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, September 18, 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: 9/18/13 Agenda and 7/17/13 Meeting Minutes

3. Standard Committee Items:

a. Update on ad Hoc Local Pharmacy Advisory Committee: Review and approve LPAC recommendations for Ryan White Part A formulary revisions (Handout A)

4. Unfinished Business: None

5.Meeting Activities/New Business

Work Plan Objectives	Today's Meeting Goals
1. Review Expenditures Reallocations (2.1, 2.2)	1. Monitor expenditure vs. allocation and recommend strategies to address identified issues. Recommend reallocations to ensure sufficient core funding is distributed appropriately.
2. Review Policies & Procedures (4.1)	2. Review PSRA's Policies and Procedures and make revisions. Review Core & Super-core (Handout B)
3. Review ACA Impact on Allocations (1.9)	3. Review and discuss allocations to ensure that allocations meet clients' needs transitioning in to ACA (FY 14 Contingency Planning)

6. Grantee Reports:

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

8. Agenda Items/Tasks For Next Meeting: (October 16, 2013 at 12:30 p.m. **Venue:** BRHPC**)**

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Assessment of the Administrative Mechanism (3.1)	1. Assessment of the administrative mechanism training to ensure compliance.

9. Announcements:

10. Adjournment:

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Meeting Minutes

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, July 17, 12:30 p.m. **Location:** BRHPC

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

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

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 12:49 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:	Reed, Y.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

Motion #2	To approve meeting minutes of 7/10/13		
Proposed by:	Katz, H	**Seconded by:**	Grant, C.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS: None

4. UNFINISHED BUSINESS

Review the scope of services and eligibility for each service category: Establish eligibility for the Health Insurance Premium and Cost-Sharing (HIP) service category.

The Priority Setting and Resource Allocation (PSRA) Committee reviewed and revised the scope of service and eligibility for the Health Insurance Continuation Program (HICP) service category. The Grantee informed the Committee they did not receive the information from ADAP regarding ADAP's intention to cover premiums, deductibles and insurances; other EMAs have indicated they are operating as they have historically. The Committee discussed possible dilemmas by not allocating funds properly. Members discussed funding a less utilized category with the caveat that money can be reallocated from HICP to another category if needed. It was

suggested that the allocation process include monetary needs to contain the continuum; PSRA Committee to predict possible expenses to ensure eligibility supports funding if the need arises. There was a discussion on the AICP waiting list and the intention to have the program operate similar to the current program without the waiting list. Members discussed eligibility criteria for the Marketplace exchange including ineligibility for 0%-100% FPL and a sliding fee scale for 100%-150% FPL. The following motion was made:

Motion #3	To change HICP eligibility from 0%-400% FPL		
Proposed by:	Wynn, J.	**Seconded by:**	Gammell, B.
Amendment	To put a cap of $750 maximum per member per month		
Amendment	To cover premiums and deductibles		
Justification	$750 matches the cap set by AICP		
Action:	Passed Unanimously		

The Committee reviewed the FY 12/13 Part A and MAI Outpatient/Ambulatory Health Scorecard to estimate average cost per client (*copy on file*). There was a discussion on medical contracts with individual physicians, HIV providers in the Ryan White system for uninsured clients and possible providers outside of the Ryan White Network. Members inquired about scorecard values under the section *Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy*; value is annual cost per client. Staff clarified the minimum and maximum ranges to the Committee; Members were informed that the ranges estimate out of pocket premium expenses. It was noted that the estimated premium expense range, deductibles and co-pays may vary for each client. There was a discussion on intended shifts in Ryan White funding as enrollment in insurance exchanges increases; anticipating client premiums by FPL will be important planning for the future. Members also discussed the term utilized by the Health Resources and Services Administration (HRSA), which is Health Insurance Premium and Cost-Sharing Assistance. However; it was decided that the term HICP will continue to be used locally. Members noted the average cost for medical services per client is $1,403.

The Committee discussed the anticipated role the AIDS Drug Assistance Program (ADAP) will have on premium cost assistance. It was suggested to set a monthly cap to establish the maximum allowable for the year; value to be refined when there are fewer unknowns. Members suggested using the $750 cap set by the AIDS Insurance Continuation Program (AICP). There was a discussion on possible scenarios associated with setting a cap for HICP. It was noted that the cap is for insurance premiums and deductibles not co-pay assistance. The Members were reminded that Marketplace plans are designed for individuals with low income; insurance premiums and co-pays are anticipated to be low. Members expressed concerns about fiscal feasibility and client convenience to ensure that clients continue to have access to medical care regardless of the monthly cap.

One Member inquired about collaboration with Part B. Members were informed of the eligibility for AICP: $750 monthly for premium, small group grand-fathered in to get $100 towards co-pay, deductibles covered up to $2,500; eligibility up to 400% FPL. ACIP coverage may change; ADAP is enrolling individuals with insurance and covering deductibles in full. ADAP and med co-pay assist with prescription costs; individuals on the higher end of the FPL scale with insurance may not be eligible for ADAP, but may be eligible for med co-pay assistance. The Grantee noted that HICP needs to be a supplemental to the State program; those turned down from the State program would be eligible for HICP.

Members reviewed the scorecard and identified the maximum annual out of pocket expense as $8,353 with a maximum monthly expense of approximately $696. The Committee estimated the cost of the higher end plans to be $333.33 per month, therefore $750 would cover premiums, deductibles and visit co-pays until ADAP coverage is identified. There was a discussion on types of deductibles and possible variations in cost. Members were reminded that insurance premiums are separate from deductibles and are paid regardless of services rendered; it was suggested to set a second cap for deductibles. Members discussed Marketplace eligibility and anticipated cost shifts for providers. Members voted to change the eligibility to 0-400% FPL, covering premiums and deductibles with a cap of $750 per client per month. The Committee was reminded that the current motion is for premiums and deductibles only; Medicaid co-pays are not included.

5. MEETING ACTIVITIES / NEW BUSINESS

Accomplishments (Goal/Work Plan Objective #)

1. Allocations (1.6, 1.9)

The Committee reviewed the FY 14/15 allocations spreadsheet by service category for Part A and Minority AIDS Initiative (MAI) core and support services. The Grantee reviewed the recommended allocations with the Committee and explained that projections are calculated based on category utilization and unmet need; estimated that 750 new clients will enter the Ryan White care system. The following recommendations were made for FY 14/15 Part A allocations:

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	MCM	$1,147,448	Line item replaced by Disease Mgt and NMCM.	0%	$0
	Medical Case Mgt [Disease Mgt (DM]	$0	DM constitutes change in MCM category. DM will help improve client medical outcomes. 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 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	$10,667,049		$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	Constitutes an addition to NMCM category. Along with CIED, NMCM will ensure health outcomes through referral and linkage. Based on FY 12 VL analysis, 812 clients could have benefited from DM. Remaining 70% will potentially need only NMCM. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate $290 per client.	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.	69%	$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	$11,967,602		$17,039,650	

Medical:

Motion #4	To allocate $6,546,809 to Outpatient Ambulatory Healthcare (Medical)		
Proposed by:	Katz, H.B.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

Pharmacy:

Motion #5	To allocate $787,665 to Pharmacy (Local AIDS Pharmacy)		
Proposed by:	Katz, H.B.	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

Medical Case Management (MCM):

Motion #6	To allocate $546,650 to Medical Case Management (Disease Management)		
Proposed by:	Katz, H.B.	**Seconded by:**	Wynn, J.
Amendment	To classify Medical Case Management as Disease Case Management (DCM) for the FY 14/15 allocations		
Action:	Passed with 3 abstentions and 1 opposition		

DCM to be clinical based case management operated only at a clinical site with services provided by a licensed practitioner. It was noted that there are currently 5 medical provider sites utilizing this service (some may decide not to participate in the future). Members were informed that DCM would be provided at the same facility as medical care; if using a case manager at a different agency the case manager would provide a social service. Members discussed possible scenarios about receiving case management and medical services at the same facility; multidisciplinary approach may be used on a case by case basis if challenges arise.

HICP:

Motion #7	To allocate $2,329,002 to HICP		
Proposed by:	Katz, H.B.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

Oral Health:

Motion #8	To allocate $3,132,354 to Oral Healthcare		
Proposed by:	Katz, H.B.	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

Mental Health:

Motion #9	To allocate $369,387 to Mental Health		
Proposed by:	Katz, H.B.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

Members discussed anticipated mental health coverage with the Affordable Care Act (ACA). It was noted that the Parity Act requires coverage for mental health and substance abuse service categories.

Substance Abuse:

Motion #10	To allocate $354,827 to Substance Abuse		
Proposed by:	Katz, H.B.	**Seconded by:**	Wynn, J.
Action:	Passed with 1 abstention and 1 opposition		

Members discussed anticipated substance abuse coverage in the Marketplace exchange. It was noted that there are expected increases in substance abuse services with Medicaid enhancements. There was a discussion on Part B covering residential substance abuse treatment; noted that Part B cannot fund residential substance abuse next year. Members inquired about the ability for Part A to fund substance abuse in the future; noted that residential substance abuse is currently not funded by Part A. It was noted that Joint Planning Committee may need to determine if there is an unmet need for substance abuse moving forward.

Centralized Intake and Eligibility (CIED):

Motion #11	To allocate $562,244 to CIED		
Proposed by:	Katz, H.B.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

Non-Medical Case Management (NMCM):

Motion #12	To allocate $1,016,769 to NMCM		
Proposed by:	Katz, H.B.	**Seconded by:**	DeSantis, M.
Action:	Passed with 5 abstentions		

Food Bank:

Motion #13	To allocate $1,189,473 to Food Bank		
Proposed by:	Katz, H.B.	**Seconded by:**	Siclari, R.
Justification	To increase from 12 boxes/vouchers to 24 boxes/vouchers to account for changes in food bank eligibility		
Action:	Passed with 1 abstentions		

Members discussed the change in food bank eligibility and intention to spend down encumbered funds and restore old eligibility. Members referenced motions made at the 7/10/13 PSRA meeting about food bank eligibility. There was a discussion about the difference between food boxes and food vouchers; Grantee informed the committee that food boxes and food vouchers are different. Voucher utilization is approximately $100,000 based on historical data for food vouchers. It was noted that food bank money can be used for food vouchers but food voucher money is for emergency food voucher provisions. The following motion was made:

Food Vouchers:

Motion #14	To allocate $100,000 to Food Vouchers		
Proposed by:	Wynn, J.	**Seconded by:**	Siclari, R.
Action:	Passed with 1 abstentions		

Legal:

Motion #15	To allocate $152,466 to Legal Services		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed with 1 abstentions		

Outreach:

There was a discussion on money allocated for PROACT, CIED and MAI Case Management; noted that historically when Outreach was funded the before mentioned services were not offered. Members asked to consider if the need for outreach exists and whether the EMA should continue to fund the service category. Committee discussed a recommended reduction of 12% to the service category. The Committee discussed Outreach scenarios and need to continue to provide a safety net for clients. The following motion was made:

Motion #16	Call the question for Outreach		
Proposed by:	Gammell, B.	**Seconded by:**	Katz, H.B.
Action:	Passed		

Motion #17	To allocate $52,004 to Outreach Services		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed with 2 oppositions		

The following recommendations were made for FY 14/15 MAI allocations:

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:

Motion #18	To allocate $105,000 to MAI Medical		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed with 1 abstention		

MAI MCM:

Motion #19	To allocate $185,476 to MAI MCM		
Proposed by:	DeSantis, M.	**Seconded by:**	Schickowski, K.
Action:	Passed with 2 abstentions		

MAI Mental Health:

Motion #19	To allocate $134,839 to MAI Mental Health		
Proposed by:	Katz, H.B.	**Seconded by:**	Reed, Y.
Action:	Passed with 2 abstentions		

MAI Substance Abuse:

Motion #21	To allocate $420,000 to MAI Substance Abuse		
Proposed by:	Wynn, J.	**Seconded by:**	Siclari, R.
Action:	Passed with 3 oppositions		

Members discussed the cost per client difference for Part A and MAI substance abuse.

MAI CIED:

Motion #22	To allocate $320,053 to MAI CIED		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed with 1 oppositions		

Members discussed the amount of allocated funding for MAI CIED relative to the size of the MAI population. There was a discussion on the reasons CIED is centralized rather than outsourced. Members noted that CIED is a functional category that may need to increase and expand capacity in the future.

6. **GRANTEE REPORTS:** None

7. **PUBLIC COMMENT:** None

8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** **Date:** August 21, 2013 **Venue:** BRHPC

Agenda Items/Work Plan Item #2.1, 2.2	Responsible	Information requested/Action To Be Taken
1. Review Expenditures 2. Reallocations 3. Review Policies and Procedures	PSRA	1. Monitor expenditure vs. allocation and recommend strategies to address identified issues 2. Recommend reallocations to ensure sufficient core funding is distributed appropriately 3. Review PSRA's Policies and Procedures and make revisions. Review Core & Super-core

a) **ANNOUNCEMENTS:** None

b) **ADJOURNMENT**
Without objection, the meeting was adjourned at 4:20 p.m.

PSRA COMMITTEE - ATTENDANCE CY 2013

#	Members	Jan	Feb	Mar	April	June	July 10	July 17
1	Taylor-Bennett, C	P		P	P	P	P	P
2	Agate, L.	P		P	A	P	E	P
3	DeSantis, M.	*Appointed 3/28/13*			A	P	P	P
4	Gammell, B.	A		P	P	P	P	P
5	Grant, C.	P		P	P	A	P	P
6	Hayes, M.	P		P	P	P	A	A
7	Katz, H. B.	P		P	P	P	P	P
8	Reed, Y.	P		P	P	E	P	P
9	Schickowski, K.	P		P	P	P	P	P
10	Siclari, R	P		E	A	E	A	P
11	Green, D.	P		P	P	A	A	A
12	Wynn, J	P		P	P	P	P	P
13	Proulx, D.	*Appointed 1/24/13*		P	P	P	P	P
Quorum = 8		**10**		**12**	**10**	**9**	**9**	**11**

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 13-14 1st Reallocation

Service Category	Contracted or Allotted Amount	Expended Amount	Average Monthly Expenditures	FY 13-14 Projected Expenditures	Potential Reallocation Dollars	Providers' Request	Providers' Return	Grantee Recommended Sweep Amount	Recommended Sweep	
									To	From
Ambulatory (5)	$5,706,496	$2,798,738	$485,255	$5,823,058	($116,562)	$998,500	$0	$304,603	$304,603	$0
MAI Ambulatory (1)	$100,000	$99,942	$24,985	$99,942	$58	$0	$0	$80,000	$80,000	$0
Pharmaceuticals (3)	$509,576	$323,097	$55,835	$670,018	($160,442)	$150,000	($59,000)	$91,000	$150,000	($59,000)
Dental (2)	$2,623,653	$1,020,978	$170,163	$2,041,956	$581,697	$0	($200,000)	($200,000)	$0	($200,000)
Case Management (7)	$1,147,448	$547,602	$91,795	$1,101,539	$45,909	$24,595	$0	$9,595	$24,595	($15,000)
MAI Case Management (2)	$176,644	$25,474	$25,235	$176,883	($239)	$0	$0	($45,000)	$0	($45,000)
Mental Health (3)	$336,987	$195,352	$32,559	$390,704	($53,717)	$18,100	$0	$18,100	$18,100	$0
MAI Mental Health (2)	$128,418	$39,032	$6,505	$78,064	$50,354	$0	$0	($35,000)	$0	($35,000)
Substance Abuse (2)	$342,889	$131,957	$21,993	$263,914	$78,975	$0	($8,947)	($8,947)	$0	($8,947)
MAI Substance Abuse (1)	$400,000	$182,866	$30,478	$365,732	$34,268	$0	$0	$0	$0	$0
Food Bank (1)	$265,454	$33,278	$5,546	$66,556	$198,898	$0	$0	($164,351)	$0	($164,351)
Food Voucher (1)	$87,787	$10,199	$1,700	$20,399	$67,388	$0	$0	($30,000)	$0	($30,000)
Centralized Intake and Referral (1)	$467,513	$198,699	$33,116	$397,397	$70,116	$0	$0	$0	$0	$0
MAI Centralized Intake and Referral (1)	$290,957	$288,795	$48,132	$577,590	($286,633)	$0	$0	$0	$0	$0
Outreach (1)	$58,768	$8,680	$1,736	$20,833	$37,935	$0	($20,000)	($20,000)	$0	($20,000)
Legal Assistance (1)	$131,426	$61,108	$10,185	$122,216	$9,211	$0	$0	$0	$0	$0
Total Part A Funds	**$11,677,997**	**$5,329,689**	**$909,883**	**$10,918,590**	**$759,407**	**$1,191,195**	**($287,947)**	**$0**	**$497,298**	**($497,298)**
Total MAI Funds	**$1,096,019**	**$636,108**	**$135,336**	**$1,298,211**	**($202,192)**	**$0**	**$0**	**$0**	**$80,000**	**($80,000)**
Total Funds	**$12,774,016**	**$5,965,797**	**$1,045,218**	**$12,216,801**	**$557,215**	**$1,191,195**	**($287,947)**	**$0**	**$577,298**	**($577,298)**
APA Bulk Purchase	$56,090	$24,992	$4,998	$56,090						
Food Bank & Voucher Bulk Purchase	$1,247,726	384,350	$64,058	$768,700						

Projections are based on reimbursement requests submitted by service providers for the months of March through August. These figures represent expenditures or reimbursements for services funded in FY 13-14.

AD-HOC LOCAL PHARMACY ADVISORY COMMITTEE RECOMMENDED CHANGES TO THE PART A FORMULARY

- The Committee reviewed the Medical QI Network's recommended changes to the Formulary:
- *Add to Tier 1 - Risperidone (Risperdal), Bupropion (Wellbutrin), Gabapentin (Neurontin), Zithromax (Azithromycin), Diflucan (Fluconazole), Remeron (Mirtazapine), Levaquin (Levofloxacin), Prevnar 13, Gardasil, and Zostavax*
  - Members agreed to add Risperdal and Neurontin (currently on Tier 3) to Tier 1 and noted challenges obtaining the medications through PAPs.
    - The following motion was made: *To add Risperdal and Neurontin to the formulary (Tier 1). Justification: Recommendation by the Medical QI Network; difficult obtaining assistance through PAP.*
  - Members reviewed the Medical Network's recommendation to add Zithromax and Diflucan (currently on Tier 2) to Tier 1 and asked to defer decision until further justification and an estimated utilization of Zithromax and Diflucan are provided.
  - Members reviewed the Medical Network recommendation to add Remeron and Wellbutrin to Tier 1 (removed from the Formulary in March 2011). There was discussion on the dual prescribing purpose of Wellbutrin for smoking cessation. The Committee requested medical justification for adding Remeron to the formulary.
    - The following motion was made: *To add Bupropion (Wellbutrin) to the formulary (Tier 1). Justification: Generic availability; multiple purposes; difficult obtaining assistance through PAP.*
  - Members agreed that Levaquin (not on the formulary) should be added to Tier 1 of the formulary.
    - The following motion was made: *To add Levaquin to the formulary (Tier 1). Justification: Accept Medical Network recommendation; Commonly used to treat Community Acquired Pneumonia.*
  - The Committee reviewed the Medical Network recommendation to add Prevnar 13, Gardasil, and Zostavax vaccines to Tier 1 of the formulary. Members expressed concern over the lack of conclusive data and cost associated with both Gardasil and Zoster vaccines. The Committee supported the recommendation to add Prevnar 13, however, due to the high cost of the vaccine and the PAP eligibility requirements, the Committee requested further analysis by the Medical Network. It was suggested the Medical Network review the cost implications of adding Prevnar 13 to Tier 1 of the formulary and determine priority populations who would be vaccinated initially.
- *Remove from Tier 1 - Darvocet N-100 (Propox/Acet)*
  - Members agreed to remove Darvocet from Tier 1 of the formulary.
  - The following motion was made: *To remove Darvocet from the formulary (Tier 1). Justification: Drug removed from the US market in 2010.*
- Members reviewed medications on Tier 3 of the formulary to identify medications that should move to Tier 1 as a result of the end of the ADAP waitlist and consequent increased difficulty assessing medications through PAPs.
    - The following motion was made: *To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (Tier 3).*
      Justification: Medications are no longer available.
- Members agreed Lipitor (currently on Tier 1) is sufficient for the Statin class and is more cost effective than the other options available on Tier 3 (Crestor, Lopid, Pravacho, and Tricor).
- A member recommended moving Megace from Tier 3 to Tier 1 since the only option for Wasting on Tier 1 is Periactin. The member noted that Periactin causes drowsiness and is not a preferred medication for Wasting. The member also noted that the PAP that provides Megace ships the medication to providers without clear dosing instructions and directions for use which can be a liability. The Committee to revisit the topic of drugs available for Wasting.
- Members discussed the Tetanus, Diptheria, and Pertussis (TDAP) vaccine.
    - The following motion was made: *To add TDAP to the formulary (Tier 1).*
      Justification: Rise of Pertussis in adults; used as one time booster along with TD.

Priority Setting & Resource Allocation Committee

Policies and Procedures

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

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

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

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

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

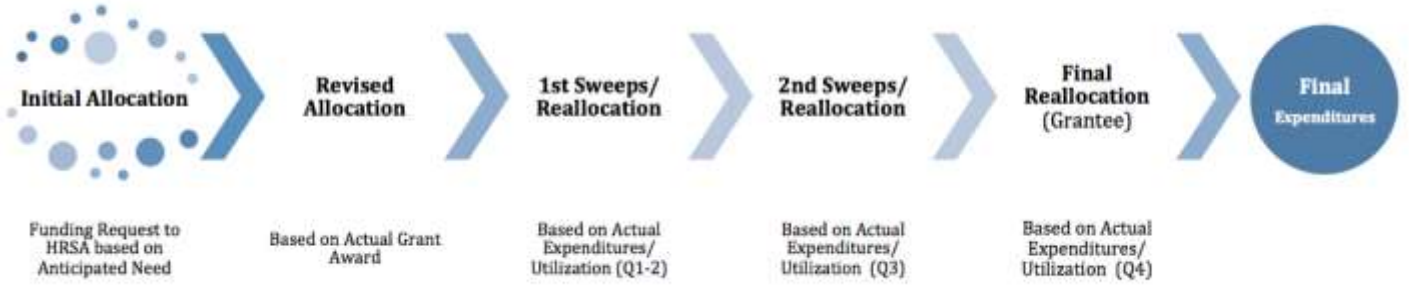
Priority and allocation recommendations shall be forwarded to the Council and/or Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars.The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of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

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

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

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

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



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

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

Review Data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

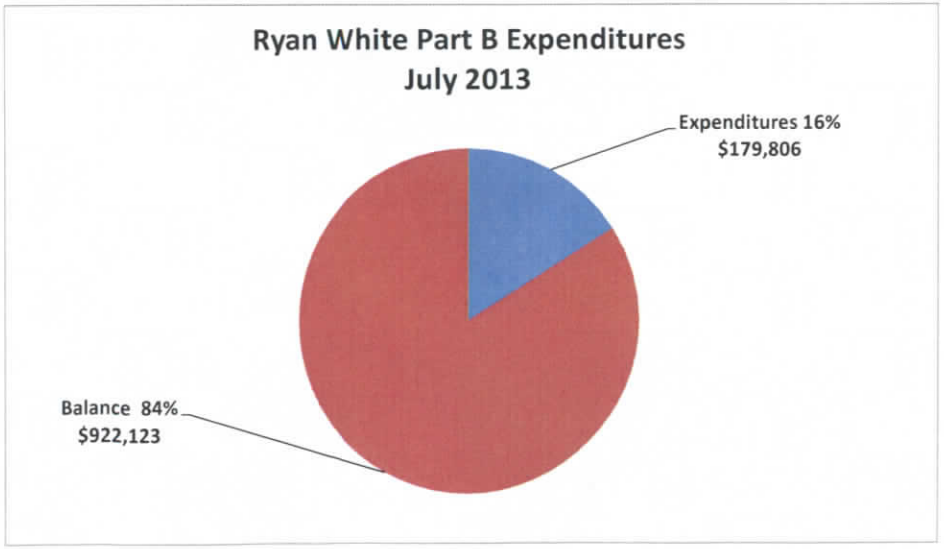
For *periodic reallocation* of resources the following process shall be utilized:The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is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

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

Ryan White Part B
Expenditure Report
July 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (July/ 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	$ -	$ 275.44	$ -	0%	100%	$ 2,479
Medication Co Pay	$ 610,000	$ 19,551	$ 57,945.26	$ 88,492.68	15%	85%	$ 521,507
Case Management (non-med)	$ 228,287	$ 10,623	$ 18,702.89	$ 59,961.00	26%	74%	$ 168,326
Residential Substance Abuse							
Medical Transportation	$ 150,971	$ -	$ 16,774.56	$ -	0%	0%	$ 150,971
Administration	$ 110,192	$ 7,117	$ 8,760.00	$ 31,352	28%	72%	$ 78,840
TOTALS	**$ 1,101,929**	**$ 37,291.71**	**$ 102,458.15**	**$ 179,806**	**16%**	**84%**	**$ 922,123**
					84%		

Home Delivered Meals 0
Non-Medical Case Management conducted 668 eligibility interviews in July.
Medication Co Payment served 219 clients in July in which 1 was new to the program.
209 Clients served in July Medication Co Payment
10 Clients served in July Mail Order
Medical Transportation 373 (31 day) and 158 (10 ride) were distributed in July.



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

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

	Sep	Oct	Nov	Dec	Jan	Feb
PSRA	1 Affordable Care Act Impact 2 FY13 Sweeps 3 Review Policies & Procedures	Training on Assessment of Admin Mechanism	1 Develop HIVPC self-assess survey 2 Conduct Assessment of Admin Mechanism	Affordable Care Act Impact	FY13 Sweeps	1 Update Work Plan, P&P 2 Annual Evaluation

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

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