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

Meeting Agenda

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, October 16, 12:30 p.m. **Location:** BRHPC

Part A Co-Chair: Carla Taylor-Bennett **Part B Co-Chair:** Vacant

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

2. Approvals: 10/16/13 Agenda and 9/18/13 Meeting Minutes

3. Standard Committee Items: None

4.Unfinished Business: None

5.Meeting Activities/New Business

Work Plan Objectives	Today's Meeting Goals
1. Review Policies & Procedures (4.1) 2. Review ACA Impact on Allocations (1.9) 3. MAI Case Management Analysis 4. Assessment of the Administrative Mechanism (3.1)	1. Review PSRA's Policies and Procedures and make revisions. Review Core & Super-core (Handout A) 2. Review and discuss allocations to ensure that allocations meet clients' needs transitioning in to ACA (Handout B) 3. Review and discuss analysis of MAI Case Management (utilization and outcomes) 4. Assessment of the administrative mechanism to ensure compliance.

6. Grantee Reports:

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

8. Agenda Items/Tasks For Next Meeting: (November 20, 2013 at 12:30 p.m. **Venue:** BRHPC**)**

Agenda Items/Work Plan Item	Information requested/Action To Be Taken

9. Announcements:

10. Adjournment:

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Meeting Minutes

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, September 18, 12:30 p.m. **Location:** BRHPC

Part A Co-Chair: Carla Taylor-Bennett **Part B Co-Chair:** Vacant

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

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 12:52 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. Moment of Silence

The Part A Co-Chair recognized the passing of Carl Roberson.

3. 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 7/17/13		
Proposed by:	Katz, H.B.	**Seconded by:**	Schickowski, K.
Action:	Passed Unanimously		

4. UNFINISHED BUSINESS: None

5. STANDARD COMMITTEE ITEMS:

a. Update on ad Hoc Local Pharmacy Advisory Committee:

The LPAC Chair reviewed the recommended Changes to the Part A Formulary and restated the Committee's justifications for the recommendations. LPAC plans to meet again in November; members will be polled for available dates. Members held a discussion about accessibility of the antibiotics recommended to Tier 1. The LPAC Chair clarified that not all of them are freely accessible from Publix or similar venues. The Medical QI Network has requested these drugs multiple times due to the fact that only some of the antibiotics are on the ADAP formulary. The Network feels that all of them should be available for emergency purposes. Risperdal (a psychotropic medication) has been removed from the formulary. The Grantee reiterated a Part A provision in place to provide clients with temporary coverage until 3rd party payers or ADAP address client's medication needs. Any areas in Florida that do not have a Part A program have a Part B program that fills the coverage gap for medications.

The Part A Co-Chair recommended that descriptions of the recommended drugs be provided to the Committee in the future prior to the Committee voting on them. Members also discussed that further justification including the cost and utilization should be included in the motions for the HIV Planning Council members. The following motions were made:

Motion #3	To delete Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary		
Proposed by:	LPAC	**Seconded by:**	Gammell, B.
Justification	Medications are no longer available; Hivid (Zalcitabine) has been removed from the market and Amprenavir is no longer carried in most pharmacies; both were used to treat HIV infection.		
Action:	Passed Unanimously		

Motion #4	To add Risperdal and Neurontin to Tier 1 of the formulary.		
Proposed by:	LPAC	**Seconded by:**	Katz, H.B.
Justification	Recommendation by the Medical QI Network; difficult obtaining assistance through PAP. Risperdal treats schizophrenia and certain problems caused by bipolar disorder. Neurontin is used to treat seizures and conditions causing nerve pain.		
Action:	Passed with one opposition		

Medications added to Tier 1 can be accessed on an ongoing basis by clients without special permission. Medications on Tier 1 can be accessed only once every 30 days.

A discussion was held concerning the addition of Bupropion to the formulary. Currently there are no dopamine antidepressants on the formulary. Newer classes of protease inhibitors may be better tolerated by clients in conjunction with a dopamine. Members reviewed the utilization of Bupropion as shown below.

FY10-11 Cost/Utilization by Recommended Medication	Quantity	Amount	Dispensing Fee	Clients
Risperidone (Risperdal) TOTAL	35	$553.13	$257	17
• Risperdal	• 33	• $359.05	• $247.50	• 15
• Risperidone	• 2	• $194.08	• $9.50	• 2
Wellbutrin (Bupropion) TOTAL	214	$3,214.71	$1,599.50	98
• BuPROPion Hydrochloride	• 6	• $87.06	• $45.00	• 2
• BuPROPion Hydrochloride SR	• 100	• $1,551.48	• $750.00	• 47
• BuPROPion Hydrochloride XL	• 27	• $597.68	• $202.50	• 11
• BUPROPION SR 100MG	• 2	• $44.58	• $15.00	• 2
• BUPROPION SR 100MG	• 1	• $35.27	• $7.50	• 1
• Wellbutrin	• 2	• $38.90	• $15.00	• 1
• Wellbutrin SR	• 75	• $640.26	• $557.00	• 33
• Wellbutrin XL	• 1	• $219.48	• $7.50	• 1
Gabapentin (Neurontin) TOTAL	9	$132.28	$67.50	5
Zithromax (Azithromycin) TOTAL	153	$2,033.02	$1,147.50	143
• Zithromax	• 13	• $121.52	• $97.50	• 13
• Zithromax Z-Pak	• 140	• $1,911.50	• $1,050.00	• 130
Diflucan (Fluconazole) TOTAL	54	$423.20	$405	45
• Diflucan	• 24	• $192.71	• $180.00	• 18
• Fluconazole	• 30	• $230.49	• $225.00	• 27
Remeron (Mirtazapine)	6	$55.41	$45.00	2

A discussion was held about the impact of adding of medications in lieu of impending budget cuts. A $500,000 reduction of the grant award was made last year and may increase next year. The Part A Co-Chair recommended deferring the approval of the Part A formulary revisions until sweeps were completed. The following motion was made:

Motion #5	To defer LPAC recommendations until after reallocations		
Proposed by:	Taylor-Bennett, C.	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

6. MEETING ACTIVITIES / NEW BUSINESS

a. Review Expenditures /Reallocations

Part A FY 2013/14 Reallocations were conducted as shown in the motions below:

Motion #	Service Category	Recommd'd Sweep TO	Recommd'd Sweep FROM	Proposed by	Seconded by	Yes #	No#	Abstain#	Action
6	Pharmaceuticals (3)	$150,000		Gammel, B.	Schickowski, K	9	0	0	Passed
7	Dental (2)	$0	($200,000)	Wynn, J.	Katz, H.B.	8	0	1	Passed
8	Case Management (7)	$24,595		Schickowski, K	Gammel, B.	9	0	0	Passed
9	MAI Case Management (2)	$0	($45,000)	Gammel, B.	Katz, H.B.	8	0	1	Passed
10	MAI Mental Health (2)	$0	($35,000)	Katz, H.B.	Proulx, D.	9	0	0	Passed
11	Substance Abuse (2)	$0	($8,947)	Grant, C.	Wynn, J.	7	0	1	Passed
12	Food Bank (1)	$0	($164,351)	Proulx, D.	Wynn, J.	8	0	1	Passed
13	Food Voucher (1)	$0	($30,000)	Proulx, D.	Wynn, J.	7	0	1	Passed
14	Outreach (1)	$0	($20,000)	Proulx, D.	Wynn, J.	9	0	0	Passed
15	Ambulatory (5)	$304,603	$0	Gammell, B.	Wynn, J.	9	0	0	Passed
16	MAI Ambulatory (1)	$80,000	$0	Wynn, J	Hayes, M.	8	0	1	Passed
17	Pharmaceuticals (3)		($59,000)	Proulx, D.	Hayes, M.	9	0	0	Passed
18	Case Management (7)		($15,000)	Wynn, J.	Katz, H.B.	9	0	0	Passed
19	Mental Health (3)	$18,100	$0	Wynn, J.	Katz, H.B.	8	0	1	Passed

The Grantee walked through the reallocations column–by–column for each service category. The Contracted amount was for the beginning of the fiscal year for providers and vendors. The Expended amounts were for a 6-month period (March-August) with some delayed billings. The Potential Reallocation Dollars are a mathematical estimate based on what has been spent for the first 6 months of the year. At the end of August, providers received letters about sweeps. Requests for additional funding were received last week and are represented by the Providers' Request column. Providers' Returns are funds that were not utilized by the providers and are to be reallocated (potential reallocation dollars). The Grantee's recommendation takes into account providers' justification, explanation, and last 6-month billing history. MAI funds are separated from regular Part A services and are indicated in purple.

The Grantee explained that the $100,000 under New Service Totals in MAI Ambulatory funds were spent right away as MAI dollars are typically spent before regular funds. While none of the providers have requested additional funds for MAI, the Grantee may have allocated funds for specific MAI categories as seen fit.

Many factors affect a provider's request such as staffing and other internal office situations. Outstanding billing may also be a factor for some providers. The Grantee works with each provider to determine the best amounts to recommend. The Grantee won't recommend more than what is requested by providers.

No providers requested additional MAI funds; however, one provider (who also serves MAI specific populations) requested additional regular ambulatory funds. The provider's requested ambulatory funds were provided through the MAI Ambulatory service category.

The Grantee noted a calculation error regarding projected expenditures for MAI Case Management (CM). The Recommended Sweep of $45,000 from MAI CM represents 2 providers, one of whom isn't spending the allocated funds. The Committee requested that the Grantee provide an analysis of the MAI Case Management service category at the next meeting; components include client utilization and outcomes. MAI Centralized Intake and Referral reflects one provider's spending. The projected expenditures for this service category must also be adjusted to reflect a more accurate projection.

Members held a discussion regarding the Pharmaceutical service category. The recommended sweeps to and from have not included the recommendations from LPAC. Another sweep will take place in January to allow for any readjustments to be made by the committee as seen fit.

Regarding the Dental service category, the pricing mechanism has been switched to fee for service that makes utilization appear lower than it actually is. The Part A Co-Chair expressed concern about clients' ability to access dental services. A recent Dental study showed that the fee structure was not appropriate, and that there should be more of a focus on preventative services. Positive outcomes, as a result of the study, have been a reduction in the time client's wait to receive services and a removal of the per diem fee schedule has reduced program costs.

Regarding the Food Bank service category, the $33,000 expenditure amount reflects payments for administration and dispensing fees. Only Vouchers are charged a dispense fee.

There was a discussion held regarding reducing the Pharmaceutical amount of $304,603 to $245,603. The Grantee reminded members that subsequent sweeps will address any reductions to be made or additional funds that should be put into the core medical categories.

The Committee requested that the Grantee provide an analysis of the MAI Case Management service category at the next meeting. Components include client utilization and outcomes.

Committee members returned to the deferred motions for LPAC recommendations. Discussion continued on the utilization and dispensing fees associated with various forms of Bupropion. The following motions were made:

Motion #20	To add Bupropion to the formulary		
Proposed by:	LPAC	**Seconded by:**	Katz, H.B.
Justification	Generic availability; multiple purposes; difficult obtaining assistance through PAP. Bupropion can be used for minor depression and smoking cessation. It is an older drug and inexpensive. Bupropion is easily tolerated and has fewer side effects.		
Amendment	Include all formulations of Bupropion		
Action:	Passed Unanimously		

Motion #21	To remove Darvocet from the formulary		
Proposed by:	LPAC	**Seconded by:**	Katz, H.B.
Justification	Drug removed from the US market in 2010. It is used to treat pain.		
Action:	Passed Unanimously		

The PSRA Committee discussed the Medical Network's recommendation to add Levaquin to the Part A formulary. The Chair requested that the recommendation be reviewed by LPAC to include additional justification for the upcoming HIV Planning Council meeting. After agreement on further justification, the Committee moved forward with the following motion:

Motion #22	To add Levaquin to the formulary		
Proposed by:	LPAC	**Seconded by:**	Katz, H.B.
Justification	Accept Medical Network recommendation; Commonly used to treat CAP. Antibiotic		
Action:	Passed Unanimously		

Members discussed the importance of including TDAP in the standard of care. Medicaid does not provide adult immunization.

Motion #23	To add TDAP to the formulary		
Proposed by:	LPAC	**Seconded by:**	Gammell, B.
Justification	Rise of Pertussis in adults; used as one time booster along with TD. Used for immunization.		
Action:	Passed Unanimously		

Members recommended that the effective date for formulary changes begin October 1, 2013 to provide clarification. Members agreed that review of the MAI Case Management service category is needed to analyze its effectiveness.

b. Review Policies & Procedures
The Committee deferred this item to the next meeting.

c. Review ACA Impact on Allocations
The Committee deferred this item to the next meeting. It was noted that the Committee may not get information on clients who have or will be enrolling into Marketplace until December. CIED may have preliminary numbers for the Committee to review.

7. Grantee Reports:

a) Part A

The Part A Grantee office is continuing its work on the grant due in October. The Request for Proposal FY 14 is to be released to the public the end of September. The RFP will be effective June 1st to account for potential delays in HRSA. The PSRA sweeps process is reflected in the RFP. The administration fee for service will not be reflected in the RFP. An absence of communication between state and local makes it hard to coordinate a response regarding medication co-pays. The Grantee has not been informed about actions ADAP will take in response to ACA. The trend across nation is that ADAP will cover insurance expenses as opposed to providing clients with medication. The current political landscape hampers ability for Grantee to plan as effectively as desired. At the United States Conference on AIDS (USCA) held last week, the acting associate director of HRSA suggested that Part A contribute funds to ADAP for insurance continuation due to its experience with administering the program.

Members discussed the statutory requirements regarding homelessness and health insurance. One member stressed the importance of providing housing to ensure client adherence to medication therapy.

A discussion was held regarding the state's role in providing a mechanism for payments to HICP and 3rd party payers. It is unknown if the state will create a mechanism that is easily accessible for clients.

b) Part B

The written Part B Grantee report was provided detailing expenditures up to July 2013. Non-Medical Case Management conducted 668 eligibility interviews in July. Medication co-payment served 219 clients of which 1 were new to the program. There were 209 clients served in July for Medication Co-Payment and10 clients served for Mail Orders. Medical Transportation for July 2013: A total of 158 (10 ride) and 373 (31 day) passes distributed.

7. PUBLIC COMMENT: None

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: Date: October 16, 2013 **Venue:** BRHPC

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Assessment of the Administrative Mechanism (3.1) 2. Review Policies & Procedures (4.1) 3. Review ACA Impact on Allocations (1.9) 4. MAI Case Management Analysis	1. Assessment of the administrative mechanism training to ensure compliance. 2. Review PSRA's Policies and Procedures and make revisions. Review Core & Super-core 3. Review and discuss allocations to ensure that allocations meet clients' needs transitioning in to ACA 4. Review and discuss analysis of MAI Case Management (utilization and outcomes)

9. ANNOUNCEMENTS: None

10. ADJOURNMENT:

Without objection, the meeting was adjourned at 3:07 pm

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PSRA COMMITTEE - ATTENDANCE CY 2013

Member	1/16/13	2/20/13-CX	3/20/13	4/17/2013 CX	5/15/13 CX	6/12/13	7/10/13	7/17/13	8/21/13-cx	9/18/13				Notes
Part A														
Bennett-Taylor, C., **Part A Chair**	1		1	1		1	1	1		1				
Schickowski, K.	1		1	1		1	1	1		1				
Gammell, B.	A		1	1		1	1	1		1				
Grant, C.	1		1	1		A	1	1		1				
Hayes, M.	1		1	1		1	A	A		1				
Katz, H. B.	1		1	1		1	1	1		1				
Reed, Y.	1		1	1		E	1	1		E				
Siclari, R.	1		E	A		E	A	1		E				
DeSantis, M.	*Appointed 3/25/13*			A		1	1	1		1				
Proulx, D.	*Appointed 1/24/13*		1	1		1	1	1		1				
Part B														
Wynn, J.	1		1	1		1	1	1		1				
Quorum=7	**Yes**		**Yes**	**Yes**		**Yes**	**Yes**	**Yes**		**Yes**				

Priority Setting & Resource Allocation Committee

Policies and Procedures

The Priority Setting & Resource Allocation Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) and/or South Florida AIDS Network (Consortia) for the disbursement of Ryan White Part A and Ryan White Part B funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the Council and the Consortia. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council and the Consortia. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of both the Council and Consortia to ensure collaboration and coordination across funding streams. The Committee shall have co-chairs appointed by the Council and the Consortia, respectively.The Committee shall meet on an as-needed basis as determined by the Council, the Consortia and Committee Chairs.

Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

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

The decision making process is publicly stated and implemented as stated.The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

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

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

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

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

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

Comment [HP1]: The PSRA Committee wanted to review this language to see if it is still aligned with the current PSRA process.

Fort Lauderdale/Broward County Annual Resource Allocation/Reallocation Cycle

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

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

Review Data

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

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

Comment [HP2]: This task was moved to the Joint Planning Committee

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

Comment [HP3]: For Committee review

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

Comment [HP4]: For Committee review

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

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

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

3. Estimate # clients to be served through other funding of similar services
   a. Subtract # of PLWHA likely to be served through increase in available other funding

b. Add # of PLWHA estimated to need services due to decreases in other available funding

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

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

Funding Increase: In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures. The grantee will exercise discretion in applying up to $500,000 to "Super Core"services based on a pro rata share of the amount of the increase in proportion to the original grant application percentage (based on estimated need) for these services.If additional dollars still remain the same process will be applied for **Core Services** followed by support services.

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

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

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

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

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

HANDOUT B

FY 14/15 ALLOCATIONS: PART A

Rank	Service	FY 13 Allocation	Factors to Consider	Recomended FY14 Allocation	
#		$	*Client increase from expanded testing offset by Exchange enrollment	%	$
1	Medical	$5,706,496	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA health exchanges means full funding needed for FY14-15. Expect 3% Medicare reimbursement increase ($171,195).	15%	$6,546,809
2	Pharmacy	$509,576	Expanded testing will link more clients to care. Decreased PAP access. Long transition to exchanges means full funding needed	55%	$787,665
3	Medical Case Mgt [Disease Mgt (DM]	$0	DM constitutes a change in the MCM category. This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site. Based on FY12 VL analysis, DM could have benefited 812 clients. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate is 1,056.	100%	$546,650
4	Health Insurance Continuation (HICP)	$0	HICP for approximately half of RW clients transitioning to ACA exchange & needing premium & out-of-pocket assistance despite subsidies. Estimated cost $3,779 (100-250% FPL) & $6,953(250-400%) New and existing clients to this service category (800 clients maximum will enroll, but not all clients will access this service category immediately)	100%	$2,329,002
5	Oral Health	$2,623,653	Part F funding uncertain. Low Medicaid coverage. Difficult to access.	19%	$3,132,354
6	Mental Health	$336,987	Expanded testing = more clients. No Medicaid expansion & long transition to exchange means full funding needed.	10%	$369,387
7	Substance Abuse	$342,889	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACAinsurance exchange.	3%	$354,827
	Core	$9,519,601		$14,066,694	
1	CIED	$467,513	Enrolling clients into Exchange may result in longer encounter time.	20%	$562,244
	Non-Medical Case Mgt (NMCM)	$0	This service category will encompass comprehensive case management, which is an addition to the NMCM category. Along with CIED, NMCM is a supportive service to ensure health outcomes through referral and linkage.	100%	$1,016,769
2	Food Bank	$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated $100,000.	85%	$1,189,473
3	Legal	$131,426	No other funding identified. SSI appeals process.	16%	$152,466
4	Outreach	$58,768	No other funders. Expanded testing = client increase	-12%	$52,004
	Support	$1,300,553		$2,972,956	
	TOTAL	$10,820,154		$17,039,650	

FY 14/15 ALLOCATIONS: MAI

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

MAI
Medical Case Management

Presented by:
Rafael Copa, Administrative Manager I
Shaundelyn DeGraffenreidt, QA Coordinator

INTRODUCTION
MAI MEDICAL CASE MANAGEMENT

- THIS PRESENTATION PROVIDES AN OVERVIEW OF THE RYAN WHITE PART A MAI MEDICAL CASE MANAGEMENT PROGRAM

- THE PRESENTATION IS DIVIDED INTO:
  - SCOPE OF SERVICES
  - SERV ICE UTILIZATION
  - CLIENT FLOW CHART
  - CHALLENGES
  - RECOMMENDATIONS

SCOPE OF SERVICES

- MAI Medical Case Management services supports the ability for Clients to remain adherent to medical care.
- MAI Medical Case Management services has a central role of providing treatment adherence counseling that supports adherence to complex HIV/AIDS treatments and retention in medical care.
- MAI Medical Case Management services shall be based on a Strengths-Based social work counseling approach that emphasizes people's self-determination and strengths. (ARTAS program)
- Services are provided by peers

SCOPE OF SERVICES

To be eligible for MAI MCM services:

- Currently enrolled in Ryan White Part A Medical Case Management program
- Missed a minimum of one scheduled Outpatient/Ambulatory medical services appointment in the last six months and;
- Be considered at risk for falling out of medical care.

Services must be conducted:

- Within a 90-day period
- Utilizing a maximum of six individual face-to-face client sessions that do not exceed 120 minutes per session
- MAI MCM must also conduct a 3-month and 6 month follow up assessments following case closures

SERVICE UTILIZATION

MAI Case Management	FY 2012-13 (Sept - Feb)	FY 2013-14 (Mar - Aug)
Contract Amount	$176,644	$131,644
Expenditures	$23,544	$25,474
Units of Service	3,138	3,362

SERVICE UTILIZATION

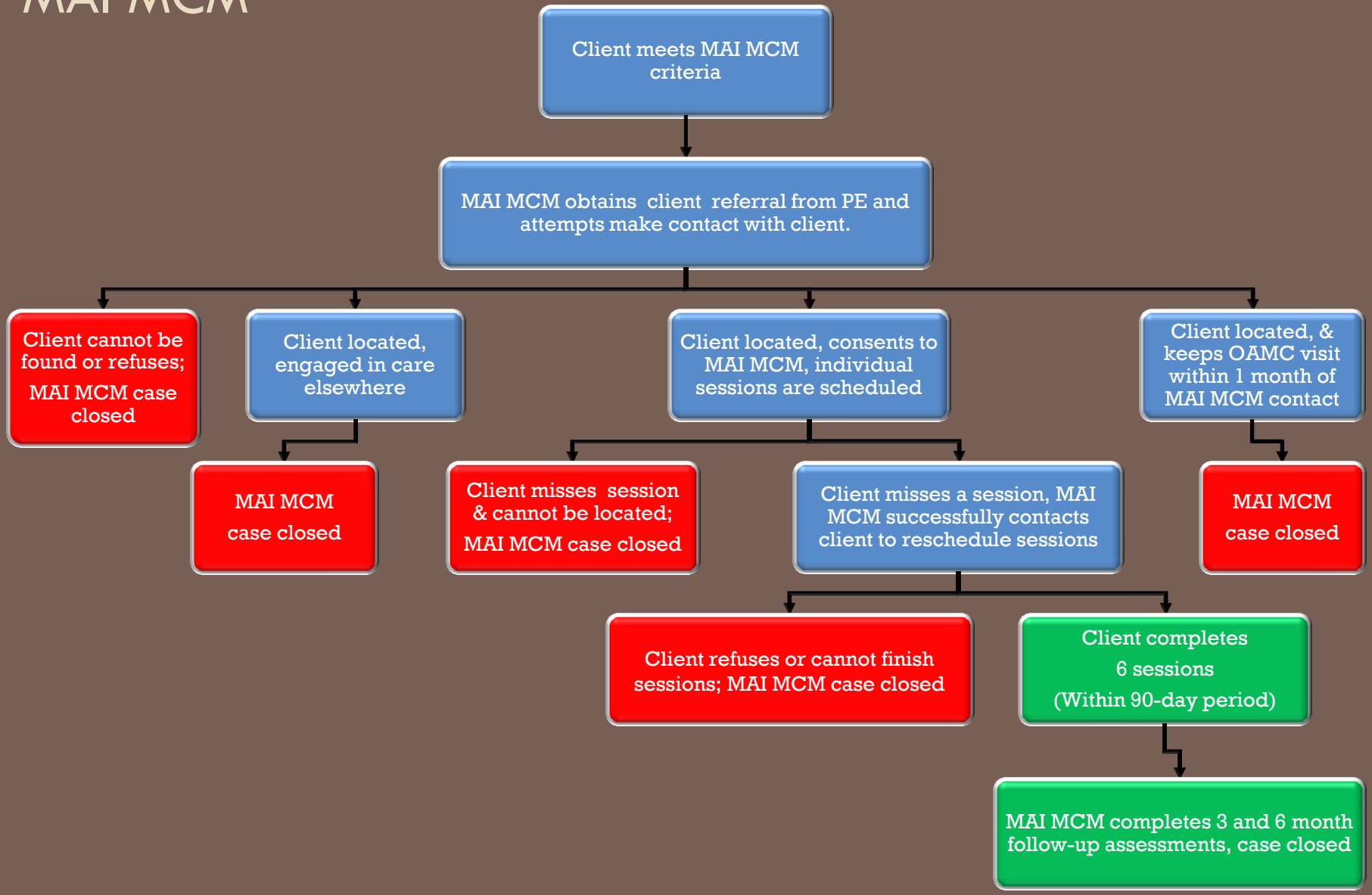
Clients Served (Sept. 2012 – Aug. 2013)	# Clients
Male	134
Female	41
Transgender	1
Total Clients	176

SERVICE UTILIZATION

Race (Sept. 2012 – Aug. 2013)	# Clients
Black	115
White	59
More Than Once Race	2

Ethnicity (Sept. 2012 – Aug. 2013)	# Clients
Haitian	8
Hispanic	63
Non-Hispanic	113

Client Flow Chart
MAI MCM



CHALLENGES

- Most challenging clients to retain into care
- Only one contracted provider currently billing for services
- Strictly a peer-driven model
- Based on ARTAS Model (Intensive Short-term – 90 day program)

RECOMMENDATIONS

- Revise the Model to include other service personnel
- Revise the Model to include a component for clients who need long – term, strengths-based interventions
- Service Category should be restricted to Ryan White Part A Outpatient/Ambulatory Medical Care providers

QUESTIONS AND ANSWERS