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 (PSRA)
Date/Time: Wednesday, November 18, 2015, 12:30 p.m.
Location: Governmental Center Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 11/18/15 Agenda and 9/16/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) (Handout A)
4. **UNFINISHED BUSINESS**
   a. Review Committee Reflectiveness (Handout B)
5. **EMERGING ISSUES**
   a. Newly Identified Services (WP Item 4.2)
   ACTION ITEM: Discuss possible new Emergency Financial Assistance service category for Part A clients to address funding and service needs. (Handout C)
6. **MEETING ACTIVITIES/UNFINISHED BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
QMC Recommendations	ACTION ITEM: Review VL data which includes subpopulation breakdowns to identify possible reason for non-suppression. Determine efforts to target subgroups. (Handout D)
MAI Timeline	ACTION ITEM: Develop MAI timeline to identify populations, analyze data, and implement Part A MAI strategies.

7. **SUBCOMMITTEE REPORTS**
   None.
8. **GRANTEE REPORTS**
9. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
10. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** January 20, 2016,12:30 p.m. **Venue:** TBD

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA scorecards & relevant PSRA data (WP Item 1.2)	ACTION ITEM: Review data relevant to the PSRA process (including recommendations from QM, SOC, & NAE and service category scorecards)
Monitor expenditures & allocations (WP Item 2.1)	ACTION ITEM: Monitor expenditures and allocations; identify at least 3 areas for "sweeps."
"Sweeps" (WP Item 2.2)	ACTION ITEM: Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.

11. **ANNOUNCEMENTS**
12. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Wednesday, November 18, 2015, 12:30 p.m. **Location:** Governmental Center Room A-337

Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

Attendance

#	Members	Present	Absent
1	DeSantis, M.	X	
2	Gammell, B.	X	
3	Grant, C.		
4	Hayes, M.	X*	
5	Katz, H. B.		E
6	Reed, Y.	X	
7	Schickowski, K.		A
8	Proulx, D.	X	
9	Siclari, R., *Vice Chair*	X	
10	Taylor-Bennett, C., *Chair*	A	
	Quorum = 6		

Guests
Lewis, L.
Shamer, D.
Beltran, G.
Grantee Staff
Degraffenreidt, S.
Green, W.
Jones, L.
Drummond, K.
HIVPC Staff
Johnson, B.
Ewart, L.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:52 p.m. The Vice 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 HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Reed, Y. **Seconded by:** Siclari, R.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 9/16/15.
Proposed by: Gammell, B. **Seconded by:** Siclari, R.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) (Handout A): The Grantee reviewed the FY15-16 Part A and MAI expenditures (Handout A on file) through September. The Grantee has received a Carryover Award, with $150,000 allocated to Medical and another $150,000 allocated to HICP. OAMC services are expected to reach projections, Pharmaceuticals are not on target to spend the allocated amount because of effects of the ACA, Dental was awarded $120,000 in the last "Sweeps" and utilization is expected to increase, and Legal Services may need a "Sweep" in January. The Grantee then reviewed the 2016 HICP Projections, using the average costs of a 50 year old making 255% of the FPL as a benchmark. The projections take into account actual present day utilization rates, and also the average time it takes for clients to begin using their plans. HICP's 352 clients are currently being contacted to begin the enrollment process, and they will be informed they must enroll, otherwise they may no longer be eligible for Ryan White services. Once clients begin to use the services their information is entered PE and HICP can then verify co-payment requests through the data base. The Chair expressed the need for clients to be informed about policy and payment changes. Since Ryan

White is a no pay system, clients may not understand or be confused by co-payments, who is responsible to pay them and how to seek reimbursement if necessary. This type of education must come from a one on one conversation between clients and case managers. The Grantee's office will flood providers with client information sheets about the 101's of Insurance (benefits, navigation) and enrollment steps. The 352 clients covered by HICP fall between 100% and 400% FPL. Some of these clients should qualify for ADAP Premium Plus (between 100%-249% FPL), but are not currently on ADAPs list, and will receive temporary HICP assistance from Part A until they can be transitioned to Part B. Ryan White Part A had 4,000 clients last year, and there are still a sizeable amount not insured and still being covered by Part A. The Grantee representative encouraged providers to have their clients follow the county's Facebook and Twitter accounts because it contains up to date information pertaining to the ACA, HICP, enrollment, etc.

4. UNFINISHED BUSINESS:

Review Committee Reflectiveness (Handout B): The committee members reviewed PSRA's committee demographics. The Chair noted that that committee numbers are low, with a low number of unaffiliated consumers as well (she would like to match the epidemic with at least 33% Consumer participation). She stated that the PSRA committee lends itself to providers, but it is critical that it is not provider heavy. The PSRA committee must remain reflective and transparent. The Chair and Vice Chair will look to Staff to add additional members to the committee, and would like to find more community partners that can add value to the committee's work. The Chair will not add members during PSRA process (rankings, allocations, and reallocations) because members must have a working knowledge and background. A guest asked about outreach efforts to teach PWAs about the PSRA process so they can participate, and the Chair stated that there have been education efforts, however most consumers remain on other HIVPC committees as this work is so technical. She encouraged the committee members to look for potential members and to invite guests to the meetings. She also stated that she is reluctant to appoint members who are on numerous other committees, as the PSRA process should be the focus of the committee's members. A guest stated his dissatisfaction with the low numbers of unaffiliated consumers, while the Grantee stated that new consumers often go to CEC and stay there when they should be advancing to committees such as PSRA, NAE, and/or QM. A member stated that many PC members, PWA or not, do not want to be involved with the PSRA committee, and would like to bring more non-providers to the table whether members or not. A member stated that she came to PSRA and PC because she wanted to know how Ryan White funding was affecting her life as a PWA, and that she appreciated people taking the time to educate her and answer her questions. A guest again stressed PWA education. The Grantee asked for solutions to recruitment of committed members, while the Vice Chair expressed the need to foster more creative recruitment strategies.

Motion #3: To appoint Lamont Lewis to the PSRA Committee
Proposed by: Reed, Y. **Seconded by**: Proulx, D.
Action: Passed unanimously

Motion #4: To appoint David Shamer to the PSRA Committee
Proposed by: Grant, C. **Seconded by**: Reed, Y.
Action: Passed unanimously

5. EMERGING ISSUES

Newly Identified Services (WP Item 4.2) (Handout C): The Grantee explained that the HRSA Project Officer mandates the creation of a new service category if Ryan White Part A wants to continue to provide temporary pharmaceutical assistance. Instead of the Local AIDS Pharmaceutical Assistance the new category will be Emergency Financial Assistance. Money for the service will not need to be allocated until January, and funds will be swept from LAPA to the newly implemented Emergency

Financial Assistance support service category. A member asked about the definition of Emergency Financial Assistance, and stated that there would be a need to clarify that this service is only for emergency medications. A member asked whether an RFP will be released, but was informed that it is simply a service category change.

ACTION ITEM: Add discussion of Emergency Financial Assistance category to December agenda.

6. MEETING ACTIVITIES

a. QMC Recommendations (Handout D): this item was tabled until the December 16th meeting
b. MAI Timeline: this item was tabled until the December 16th meeting

7. SUBCOMMITTEE REPORTS

None.

8. GRANTEE REPORTS

None.

9. PUBLIC COMMENT

None.

10. AGENDA ITEMS/TASKS FOR NEXT MEETING: December 16, 2015 **Venue:** TBD

Goal/Work Plan Objective #:	*Accomplishments*
Newly Identified Services (WP Item 4.2)	ACTION ITEM: Discuss possible new Emergency Financial Assistance service category for Part A clients to address funding and service needs.
QMC Recommendations	ACTION ITEM: Review VL data which includes subpopulation breakdowns to identify possible reason for non-suppression. Determine efforts to target subgroups.
MAI Timeline#	ACTION ITEM: Develop MAI timeline to identify populations, analyze data, and implement Part A MAI strategies.

11. ANNOUNCEMENTS

12. ADJOURNMENT

The meeting was adjourned at 2:40 p.m.

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PSRA Attendance CY 2015

Consumer PLWH Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date:	21	18	18	15	20	17		19	16		18		
									C			C			
	1	DeSantis, M.	X	X	X	X	A	A		X	A		X		W-7/1
1	2	Gammell, B.	X	X	X	E	X	X		X	X		X		
	3	Grant, C.	X	X	X	X	X	X		X	X		X		
	4	Hayes, M.	X	X	X	X	X	X		A	X		X		
1	5	Katz, H.B.	X	X	X	X	X	X		X	X		E		
	6	Proulx, D.	X	X	X	X	X	X		A	X		X		
1	7	Reed, Y.	X	E	X	A	X	X		E	X		X		
	8	Schickowski, K.	X	X	X	X	X	X		X	X		A		
	9	Siclari, R., *V. Chair*	X	X	X	A	A	X		X	X		X		W - 6/2
	10	Taylor-Bennett, C., *Chair*	X	X	X	X	X	X		X	X		X		
		Quorum = 6	10	9	10	7	8	9		7	9		8		

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - removed
C - cancelled
W - warning letter
R - removal letter

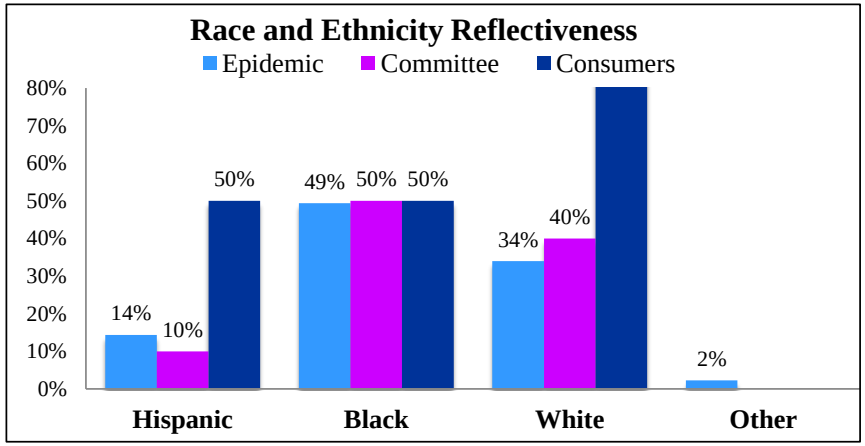
HANDOUT A

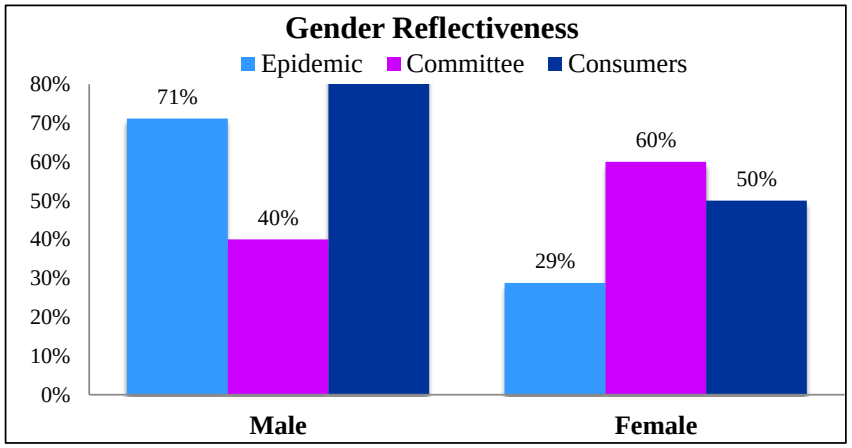
Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 2015-16 Expenditures

Service Category	Contracted or Allotted Amount	Expended Amount (7 Month)	Expended % (58%)	Unexpended Amount	Average Monthly Expenditures	FY 2015-16 Projected Expenditures
Ambulatory (5)	$5,312,756	$2,936,904	55.3%	$2,375,852	$419,557.74	$5,034,693
MAI Ambulatory (1)	$286,596	$286,520	100.0%	$76	$40,931.45	$286,596
Pharmaceuticals (3)	$677,165	$343,379	50.7%	$333,786	$49,054	$588,650
Dental (2)	$2,336,864	$1,312,951	56.2%	$1,023,913	$187,564	$2,250,773
Case Management (6)	$1,264,383	$678,208	53.6%	$586,175	$96,886.79	$1,162,642
MAI Medical Case Management (1)	$55,997	$27,177	48.5%	$28,820	$5,435	$55,997
Medical Case Management DM (4)	$328,538	$94,456	28.8%	$234,082	$13,493.67	$161,924
Mental Health (3)	$390,957	$202,134	51.7%	$188,823	$28,876.34	$346,516
MAI Mental Health (1)	$62,469	$10,628	17.0%	$51,841	$2,126	$62,469
Substance Abuse (2)	$260,738	$102,036	39.1%	$158,702	$14,577	$174,918
MAI Substance Abuse (1)	$400,000	$237,522	59.4%	$162,478	$33,932	$400,000
Food Bank (1)	$871,103	$312,505	35.9%	$558,599	$44,644	$535,722
Food Voucher (1)	$138,637	$10,947	7.9%	$127,690	$2,189	$26,273
Centralized Intake and Eligibility Determination (1)	$560,513	$245,868	43.9%	$314,645	$35,124	$421,487
MAI Centralized Intake and Eligibility Determination (1)	$290,957	$290,957	100.0%	$0	$41,565	$290,957
HICP (1)	$760,000	$374,973	49.3%	$385,027	$53,568	$642,811
Legal Assistance (1)	$121,426	$72,892	60.0%	$48,534	$10,413	$124,957
Total Part A Funds	**$13,023,080**	**$6,592,796**	**50.6%**	**$6,430,284**	**$941,828**	**$11,301,936**
Total MAI Funds	**$1,096,019**	**$852,804**	**77.8%**	**$243,215**	**$121,829**	**$1,461,949**
Total Funds	**$14,119,099**	**$7,445,600**	**52.7%**	**$6,673,500**	**$1,063,657**	**$12,763,885**
Bulk - Pharmaeutical (2)	$249,961	$103,703	41.5%	$146,259	$20,741	
Bulk - Food Bank & Voucher (1)	$258,254	$27,125	10.5%	$231,129	$5,425	

HANDOUT B

Priority Setting & Resource Allocation Committee (PSRA) Reflectiveness Report
Through November 2015





Gender	Epidemic		Committee		Consumers		% Difference
Male	12,275	71%	4	40%	2	100%	-31%
Female	4,973	29%	6	60%	1	50%	31%
Transgender	-	-	0	0%	0	0%	-
Race	**Epidemic**		**Committee**		**Consumers**		**% Difference**
Hispanic	2,476	14%	1	10%	1	50%	-4%
Black	8,521	49%	5	50%	1	50%	1%
White	5,856	34%	4	40%	2	100%	6%
Other	395	2%	0	0%	0	0%	-2%
Total	17,248		10		2		

Current Members	10
% of Members That Are Unaffiliated Consumers	20%

Service Category Definitions and Descriptions Using the National Monitoring Standards

(Part A Program Standards)
Updated April 2014

Emergency Financial Assistance (EFA): assistance for essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either:

- Short-term payments to agencies
- Establishment of voucher programs

Note: Direct cash payments to clients are not permitted.

Local AIDS Pharmaceutical Assistance Program (LPAP): a program for the provision of HIV/AIDS medications using a drug distribution system that has:

- A client enrollment and eligibility process that includes screening for ADAP and LPAP eligibility with rescreening every six months
- A LPAP advisory board
- Uniform benefits for all enrolled clients throughout the EMA or TGA
- A drug formulary approved by the local advisory committee/board
- A recordkeeping system for distributed medications
- A drug distribution system
- A system for drug therapy management
- An LPAP may not dispense medications as:
- A result or component of a primary medical visit
- A single occurrence of short duration (an emergency)
- Vouchers to clients on an emergency basis

Program must be:
1. Consistent with the most current HIV/AIDS Treatment Guidelines
2. Coordinated with the State's Part B AIDS Drug Assistance Program

Part A & Part B Service Categories

Core Medical-related Services [Listed in Legislation]

1. Outpatient/ambulatory medical care
2. AIDS Drug Assistance Program (ADAP treatments)
3. AIDS pharmaceutical assistance (local)
4. Oral health (dental) care
5. Early intervention services (EIS)
6. Health insurance premium & cost-sharing assistance
7. Home and community-based health services
8. Home health care
9. Hospice services
10. Mental health services
11. Medical nutrition therapy
12. Medical case management
13. Substance abuse services - outpatient

Supportive Services [Approved by Secretary of HHS]

1. Case management (non-medical)
2. Child care services
3. Emergency financial assistance
4. Food bank/home-delivered meals
5. Health education/risk reduction
6. Housing services
7. Legal services
8. Linguistics services (interpretation and translation)
9. Medical transportation services
10. Outreach services
11. Psychosocial support services
12. Referral for health care/supportive services
13. Rehabilitation services
14. Respite care
15. Substance abuse services – residential
16. Treatment adherence counseling

HANDOUT D

QMC Recommendations

Priority Population Recommendations Based on
FY 2014 Viral Load Analysis

Data Overview

- Definition: Percent of Ryan White Clients served during the measurement year with High or Not Suppressed Viral Load (> 200 copies/mL) by Subpopulation
- Measurement Period: Fiscal Year 2014 (3/1/2014 – 2/28/2015)
- Total Clients Served in FY 14: **8,450**
- Total Viral Loads Reported for Clients Served: **7,217**
- Total Clients with Unsuppressed Viral Loads: **1,254**
- Limitations: Data includes clients with documented viral loads in Provide Enterprise
- Exclusions: Small population groups excluded and identified on respective charts

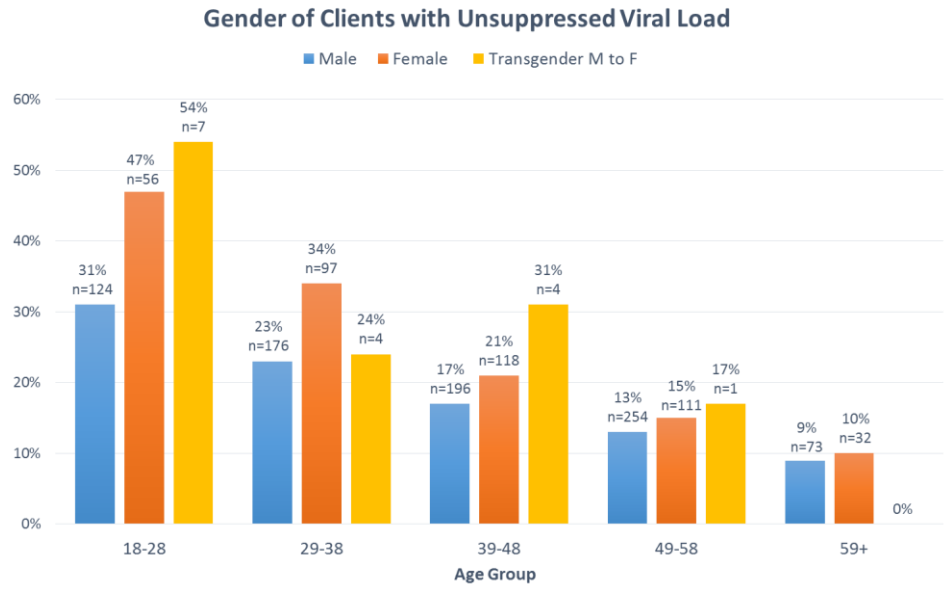
Viral Loads reported for 85% of clients served in FY 14

HANDOUT D

Payer Source

# Total Unduplicated Clients	Medicaid 226	% of Group	Medicare 74	% of Group	Private Insurance* 106	% of Group
Male	102	45%	50	68%	66	62%
Black or African American	75	74%	19	38%	32	48%
White	27	26%	31	62%	33	50%
Female	121	54%	24	32%	40	38%
Black or African American	108	89%	24	100%	35	88%
White	13	11%	0	0%	4	10%

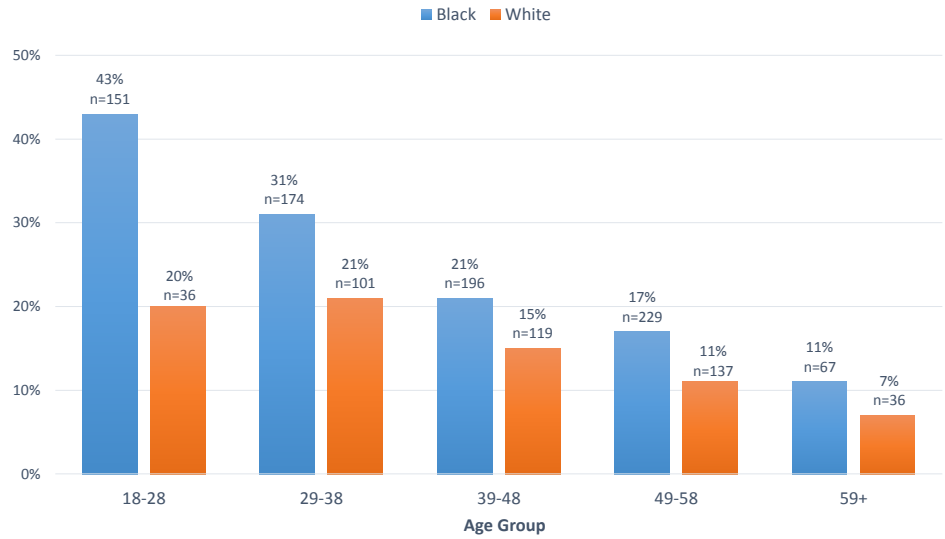
- Exclusions - Alaskan Native & Asian racial groups (2% of Total)



- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,254
- Exclusions - Transgender Female to Male (n=1) due to small population size
- QMC discussed the high percentage of unsuppressed viral loads in 18-28 Males and Females, as well as 29-38 Males and Females. The high percentage for 18-28 Transgender clients was also discussed, although the small sample size was noted (N=13).

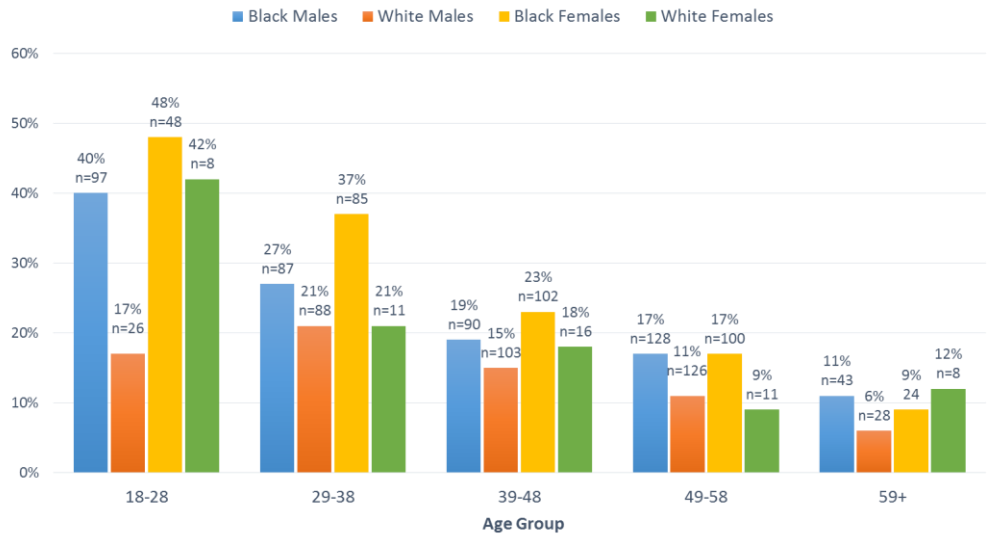
HANDOUT D

Race of Clients with Unsuppressed Viral Load



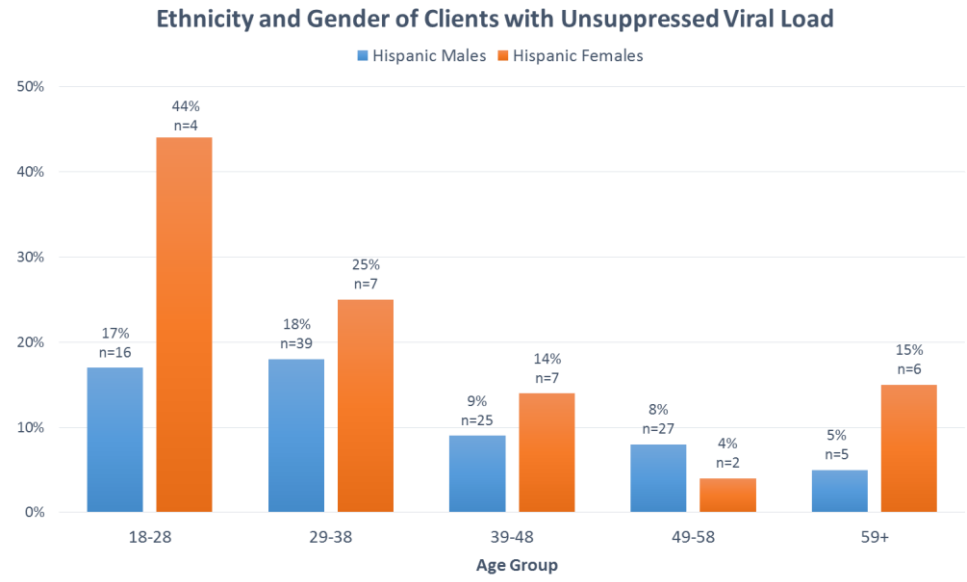
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,246
- Exclusions - Alaskan Native (n=1), American Indian (n=1), Asian (n=5) and Pacific Islander (n=1) due to small population size
- QMC discussed the high percentage of unsuppressed viral loads in Blacks aged 18-28 and 29-38.

Race and Gender of Clients with Unsuppressed Viral Load

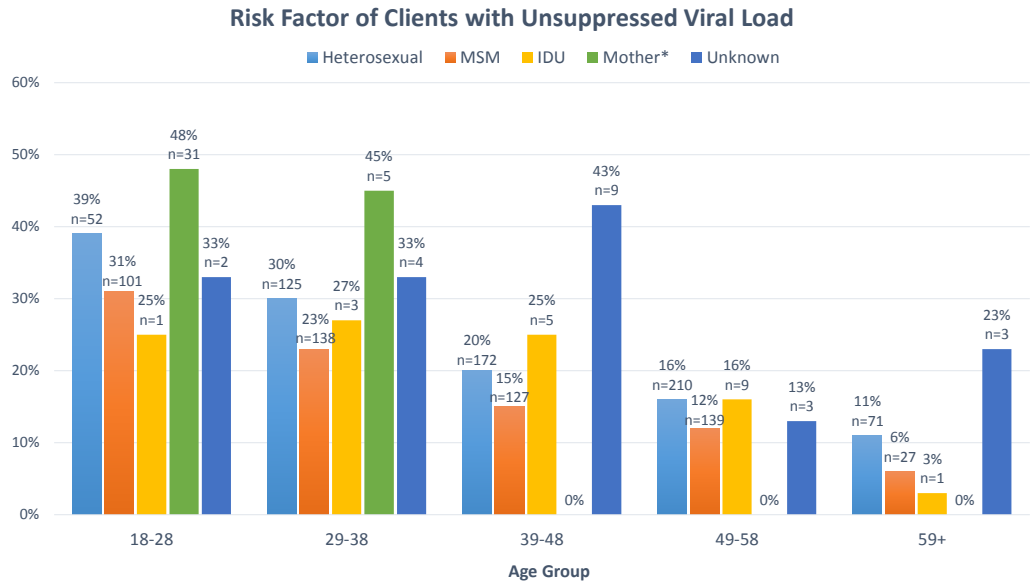


- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,229
- Exclusions - Alaskan Native (n=1), American Indian (n=1), Asian (n=5), Pacific Islander (n=1), Transgender M to F (n=17), Transgender F to M (n=1) due to small population size
- QMC discussed the high percentage of 18-28 Black Males and Black Females with unsuppressed viral loads. They also noted high rates in 29-38 Black Males and Black Females.

HANDOUT D

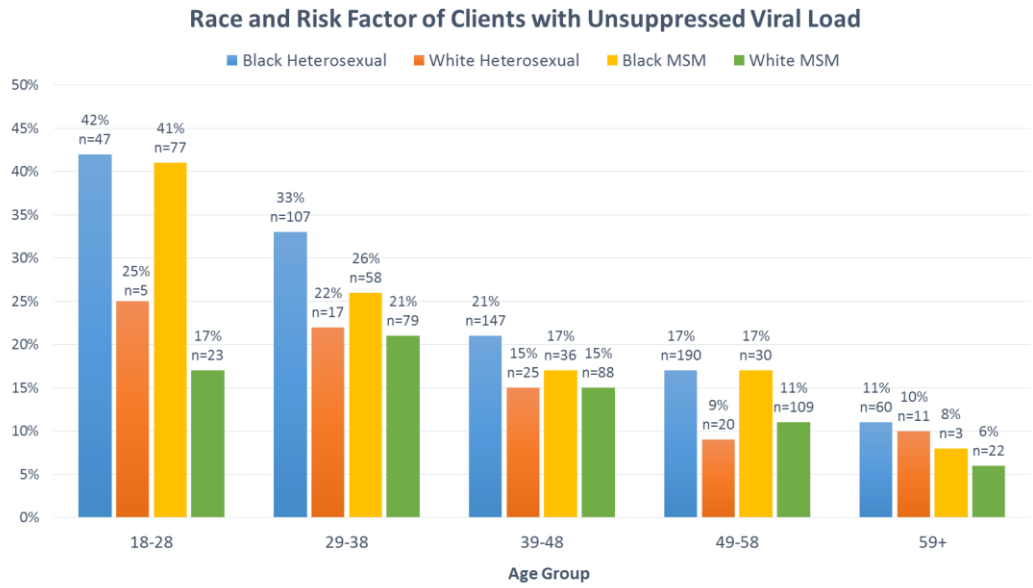


- Total Unduplicated Hispanic Clients with Unsuppressed Viral Loads = 138
- Exclusions - Transgender Male to Female Hispanics (n=4) due to small population size
- QMC discussed the high percentage of 18-28 Hispanic Females with unsuppressed viral loads, but noted the small sample size (N= 9).

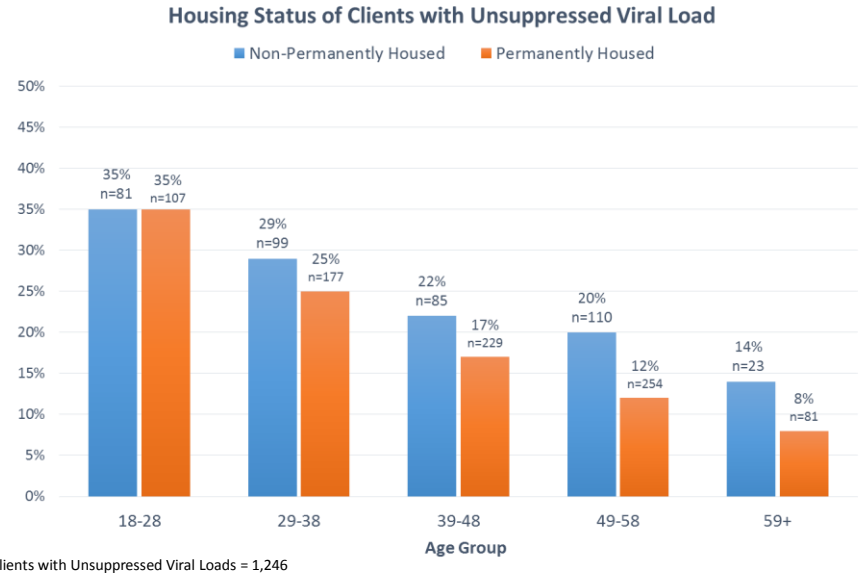


- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,238
- Exclusions – MSM/IDU (n=5), Transfusion (n=5), and Hemophilia (n=6) due to small population size
- *Mother is not identified as a risk factor for 39-48, 49-58, and 59+ year olds
- QMC discussed the high rates of unsuppressed Heterosexuals and MSM aged 18-28 and Heterosexuals aged 29-38. They noted that clients aged 18-28 and 29-38 with the Mother risk factor had a high percentage of unsuppressed viral loads, and wondered what barriers they faced to sustaining health outcomes.

HANDOUT D



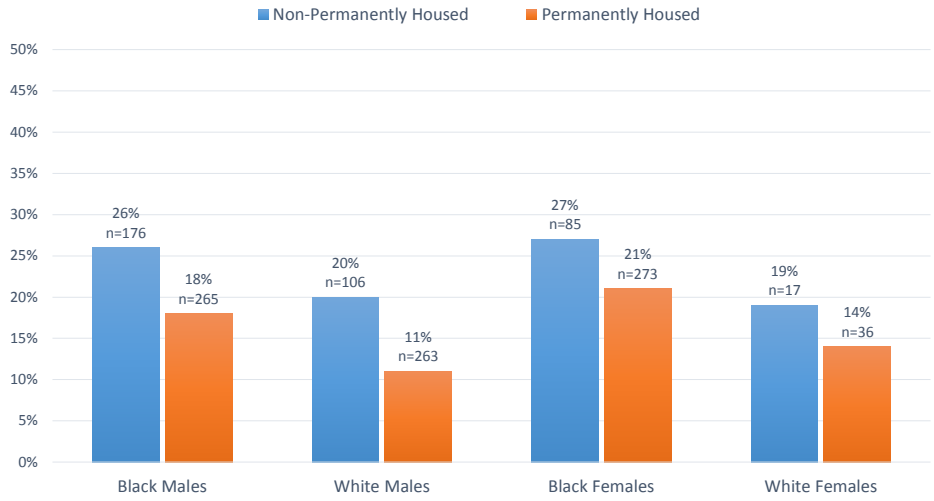
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,190
- Exclusions – IDU (n=19), MSM/IDU (n=5), Transfusion (n=5), Hemophilia (n=6), and Unknown (n=21) due to small population size
- QMC discussed the high percentage of 18-28 Black Heterosexual and Black MSM with unsuppressed viral loads, as well as 29-38 Black Heterosexual and Black MSM.



- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,246
- Exclusions – Institution (n=7) and Unknown Housing Status (n=1) due to small population size
- Permanently Housed Definition – Rental by client, Owned by client, Nursing Home, Safe Haven, Rental by client with housing subsidy, Owned by client with housing subsidy, Staying or living with family (permanent tenure), Staying or living with friends (permanent tenure), Psychiatric Hospital
- Non-permanently Housed Definition– Emergency shelter, Transitional housing for homeless persons, Permanent housing for formerly homeless persons, Staying or living with family (temporary tenure), Staying or living with friends (temporary tenure), Hotel or motel paid for without emergency voucher, Foster care home, Place not meant for habitation, Other
- QMC discussed the housing status of clients with unsuppressed viral loads. They noted that while non-permanent housing may be a barrier for older age groups, housing does not seem to be a significant factor for 18-28 year olds with unsuppressed viral loads.

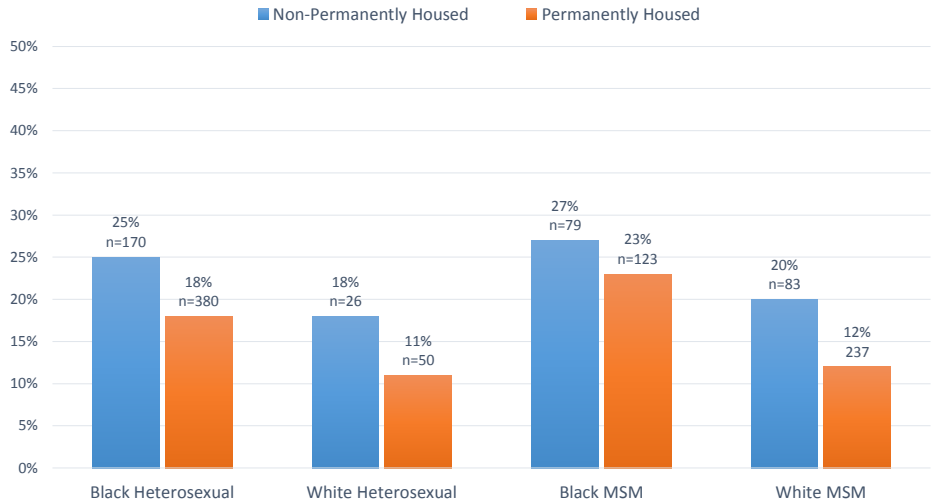
HANDOUT D

Housing Status and Race of Clients with Unsuppressed Viral Load



- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,221
- Exclusions – Institution (n=7), Unknown Housing Status (n=1), Transgender M to F (n=17), Transgender F to M (n=1) due to small population size
- Permanently Housed – Rental by client, Owned by client, Nursing Home, Safe Haven, Rental by client with housing subsidy, Owned by client with housing subsidy, Staying or living with family (permanent tenure), Staying or living with friends (permanent tenure), Psychiatric Hospital
- Non-permanently Housed – Emergency shelter, Transitional housing for homeless persons, Permanent housing for formerly homeless persons, Staying or living with family (temporary tenure), Staying or living with friends (temporary tenure), Hotel or motel paid for without emergency voucher, Foster care home, Place not meant for habitation, Other
- QMC discussed the housing status and race of unsuppressed clients. They noted that Non-Permanently Housed Black Males and Black Females have higher percentages of unsuppressed viral loads than their White counterparts.

Housing Status and Risk Factor of Clients with Unsuppressed Viral Load



- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,148
- Exclusions – Institution (n=7), Unknown Housing Status (n=1), IDU (n=19), MSM/IDU (n=5), Transfusion (n=5), Hemophilia (n=6), and Unknown Risk Factor (n=21) due to small population size
- Permanently Housed – Rental by client, Owned by client, Nursing Home, Safe Haven, Rental by client with housing subsidy, Owned by client with housing subsidy, Staying or living with family (permanent tenure), Staying or living with friends (permanent tenure), Psychiatric Hospital
- Non-permanently Housed – Emergency shelter, Transitional housing for homeless persons, Permanent housing for formerly homeless persons, Staying or living with family (temporary tenure), Staying or living with friends (temporary tenure), Hotel or motel paid for without emergency voucher, Foster care home, Place not meant for habitation, Other
- OMC discussed the housing status and risk factors of clients with unsuppressed viral loads. They noted that Non-Permanently Housed Black Heterosexuals and Non-Permanently Housed Black MSM have higher percentages of unsuppressed viral loads than their White counterparts.

HANDOUT D

Based on the data, the Quality Management Committee recommends that PSRA focus on identifying resources and services needed by these identified populations:

18-28 year olds:

- Black non-Hispanic Heterosexual Females
- Black non-Hispanic Heterosexual Males
- Black non-Hispanic MSM

And

29-38 year olds:

- Black non-Hispanic Heterosexual Females
- Black non-Hispanic Heterosexual Males
- Black non-Hispanic MSM