Outreach | $46,846 | 182 | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Psychosocial Support | $0 | - | $0 | - | $0 | - | $94,488 | 878 | $0 | - | $0 | - | $0 | - | - | - |
| Referral/Support Care | $0 | - | $0 | - | $28,682 | 178 | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Rehabilitation | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Respite Care | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | - | - |
| Subst. Abuse - residtl. | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $0 | - | $1,316 | 4 | - | - |
| Treatment Adherence | $0 | - | $0 | - | $196,974 | 1,119 | $19,178 | 896 | $0 | - | $0 | - | $0 | - | - | - |
| **Total Unduplicated** | **$13,029,757** | **7,064** | **$24,461,549** | **4,465** | **$559,078** | **2,748** | **$1,014,711** | **1,349** | **$234,747** | **212** | **$9,305,747** | **1,005** | **$1,021,183** | **662** | **$660,609** | **377** |

**FY 2012 Total Unduplicated Clients Served By Funder**

| FY12 Demographics | Part A | Part B / ADAP | Part C | Part D | Part F | HOPWA | PAC Waiver | VA |
|---|---|---|---|---|---|---|---|---|
| # of New Patients | 1,543 | - | 274 | 81 | - | - | - | - |
| # AIDS | | - | 927 | 354 | - | - | 662 | - |
| # HIV/non AIDS | | - | 1,134 | 894 | - | - | - | - |
| Total | 7,064 | 4,465 | 2,335 | 1,329 | 212 | 1,005 | 662 | 377 |
| **Race** | | | | | | | | |
| Black | 3,520 | 1,981 | 1,665 | 1,150 | 47 | 677 | - | - |
| White | 3,028 | 2,032 | 386 | 153 | 146 | 324 | - | - |
| More than one | 8 | 71 | 14 | 22 | 3 | - | - | - |
| Asian | 34 | 31 | 10 | 1 | 3 | 3 | - | - |
| Amer. Indian | 6 | 3 | 2 | - | 1 | 1 | - | - |
| Other Race | 34 | 347 | 27 | 3 | 12 | - | - | - |
| **Ethnicity** | | | | | | | | |
| Hispanic | 1,034 | 751 | 231 | 90 | 49 | 97 | - | - |
| Haitian | 687 | 349 | - | 273 | - | - | - | - |
| **Gender** | | | | | | | | * |
| Male | 4,635 | 3,333 | 1,401 | 233 | 188 | 617 | - | 359 |
| Female | 1,962 | 1,123 | 932 | 1,096 | 22 | 380 | - | 15 |
| Transgender | 32 | 9 | 2 | - | 2 | 8 | - | - |
| **Exposure Category** | | | | | | | | |
| MSM | | - | 459 | 26 | - | - | - | - |
| IDU | | - | 62 | 1 | - | - | - | - |
| Heterosexual | | - | 1,714 | 1,101 | - | - | - | - |
| Mother at-risk | | - | - | - | - | - | - | - |
| Perinatal Infection | | - | 39 | 200 | - | - | - | - |
| MSM and IDU | | - | 3 | 1 | - | - | - | - |
| Unknown | | - | 44 | - | - | - | - | - |
| **Age** | | | | | * | | | * |
| (0-12) | | - | - | 33 | 3 | 1 | - | - |
| (13-24) | | - | 86 | 219 | 3 | 86 | - | - |
| (25-44) | | - | 690 | 702 | 83 | 596 | - | 39 |
| (45-64) | | - | 1,460 | 359 | 117 | 322 | - | 253 |
| (65+) | | - | 99 | 16 | 4 | 322 | - | 82 |
| **Insurance Status** | | | | | ** | | | ** |
| No Insurance | | - | 2,335 | 188 | - | - | - | - |
| Medicaid/Medicare | | - | - | 755 | - | - | - | - |
| RW Part A | | - | 2,335 | 340 | - | - | - | - |
| HMO/Private | | - | - | 46 | - | - | - | - |
| **Federal Poverty Level** | | ~* | | | * | & | | |
| 0-100 | 3,850 | ~2,898 | 1,564 | 1,171 | 102 | &816 | - | - |
| 101-200 | 2,101 | ~ | 630 | 143 | 32 | & | - | - |
| 201-300 | 599 | ~687 | 101 | 13 | 10 | &189 | - | - |
| 301-400 | 66 | 126 | 40 | 2 | - | & | - | - |
| 400+ | 14 | 3 | - | - | - | & | - | - |

* Excludes unknowns
** All funded by "Other Public"
~ 0-150%, 151-300%
& 0-200%, over 200%

Ryan White Part B
Expenditure Report
APRIL 2013

| Service Category | Part B 2013-14 Allocated | Part B 2013-14 (April/ Encumbered) | Part B 2013-14 Monthly Average Left | Part B 2013-14 ( YTD Spent/ Encumbered) | Part B 2013-14 (% Encumbered) | Part B 2013-14 (% Left) | Part B 2013-14 (Balance) |
|---|---|---|---|---|---|---|---|
| Home Delivered Meals | $ 2,479 | $ - | $225 | $ - | 0% | 100% | $ 2,479 |
| Medication Co Pay | $ 610,000 | $ - | $55,455 | | 0% | 100% | $ 610,000 |
| Case Management (non-med) | $ 228,287 | $ 13,635 | $19,514 | $ 13,635 | 2% | 98% | $ 214,652 |
| Medical Transportation | $ 150,971 | $ - | $ 13,725 | $ - | 0% | 0% | $ 150,971 |
| Administration | $ 110,192 | $ 7,825 | $ 9,306 | $ 7,825 | 3% | 97% | $ 102,367 |
| | | | | | | | |
| **TOTALS** | **$ 1,101,929** | **$ 21,459** | **$ 98,225** | | **1%** | **99%** | **$ 1,080,470** |
| | | | | | 99% | | |

Non-Medical Case Management conducted 972 eligibility interviews in April.
Medication Co Payment served 253 clients in April in which 17 were new to the program.
245 Clients served in April Medication Co Payment
8 Clients served in Apri Mail Order
Medical Transportation 225 (31 day) and 323 (10 ride) were distributed in April.
Only 517 10 ride passes left after that only 31 day passes will be available for distribution.

## Ryan White Part B Expenditures
## April 2013