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, February 19, 2014; 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: 2/19/2014 Agenda and 1/15/2014 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:

5. Meeting Activities

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Assessment of the Administrative Mechanism	1. Assessment of the Administrative Mechanism – Follow-Up Report
2. Annual Evaluation (WP Item 2.2)	2. Assess the past year and recommend improvements (Handout B)
3. Work Plan, Policies & Procedures (WP Item 4.1)	3. Review and update Committee Work Plan, Policies & Procedures.
4. MAI MCM Work Group Update	4. MAI MCM Work Group to provide update on its work.

6. Grantee Reports:

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

8. Agenda Items/Tasks For Next Meeting: (March 19, 2014 at 12:30 p.m. **Venue:** BRHPC**)**

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Presentation on Outreach Services in the Community 2. MAI MCM Work Group Update 3. Assessment of the Administrative Mechanism	1. Review Part A Outreach utilization and rates of referral to Medical or MCM services. Hear update on the PROACT program. 2. MAI MCM Work Group to provide update on its work. 3. Review survey to evaluate the effectiveness of the services offered in meeting identified needs.

9. Announcements:

10. Adjournment:

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Meeting Minutes

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, January 15, 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**			Agbodzakey, J.
2	Gammell, B.	**X**			Majcher, B. | Mercer, A.
3	Grant, C.		**X**		Thornberry, A.
4	Hayes, M.	**X**			**Grantee Staff**
5	Katz, H. B.	**X**			Jones, L. (Part A)
6	Reed, Y.		**X**		Copa , R. (Part A)
7	Schickowski, K.	**X**			
8	Siclari, R.	**X**			**HIVPC Support Staff**
9	Wynn, J.	**X**			Rosiere, M.
10	Proulx, D.	**X**			Eshel, A.
11	DeSantis, M.	**X**			Crawford, T.
					McEachrane, T.
					Sandler, C.
	Quorum = 7	**9**			Solomon, R.

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 12:37p.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.

2. MOMENT OF SILENCE

3. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Katz, H. B.	**Seconded by:**	Hayes, M.
Action:	Passed Unanimously		

Motion #2	To approve meeting minutes of 12/11/13		
Proposed by:	Katz, H. B.	**Seconded by:**	Hayes, M.
Action:	Passed Unanimously		

4. UNFINISHED BUSINESS

None

5. STANDARD COMMITTEE ITEMS

6. MEETING ACTIVITIES / NEW BUSINESS:

a. Review Expenditures and Allocations

The Part A Grantee representative reminded the committee that this is the second round of sweeps for Fiscal Year (FY) 2013-14. The Grantee representative also reviewed the reallocation spreadsheet and explained why sweeps were being recommended to or from each specific service category. The figure for Ambulatory services included carryover funds of $448,662 from FY2012-13. The Grantee noted that Health Resources and Service Administration (HRSA) was informed that these carryover funds will be used for Ambulatory services. These carryover funds were included in the numbers for contracted or allotted amount, as well as in the FY2013-2014 projected expenditures. Two providers requested approximately $439,000 in total of additional funding, and their expenditures to date have warranted that request. It was noted that the requests were not included in Providers' Request dollars, as the request is being funded with the carryover funds which are to be used exclusively for Ambulatory services.

The Grantee representative also pointed out that Food Bank estimates were calculated differently than the other service categories. It was noted that at the last Priority Setting and Resource Allocation (PSRA) meeting, the number of allowable units clients can receive was increased to 30 units per fiscal year. This caused a dramatic increase in utilization during the month of December; December billing numbers were used to estimate monthly expenditures for January and February. The inflated utilization during December is anticipated through the month of January.

The Part A Co-Chair reminded members that allocations are swept *from* service categories first, and reallocations *to* service categories are swept second. The Grantee representative provided clarity about allocations for specific service categories, when there were questions.

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) *	$6,459,761	$4,682,492	$520,277	$6,691,985	($232,224)	$0	($79,000)	($79,000)	$0	($79,000)
MAI Ambulatory (1)	$180,000	$179,976	$14,998	$179,976	$24	$0	$0	$0	$0	$0
Pharmaceuticals (3)	$600,576	$465,509	$51,723	$620,679	($20,103)	$29,000	($3,000)	$26,000	$29,000	($3,000)
Dental (2)	$2,423,653	$1,589,557	$176,617	$2,119,410	$304,243	$0	($220,000)	($220,000)	$0	($220,000)
Case Management (7)	$1,157,043	$851,534	$95,762	$1,149,146	$7,897	$13,327	$0	($16,673)	$13,327	($30,000)
MAI Case Management (2)	$131,644	$32,399	$4,015	$48,184	$83,460	$0	$0	($68,647)	$0	($68,647)
Mental Health (3)	$355,087	$277,336	$30,815	$369,782	($14,695)	$28,102	($11,800)	$2,251	$14,051	($11,800)
MAI Mental Health (2)	$93,418	$49,063	$6,052	$72,629	$20,789	$0	$0	($11,353)	$14,051	($25,404)
Substance Abuse (2)	$333,942	$196,003	$21,778	$261,338	$72,604	$2,000	$0	($78,000)	$2,000	($80,000)
MAI Substance Abuse (1)	$400,000	$322,262	$35,807	$429,682	($29,682)	$0	$0	$80,000	$80,000	$0
Food Bank (1)	$101,103	$89,008	$7,417	$89,008	$12,095	$0	$0	$0	$0	$0
Food Voucher (1)	$57,787	$18,921	$1,577	$18,921	$38,866	$0	$0	$0	$0	$0
Centralized Intake and Referral (1)	$467,513	$426,342	$47,371	$568,456	($100,943)	$0	$0	$0	$0	$0
MAI Centralized Intake and Referral (1)	$290,957	$290,946	$24,246	$290,946	$11	$0	$0	$0	$0	$0
Outreach (1)	$38,768	$20,706	$2,301	$27,608	$11,160	$0	$0	$0	$0	$0
Legal Assistance (1)	$131,426	$97,589	$10,843	$130,119	$1,307	$0	$0	$0	$0	$0
Total Part A Funds	**$12,126,659**	**$8,714,998**	**$966,482**	**$12,046,450**	**$80,209**	**$72,429**	**($313,800)**	**($365,422)**	**$58,378**	**($423,800)**
Total MAI Funds	**$1,096,019**	**$874,646**	**$85,118**	**$1,021,417**	**$74,602**	**$0**	**$0**	**$0**	**$94,051**	**($94,051)**
Total Funds	**$13,222,678**	**$9,589,644**	**$1,051,600**	**$13,067,868**	**$154,810**	**$72,429**	**($313,800)**	**($365,422)**	**$152,429**	**($517,851)**
APA Bulk Purchase	$56,090	$42,417	$4,242	$56,090						
Food Bank & Voucher Bulk Purchase	$1,247,726	985,744	$82,145	$985,744						

* Includes $448,662 FY 2012-13 Carryover Funds. Projections are based on reimbursement requests submitted by service providers for the months of March through November except for Food Bank Services which where estimated through 2/28/2014. These figures represent expenditures or reimbursements for services funded in FY 13-14.

Part A 2013-2014 reallocations were then conducted as shown in the following motions:

Motion #	Service Category	Recommended TO	Recommended FROM	Proposed By	Seconded By	Yes #	No #	Abstain #	Action
3	Ambulatory (5) *		($79,000)	Katz, H.B.	Wynn, J.	9			Passed
4	Pharmaceuticals (3)		($3,000)	Siclari, R.	Wynn, J.	9			Passed
5	Dental (2)		($220,000)	Katz, H.B.	Wynn, J.	9			Passed
6	Case Management (7)		($30,000)	Katz, H.B.	Schickowski, K.	9			Passed
7	MAI Case Management (2)		($68,647)	Katz, H.B.	Siclari, R.	9			Passed
8	Mental Health (3)		($11,800)	Katz, H.B.	Siclari, R.	9			Passed
9	MAI Mental Health (2)		($25,404)	Katz, H.B.	Siclari, R.	9			Passed
10	Substance Abuse (2)		($80,000)	Siclari, R.	Katz, H.B.	9			Passed
11	Pharmaceuticals (3)	$29,000		Wynn, J.	Siclari, R.	9			Passed
12	Case Management (7)	$13,327		Katz, H.B.	Schickowski, K.	9			Passed
13	Mental Health (3)	$14,051		Katz, H.B.	Siclari, R.	9			Passed
14	MAI Mental Health (2)	$14,051		Katz, H.B.	Siclari, R.	8		1	Passed
15	Substance Abuse (2)	$2,000		Katz, H.B.	Siclari, R.	8		1	Passed
16	MAI Substance Abuse (1)	$80,000		Katz, H.B.	DeSantis, M.	9			Passed

*Includes $448,662 FY 2012-13 Carryover Funds. Projections are based on reimbursement requests submitted by service providers for the months of March.

There was a short discussion about the MAI Substance Abuse service category. It was noted that $80,000 was swept into the MAI Substance Abuse service category even though there were no provider requests for additional funding. The Grantee representative explained that there was an MAI service provider identified who was not providing MAI services. The unused Substance Abuse funds are being swept from Substance Abuse into MAI Substance Abuse to be utilized by providers who are already providing MAI services and are utilizing their current dollars at an accelerated rate.

The Grantee noted that there maybe some unexpended dollars, and the plan was to do a bulk purchase of vouchers and food bank services, as has been done in previous years. The Grantee also noted that by the end of the next FY all leftover funds will most likely be spent. The Grantee asked for a motion to use any unexpended funds for a food bank and voucher bulk purchase. The following motion was made:

Motion #17	To use any unexpended funds for bulk purchase for food bank and vouchers		
Proposed by:	Katz, H. B.	**Seconded by:**	Wynn, J.
Action:	Passed Unanimously		

The Grantee then suggested the Committee make motions to approve allocation recommendations for FY2014-2015. The Grantee representative pointed out to the Committee that funding recommendations were based on the final figures from January sweeps.

Part A FY2014-2015 allocations were conducted in the motions below:

Motion #	Service Category	Grantee Recommended FY 2014-15	Variance *	Proposed By	Seconded By	Yes #	No #	Abstain #	Action
18	Ambulatory *	$5,530,211	($850,550)	Siclari, R.	Katz, H.B.	9			Passed Unanimously
19	MAI Ambulatory	$264,596	$84,596	Proulx, D.	Wynn, J.	9			Passed Unanimously
20	Pharmaceuticals	$626,576	$0	Wynn, J.	Katz, H.B.	9			Passed Unanimously
21	Dental	$2,203,653	$0	Proulx, D.	Katz, H.B.	9			Passed Unanimously
22	Case Management	$900,000	($240,370)	Katz, H.B.	Wynn, J.	9			Passed Unanimously
23	MAI Case Management	$62,997	$0	Katz, H.B.	Proulx, D.	8		1	Passed with one abstention
24	Mental Health	$353,493	($3,845)	Katz, H.B.	Siclari, R.	9			Passed Unanimously
25	MAI Mental Health	$77,469	($4,596)	Katz, H.B.	Proulx, D.	8		1	Passed with one abstention
26	Substance Abuse	$333,942	$78,000	Katz, H.B.	Wynn, J.	8		1	Passed with one abstention
27	MAI Substance Abuse	$400,000	($80,000)	Wynn, J.	Katz, H.B.	9			Passed Unanimously
28	Food Bank	$106,981	$5,878	Katz, H.B.	Wynn, J.	8		1	Passed with one abstention
29	Food Voucher	$60,791	$3,004	Katz, H.B.	Siclari, R.	8		1	Passed with one abstention
30	Centralized Intake and Referral	$467,513	$0	Katz, H.B.	Wynn, J.	9			Passed Unanimously
31	MAI Centralized Intake and Referral	$290,957	$0	Katz, H.B.	Schickowski, K.	8	1		Passed with one opposition
32	Outreach**	$38,768	$0	Katz, H.B.	Proulx, D.	2	6	1	Did not pass with one abstention
33	Outreach	$0	($38,768)	Hayes, M.	Schickowski, K.	6	2	1	Passed with two oppositions and one abstention
34	Legal Assistance	$131,426	$0	Wynn, J.	Hayes, M.	8		1	Passed with one abstention
35	HICP	$500,000	$0	Wynn, J.	Hayes, M.	9			Passed Unanimously
36	Disease Management	$546,650	$0	Wynn, J.	Katz, H.B.	9			Passed Unanimously
	Total Part A Funds	**$11,761,237**							
	Total MAI Funds	**$1,096,019**							

* Includes $448,662 in Carryover FY2012-13 funding
**Initial motion was not to follow the Grantee recommendation for FY2014-15.

The Committee discussed the reduction in funding for the Ambulatory service category. The Grantee representative explained that because of the Patient Protection and Affordable Care Act (ACA), some clients will be moving into Marketplace insurance plans. About 1,500 clients are eligible to move into the ACA marketplace; the Grantee representative estimated that approximately 20% of clients who are eligible will enroll, which is approximately 300 clients. The Grantee representative estimated $3,000 in

coinsurance, copayments, and deductibles will be used for each client that enters the Marketplace. The estimate of 300 clients and $3,000 per client was used to determine the reduction in funds for the Ambulatory service category. The Chair pointed out that the population being served may not see a 20% migration into the Marketplace. It was noted that right now there are about 50 documented clients who have enrolled into the Marketplace. The Grantee believes the number of clients moving into the Marketplace is under-documented and numbers will significantly increase over the next couple of months, especially if the enrollment deadline is extended. If was noted that if additional funds are needed for Ambulatory services, they can be taken from the Health Insurance Continuation Program (HICP), as it is considered a core medical service.

Members discussed the MAI Centralized Intake and Referral category and noted that this category is synonymous with Centralized Intake and Eligibility Determination (CIED). There was a discussion on the need to differentiate between MAI and Part A funding for this service category. The Grantee explained that the funding allocations for the CIED service categories are mostly an accounting and funding mechanism, which can be fixed during the PSRA process. The Grantee suggested the Committee may want to revisit this service category in a future PSRA meeting.

The Committee discussed the FY 2014-2015 Grantee recommendation for the Outreach service category. Members discussed Outreach services done by Prevention and within other service categories. The Grantee also explained that the amount of money currently allocated to Outreach ($38,768) is not enough money to effectively provide Outreach activities. There was a discussion regarding the duplication of outreach services. It was suggested that, Outreach services are already being effectively conducted within other service categories and programs (e.g. Medical Case Management and PROACT).

There was an extensive discussion among the Committee about whether or not to continue to fund Outreach. Several Committee members felt that Outreach provides a valuable service, and may reach certain people that other programs who do outreach activities may not reach. The Committee requested data from the Grantee about the effectiveness of Outreach, and number of clients that utilized Outreach and had a follow-up appointment through Medical services or Case Management in the period following initial contact. It was noted that many of the clients contacted by Outreach are newly diagnosed positives. Several other Committee members felt that dollars should not continue to be allocated to Outreach while there is a lack of evidence about the effectiveness of Outreach. The following motion was made:

Motion #32	To allocate $38,768 to Outreach Services.		
Proposed by:	Katz, H. B.	**Seconded by:**	Proulx, D.
Action:	Did not pass with 1 abstention		

Members discussed the impact of current Outreach services. The Grantee representative stated that there is not an immediate need to allocate funds back into the Outreach service category. One member requested clarification regarding the discussion not to allocate funds to Outreach. The Committee made the following motion:

Motion #33	To not allocate funds to the Outreach service category for FY2014-15.		
Proposed by:	Hayes, M.	**Seconded by:**	Schickowski, K.
Action:	Passed with 2 abstentions		

After the motion passed, Committee members decided that the issues regarding whether or not to fund Outreach warranted further discussion, and it was asked that Outreach be added to the March meeting agenda under unfinished business in order to continue the discussion. Members also requested informational updates (including updated contacts and contracted providers) from PROACT to be presented at an upcoming Committee meeting.

7. Grantee Reports:

a) **Part A:** The Grantee shared with the Committee that a Request For Proposal (RFP) is out for Planning Council, Clinical Quality Management, Service Category Population Evaluation, Comprehensive Plan, and Needs Assessment service categories. The RFP applications will close on Friday, January 24, 2014. The Part A Grantee noted that the EMA has been given a partial award. The Grantee noted that there was an increase in the national Part A budget allocation and was hopeful that there will be no funding reductions. A call among Florida Part A Grantees and HRSA took place in response to HRSA's request to all Ryan White Parts to pursue client enrollment in the Marketplace. The Florida Grantees asked for clarification, and possibly a waiver, in the context of the State's lack of response regarding ACA implementation. The Grantees expressed concern that Part As may be required to cover primarily AICP-type services (premiums, co-pays, and deductibles) as opposed to direct services. The Grantee is awaiting further guidance from HRSA regarding Marketplace plans and also an announcement from the state on a possible AICP coordinated structure.

b) **Part B:** The Part B Grantee noted that utilization numbers have been released for December, and the budget is due to Tallahassee soon. It is still unclear what kind of funds will be available for Part B as a result of budget cuts; as of now Part B is submitting the same budget it used last year. The Grantee invited the Committee to contact her via email if there are any questions regarding the expenditure report.

The written Part B Grantee report was provided detailing expenditures up to November 2013. There were no home-delivered meals in November. Non-Medical Case Management conducted 698 eligibility interviews in October. Medication co-payment served 149 clients. There were 143 clients served in November for Medication Co-Payment and 6 clients served for Mail Orders. Medical Transportation for November 2013: A total of 11 (10 ride) and 657 (31 day) passes distributed in November. The new Residential Service Category began in November.

8. Public Comment: None.

9. Agenda Items/Tasks For Next Meeting: (February 19, 2014 at 12:30 p.m. **Venue:** BRHPC)

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Work Plan, Policies & Procedures (4.1)	1. Assess the past year and recommend improvements
2. Annual Evaluation (2.2)	2. Review and update Committee Work Plan, Policies & Procedures

9. Announcements:

- The Committee wished Support Staff member Tamara Crawford well with her future endeavors and expressed thanks for all her hard work.
- One member wanted to remind the Committee about the MAI subcommittee meeting at BRHPC on January 30th, 2014 at 12:30pm.

11. Adjournment: Meeting adjourned 2:37 p.m.

Priority Setting and Resource Allocation Committee Attendance
CY 2014

Member	1/15/14
Bennett-Taylor,C., **Part A Chair**	X
Schickowski, K.	X
Gammell, B.	X
Grant, C.	A
Hayes, M.	X
Katz, H. B.	X
Reed, Y.	A
Siclari, R.	X
DeSantis, M.	X
Proulx, D.	X
Wynn, J.	X
Quorum=7	9

Ad-Hoc Local Pharmacy Advisory Committee Summary 2.12.14

A. Work Plan Item Update / Status Summary:

The LPAC held a follow-up meeting to the joint LPAC/Medical Network meeting held on January 22, 2014. During the joint meeting, members made a motion to add Gardasil to the Part A Formulary. However, LPAC asked to review the cost-effectiveness of adding Gardasil to the Part A Formulary before presenting a final decision to the PSRA Committee.

A presentation was made highlighting the following: the Medical Network's original recommendation to add the vaccine considering the rates of HPV among men and women, the rates of cervical cancer, and the low rates of cervical screening; overview of HPV including rates in the general population and in HIV+ men and women; Centers for Disease Control and Prevention HPV vaccine recommendations; cervical cancer screening benchmarks and rates among Part A clients; barriers to cervical cancer screenings among HIV+ women; number of cervical screenings and colposcopies between 2.11.12-2.11.14; findings from a review of HPV cost-effectiveness studies.

The LPAC agreed that: 1) HPV is a significant health concern for PLWHA; 2) the cost of HPV vaccine is less expensive than repeat Pap Smears and Colposcopies; 3) Part A cervical screening rates are low and if women are not getting screened it is logical to protect them against the 4 HPV strains they may not have been exposed to; 4) anal Pap Smears for men are not a current medical standard and routine procedure; 5) there is a significant rate of colposcopy procedures among those Part A clients who had a cervical screening done. The LPAC also considered: 1) the fact that the impact of age on vaccine effectiveness is not certain and 2) the potential barrier to HPV vaccine series completion as a result of it being administered in 3 doses that require clients to follow-up.

Since the cost of all 3 doses of the vaccine is estimated at $414, and the medical recommendation would be to vaccinate all clients, discussion took place regarding the cost and likelihood of vaccinating all clients. The current low rates of vaccine utilization suggest that only a fraction of clients would be vaccinated for HPV. Additionally, the many barriers to vaccine series completion, such as the need to pick up the vaccine at the pharmacy and deliver it to the physician for administration, were discussed. A member suggested a pilot study that allowed for a sample of clients to be vaccinated with one dose through Part A and the last 2 through a Patient Assistance Program; all delivered and administered at the physician's office. Another suggestion was to have the vaccine be part of the medical budget. The vaccine would then be delivered to, and administered by medical providers, bypassing the need for pick up at the pharmacy.

B. Rationale for Recommendations:

LPAC decided to table the recommendation to approve Zostavax until more research is done on the feasibility of incorporating the vaccine in the medical budget.

C. Data Reports / Data Review Updates:

- Gardasil Cost-Effectiveness.

D. Data Requests:

- Effectiveness of Gardasil- if entire series not completed- 1 of 3 doses; 2 of 3 doses.
- Studies/Stats on compliance with completion of entire series (males and females) - including time intervals for each dose.
- Studies/stats on client refusal or resistance to take vaccine when offered (males and females).
- Research Part A clients' compliance with Hepatitis B series and rates of completion.

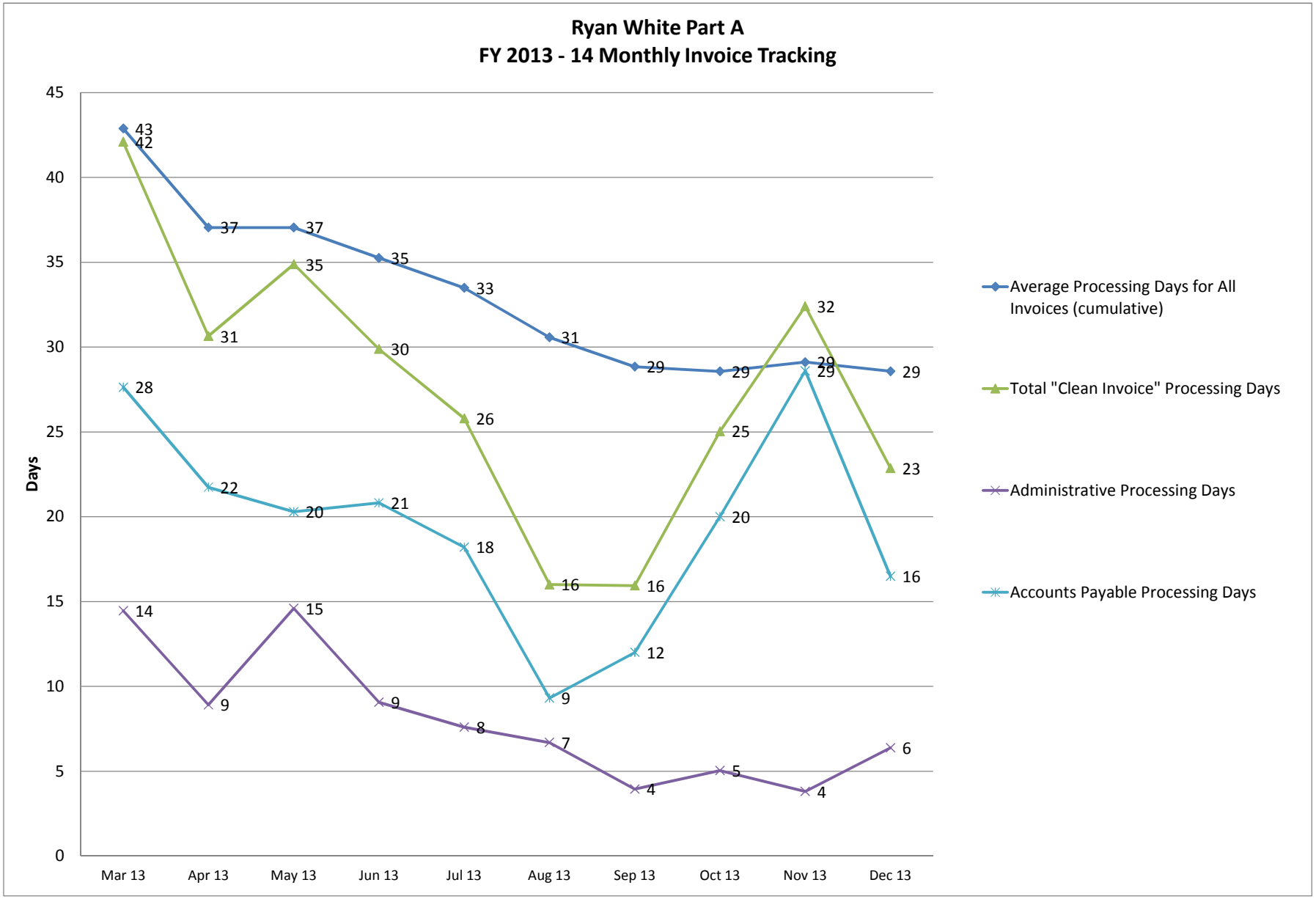
E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items. *Next Meeting Date*: TBD

****For detailed discussion on any of the above items, please refer to the meeting minutes. ****


Ryan White Part A
FY 2013 - 14 Monthly Invoice Tracking
Days
45
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25
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15
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Mar 13
Apr 13
May 13
Jun 13
Jul 13
Aug 13
Sep 13
Oct 13
Nov 13
Dec 13
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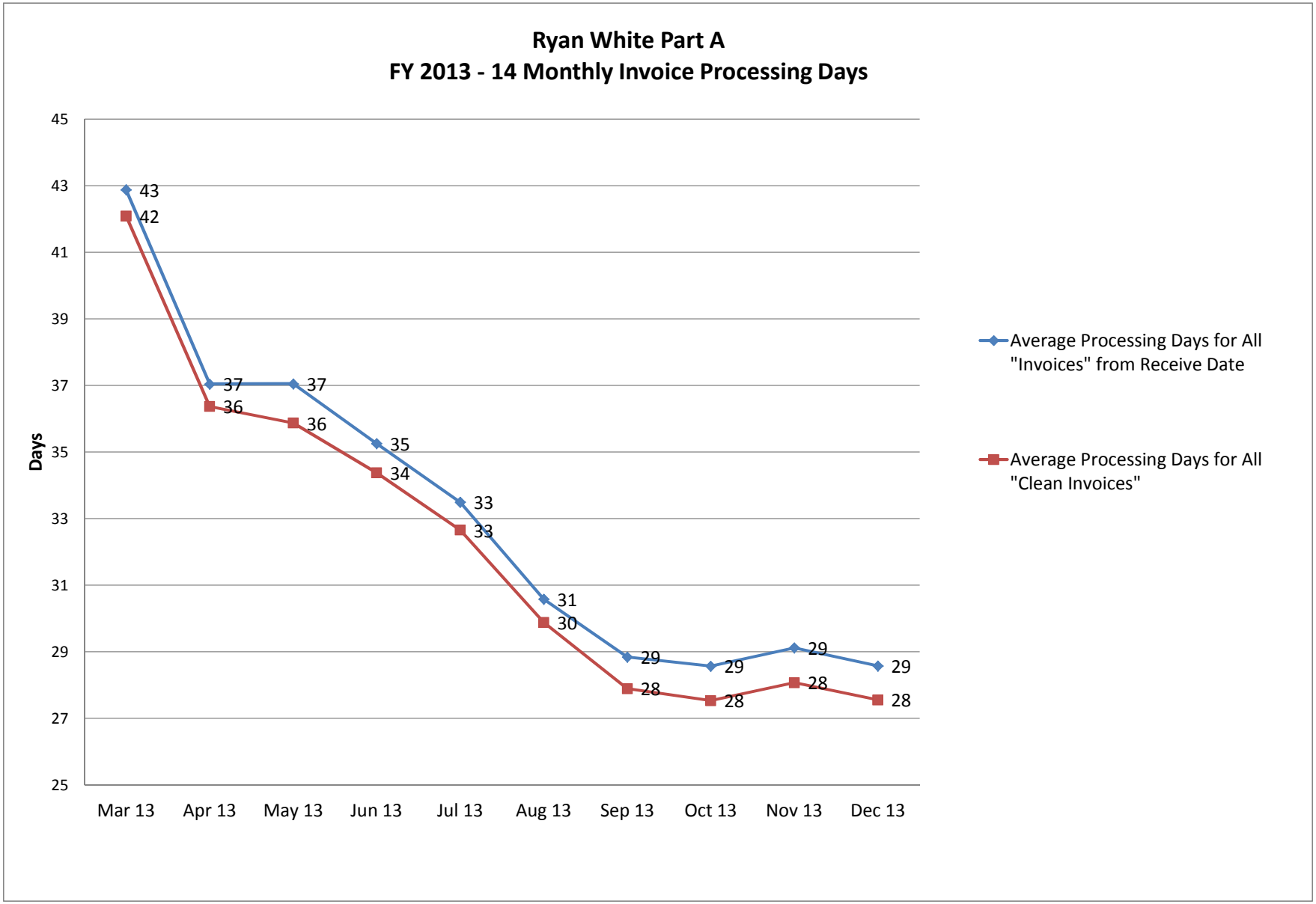
Average Processing Days for All Invoices (cumulative)
Total "Clean Invoice" Processing Days
Administrative Processing Days
Accounts Payable Processing Days


Ryan White Part A
FY 2013 - 14 Monthly Invoice Processing Days
Days
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Mar 13
Apr 13
May 13
Jun 13
Jul 13
Aug 13
Sep 13
Oct 13
Nov 13
Dec 13
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28
Average Processing Days for All "Invoices" from Receive Date
Average Processing Days for All "Clean Invoices"

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
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PRIORITY SETTING & RESOURCE ALLOCATION (PSRA) COMMITTEE: FY 2013-2014

COMMITTEE ACCOMPLISHMENTS

- Approve PSRA timeline and identify data to be used (WP Item 1.1)
- Review updated Scorecards format (WP Item 1.4)
- Review scope of services and eligibility for each service category (WP Item 1.6)
- Review Client Survey results (WP Item 1.7)
- Rank Part A & MAI Priorities (WP Item 1.8)
- Allocate funds by service category (Part A & MAI) (WP Item 1.9)
- Review and discuss impact of Affordable Care Act on allocations (WP Item 1.10)
- Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls (WP Item 2.1)
- Recommend reallocations ("Sweeps") to ensure sufficient core funding and distributed fairly to other categories (WP Item 2.2)
- Assessment of Administrative Mechanism Training (WP Item 3.1)
  Note: I would take out the word "training" as it caused confusion. The Grantee mentioned that this is a presentation.
- Study possible new services PSRA identified to address goals of NHAS (WP Item 5.1)

WORK PLAN CHALLENGES

- Review PCIP recommendations and determine next steps (WP Item 1.2)
  Note: This was an issue this year since the Committee's purpose was changed and then it disbanded
- Review Grant Data (Epi, unmet need, imp plan, co-morbidities, EIIHA, survey) (WP Item 1.3)
  Note: This was an issue this year because there was not a clear reason as to what the Committee would do with this information
- Review recommendations from Joint Planning Committee, JCCR (WP Item 1.5)
  Note: This item is an issue if there are no real recommendations presented from these Committees
- Plan PC Self-Assessment (related to Assessment of Admin Mechanism) (WP Item 3.2)
  Note: This may not need to be included in a future work plan because the Committee does not actually do this

Questions for Committee Self-Assessment

1. What worked well in your committee in 2013?
2. What were the challenges?
3. Think about tasks you did not complete, and try to put each one into the most appropriate category:
   - Tasks we need to get done and should be able to complete in 2014
   - Tasks that really should be assigned to someone else
   - Things are not essential and we are never going to get them done, so we should just remove them from our work plan
   - Important tasks that we don't have the information or resources to complete, so we have to figure out how they get done
4. What needs to change so we can be even more successful in 2014?

MAI MCM MEETING SUMMARY 1.30.14

A. Work Plan item update / Status Summary:

Perspectives- Members discussed their experiences with the current model. It was noted that there is a large amount of time spent with MAI patients and more encounters (sessions) are needed to ensure completion. The original intent of the services has not been met by the current ARTAS-based model. It was noted that peer educators have been the most effective in knowing what resources would best suit clients as they better understand the nuances of the resources available.

One guest remarked that clients tend to be episodic in showing up for sessions (i.e. they attend sessions and maintain a low viral load during that time, but then disappear due to extenuating circumstances). Major issues among clients are due to: homelessness, drugs, and resource deprivation.

Peer Educators- Members discussed the role of peer educators in the service delivery model. One member noted that peer educators tend to do the field work (i.e. locating clients and attending medical appointments as support). Case managers are in charge of assessments and ensuring clients are linked to services such as housing assistance. Members discussed ensuring that the need for proper training for peer educators is met. Members were encouraged to attend an upcoming week-long training held by the Peer Center based out of Boston University's School of Public Health.

Completion Requirement-Members discussed the current completion requirement of 6 sessions. For some clients this may be too many or too few. Currently, clients who do not attend the required 6 sessions within a 90 day period do not complete the program. Members determined that program completion should be individualized according to the goals set for the client that contribute to successful medical outcomes such as viral suppression. One way to do this would be to have case managers develop individualized plans for each of their clients with a set number of goals, and to measure success by the percentage of goals case managers were able to accomplish with their clients.

Eligibility- Members discussed the current eligibility requirements which include being assigned to a case manager. Members to further discuss referring clients who are not currently assigned to a case manager. It was noted that if a client does not show up to the first appointment, CIED is informed and follows-through until the client attends the appointment either with the doctor, case manager, or both. Members discussed possible "triggers" that make a client eligible for MAI MCM including missed appointments, increasing viral loads, and not maintaining viral suppression.

Referrals- Members discussed the referral process. It was noted that currently automated referrals can be generated by any provider through Provide Enterprise as long as the client matches the MAI-MCM eligibility criteria. Members discussed the hesitancy of some MCM providers to refer clients out of fear that they will lose the client to a competing agency and the potential effect this has on clients receiving the services that best meet their needs. One member suggested that each MCM agency have an MAI case management component onsite in order to refer and maintain clients in-house.

Disease Management Service Category- Members were reminded to consider the new service

category which is separate from the MCM and non-MCM to help determine appropriate services. *Next Steps*-Members determined that with the implementation of a new peer-based model, possible target populations may include clients who are: 1) Non-adherent, 2) Not in care, and 3) Not virally suppressed. Members suggested revising the eligibility criteria to remove the requirement of being in MCM. Members also discussed the possibility of establishing a caseload limit due to the intensity of the services provided. Members to further discuss the caseload limit and eligibility criteria.
B. Rationale for Recommendations:
None
C. Data Reports / Data Review Updates:
Members reviewed the MAI Medical Case Management Service Delivery Model draft.
D. Data Requests:
Staff to research evidence-based, peer-based models and provide data on minority-client gap measures, the number of clients who are not virally-suppressed, and the number of clients enrolled in case management services. Staff to provide feedback on last years' surveys from clients lost to care and the newly-diagnosed.
E. Other Business Items:
None. *Agenda Items for Next Meeting:* Assess client data. Review research of peer-based models. Review and edit the proposed service delivery model. *Next Meeting Date*: TBD

****For detailed discussion on any of the above items, please refer to the meeting minutes. ****

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	Complete
Objective 2. Execute Implementation Plan					
2.1 Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls	PSRA	Appropriate service funding	9/13 & 1/14		1st Complete
2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and distributed fairly to other categories	Data: Grantee, Staff	Appropriate service funding			1st Complete
Objective 3. Assess the Administrative Mechanism					
3.1 Assessment of Administrative Mechanism Training	PSRA	Ensure compliance efficiency	10/13	10/13	Complete
3.2 Plan PC Self-Assessment (related to Assessment of Admin Mechanism)	Data: Grantee and	Improved administration	11/13	11/13	Complete
3.3 Conduct Assessment of Administrative Mechanism	PC Staff		11/13	11/13	Complete
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	Complete
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	Complete

2014-15 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 FY15 Allocations	X

	Sep	Oct	Nov	Dec	Jan	Feb
PSRA	1 Affordable Care Act Impact 2 FY14 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	FY14 Sweeps	1 Update Work Plan, P&P 2 Annual Evaluation

Broward County HIV Health Services Planning Council FY 2014-2015 **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 process	3/14	3/14	
1.2 Review workgroup/ad-Hoc recommendations and determine next steps		Ensure services meet needs			
1.3 Review Grant Data (Epi, unmet need, imp plan, co-morbidities, EIIHA, survey)		Better informed PSRA			
1.4 Review Scorecards format		Data for PSRA			
1.5 Review recommendations from Joint Planning Committee, JCCR		Input based on data			
1.6 Review scope of services and eligibility for each service category		Data for PSRA			
1.7 Review Client Survey results		Input from clients on PSRA			
1.8 Rank Part A & MAI Priorities		Priorities for services			
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		Funds allocated per HRSA requirements; Resources targeted			
1.10 Review and discuss impact of Affordable Care Act on allocations		Ensure allocations meet needs			
Objective 2. Execute Implementation Plan					
2.1 Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls		Appropriate service funding			
2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and distributed fairly to other categories		Appropriate service funding			
Objective 3. Assess the Administrative Mechanism					
3.1 Assessment of Administrative Mechanism Training		Ensure compliance efficiency			
3.2 Plan PC Self-Assessment (related to Assessment of Admin Mechanism)		Improved administration			
3.3 Conduct Assessment of Administrative Mechanism					
Objective 4. Review And Revise Committee Work Plan, Policies And Procedures					
4.1 Review and update Work Plan, Policies & Procedures		Updated Plans	2/15	2/15	
4.2 Annual Evaluation: Assess the past year and recommend improvements		Improved process	2/15	2/15	
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		Ensure services meet needs of clients			

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.

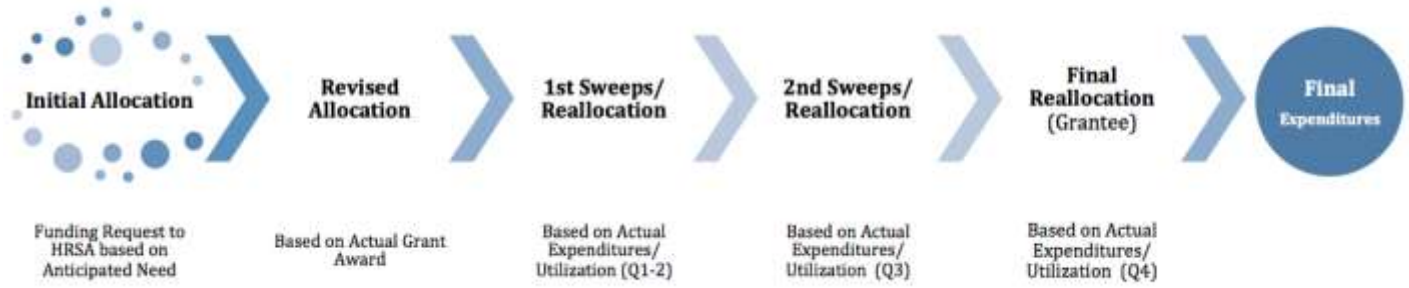
The decision making process is publicly stated and implemented as stated.The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below.The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given 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. Health Insurance Continuation Program (HICP)
4. Oral Health Care
5. Mental Health Services
6. Medical Case Management (including Treatment Adherence)
7. Substance Abuse Services (outpatient)

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

Allocate Funding to Service Categories. The Committee shall first allocate funding to the core services followed by the remaining 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 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 Support Service**s.**

Funding Shortages: In the event of funding shortages (i.e., level funding or less than level funding), 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
January 2014

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (January / 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	$ -	$ 1,030	$ 420.00	17%	83%	$ 2,059
Medication Co Pay	$ 310,000	$ 6,961.60	$ 71,846	$ 166,308.60	54%	46%	$ 143,691
Case Management (non-med)	$ 244,928	$ 24,437.07	$ 11,566	$ 221,795.07	91%	9%	$ 23,133
Residential Substance Abuse	$ 300,000	$ 16,456.54	$ 126,439	$ 47,122.26	16%	84%	$ 252,878
Medical Transportation	$ 134,330	$ 41,992.00	$ 21,012	$ 92,307.00	69%	31%	$ 42,023
Administration	$ 110,192	$ 9,353.64	$ 14,261	$ 81,669.64	74%	26%	$ 28,522
TOTALS	**$ 1,101,929**	**$ 99,200.85**	**$ 246,153**	**$ 609,622.57**	**53%**	**45%**	$ 492,306.43

Home Delivered Meals January 0
Non-Medical Case Management conducted 790 eligibility interviews in January
Medication Co Payment served 133 clients in January
130 Clients served in Medication Co Payment
3 Clients served in Mail Order
Medical Transportation 452 (31) day passes were distributed in January. A total of 1215 unduplicated clients have received passes April-January.
Residential Substance Abuse served 15 unduplicated clients.