



MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Thursday, March 21, 2019, 9:00 a.m.

Location: Governmental Center Room A-337

Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 3/21/19 Agenda and 2/21/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. Monthly Expenditures/Utilization Report- by service category
4. **UNFINISHED BUSINESS**
 - a. FY2018 Work Plan/Evaluation (Handouts A-B) - Discuss progress toward FY18 committee goals, complete Committee evaluations, determine FY19 goals, and approve WP.
 - b. Service Category Review (Handouts C-D) - Review eligibility and scope of services for service categories.

5. MEETING ACTIVITIES

Goal/Work Plan Objective #:	Accomplishments
PSRA Process (Handout E)	ACTION ITEM: Discuss and approve FY 2019-20 PSRA Timeline.
FY2019 Assessment of the Administrative Mechanism (Handout F-G)	ACTION ITEM: Review and approve FY19 Assessment of Administrative Mechanism FY19 methodology and survey.

6. RECIPIENT REPORTS

7. PUBLIC COMMENT

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 18, 2019 Time: **9:30 a.m.** Venue: **Secret Woods**

Goal/Work Plan Objective #:	Accomplishments
PSRA Process	ACTION ITEM: Review and sign FY19 Member Agreement.
Part A Eligibility for Service Categories	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for service categories.
2017 Epidemiological Data Presentation	ACTION ITEM: Receive a presentation of 2017 Broward EMA data.

9. ANNOUNCEMENTS

10. 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 •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)

Date/Time: Thursday, February 21, 2019 9:00 a.m.

Location: Government Center A-337

Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

ATTENDANCE				
#	Members	Present	Absent	Guests
1	Barnes, B.	X		Mester, B.
2	Fortune-Evans, B.	X		Guerrier, G.
3	Grant, C.	X		Rodriguez, J.
4	Hayes, M., <i>Vice Chair</i>	X		Caraballo, J.
5	Katz, H. B.	X		Burger, R.
6	Lopes, R.	X		Carter, J.
7	Moreno, V.	X		Cook, S.
8	Robertson, L., <i>Chair</i>	X		Dennis, B.
9	Schickowski, K.	X		Beltran, G.
10	Schweizer, M.	X		Walker, R.
11	Siclari, R.		A	Agbodzakey, J.
				Rodriguez, J.
				HIVPC Staff
				Jolly, J.
				Oratien, V.
				Johnson, B.
				Grantee Staff
				Jones, L.
				Robinson, J.
				Meeks, A.
				Drummond, K.
				Garcia, E.
Quorum = 7				

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:07 a.m. The 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 2/21/2019 meeting agenda.
Proposed by: Barnes, B. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 1/17/2019.
Proposed by: Lopes, R. **Seconded by:** Moreno, V.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: The Fiscal Administrator reviewed the expenditures and utilization through 11 months of service. At this point in the fiscal year, Part A service categories have expended 88% of their funding, and the Recipient's Office expects to expend the remainder of available funds by the end of the fiscal year. MAI funds have been 83% utilized, and remaining funds will be carried over into the next fiscal year's funding.

The Recipient noted that the full grant award was received for the upcoming fiscal year. There was a significant increase in supplemental funding but decreases in MAI and formula-based funding. One factor not considered in formula-based funding is in-migration. Those cases diagnosed in other EMAs are not counted toward Broward's number of PLWH. Because of this, Broward is not receiving funding for 30% of its positive residents. The majority of in-migrants come from Miami-Dade County, New York, and Pennsylvania. The Recipient also stated that allocations have not changed significantly from the previous fiscal year. Most funding went to OAMC.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES

Service Category Review: After reviewing the current expenditures, the Committee discussed cost savings strategies for the Ryan White Part A Program (Handout A on file). Members reviewed the current number of clients utilizing each service and the impact of changes to each service's FPL.

After much discussion, the Committee requested more information regarding the BSS and CIED service categories before making a decision on how to proceed. Members planned to make changes that create the least possible disruption of services for those clients who would be affected by changes. The Committee requested more information for each service category including scope of services to make a more informed decision. The PSRA Committee also decided to fold this service category review into the upcoming PSRA process. No final decisions came from this discussion regarding the BSS and CIED service categories, but they will be reviewed again at the next PSRA meeting.

ACTION ITEM: Review BSS and CIED service category eligibility including scope of services to clarify what the services provided to clients through this category.

6. RECIPIENT REPORT

The Recipient expects work on the eligibility portal to be completed in 3 months. The County will review the portal before it will be ready. Additionally, the Recipient's Office is working with the FDOH-BC to open data sharing. The Oral Health fee schedule is being modified and a letter has been sent to OH providers in advance of any changes.

7. PUBLIC COMMENT

Dr. James Agbodzakey is studying the relationship between HIVPC and its leadership. He asked that members and guests complete his survey.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: February 21, 2019 Time: 9:00 a.m. Venue: A-337

Goal/Work Plan Objective #:	Accomplishments
Service Category Review	<u>ACTION ITEM:</u> Review eligibility and scope of services for BSS and CIED.
Work Plan	<u>ACTION ITEM:</u> Review FY19-20 work plan.

9. ANNOUNCEMENTS

- Legal Aide has a new unit serving victims of crime (VOCA). It is not specific to Ryan White and there is no income guideline. The unit specializes in assisting victims of crime—especially of violent crimes. They can assist with injunctions, garnishments, and other services.
- Poverello received a grant from the United Way to provide clients with emergency aide. This would be a one-time assistance. There is no income-level restriction, but the client must be HIV+. There is a lot of required documentation, but the grant allows assistance with rent.

10. ADJOURNMENT

The meeting was adjourned at 11:06 a.m.



PSRA Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	17												
0	1	0	1	Barnes, B.	X												
0	0	0	2	Fortune-Evans, B.	X												
0	0	0	3	Grant, C.	E												
0	0	0	4	Hayes, M. <i>V Chair</i>	X												
1	1	0	5	Katz, H.B.	X												
0	0	0	6	Lopes, R.	X												
0	0	0	7	Moreno, V.	X												
1	1	0	8	Robertson, L. <i>Chair</i>	X												
0	0	0	9	Schickowski, K.	X												
0	0	0	10	Schweizer, M.	X												
0	0	0	12	Siclari, R.	X												
Quorum = 7					10	0	0	0	0	0	0	0	0	0	0	0	

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

FY 2018-19 Priority Setting/Resource Allocations Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the Priority Setting/Resource Allocations Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: Develop integrated PSRA process using data with input from stakeholders and consumer forums

Objective 1: Plan, prioritize, allocate and monitor available resources and expenditures

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review data relevant to the PSRA process (including recommendations from QM, SOC, and CEC)	Ongoing	Staff/PSRA	Data driven PSRA process	a. PSRA Service Category Scorecards (utilization, expenditures, etc.) b. Community input (through focus groups, CEC rankings and community forums, Integrated Committee forums, etc.) c. Epidemiology (including incidence, prevalence, co-morbidities, etc.) d. Unmet Need e. EIIHA f. Implementation Plan g. Cost data (other funders) h. QM Care Continuum measures i. NHAS j. Anticipated changes due to the ACA				X							X	
1.2 Review How Best to Meet the Need language recommendations	Annually	PSRA/SOC	Data driven PSRA process	Review and update How Best to Meet the Need language recommendations from SOC committee.					X							
1.3 Priority rank Part A and MAI service categories	Annually	PSRA/CEC	Complete PSRA process	Use data elements to inform priority ranking process.			X									
1.4 Allocate Part A and MAI funds by service	Annually	PSRA	Complete PSRA process	Allocate Part A and MAI funds based on priority ranking process.				X								
1.5 Monitor expenditures and allocations	Bi-Annually	PSRA/Grantee	Appropriate funding	Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.							X				X	
1.6 Review and approve FY2019 PSRA Work Plan	Annually	PSRA	Process Planning													X

Objective 2: Establish a seamless system between testing and care and treatment to facilitate access and ensure linkage and retention (Integrated Plan Strategy 2.1.a)

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Develop targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care (YEAR 1-2)	As Needed/Recommended	PSRA	Increase access to care and improve health outcomes	Review recommendations from QMC, Integrated Work Group, SOC Committee and other relevant data sources to identify and develop strategies to address the needs of clients who may not seek care or who have fallen out of care. Implement identified strategies for MAI funded services in the EMA through Service Delivery Models, programs, interventions, enhanced service categories, and/or HBTMTN												

Objective 3: Assess the Administrative Mechanism

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Assessment of the Administrative Mechanism training	Annually	Staff/PSRA	Ensure compliance	Receive training to review the required components and purpose of the assessment.								X				
3.2 Assessment of the Administrative Mechanism	Annually	PSRA	Ensure compliance	Make recommendations for activities to include in the assessment of the Administrative Mechanism.								X				

1.) FY2019-2020 PSRA Process**How effective was the FY2019 PSRA Process?**

Not Effective				Very Effective
1	2	3	4	5

What tools could have helped make the PSRA process more efficient?

2.) Decision Making Process**How well did members utilize data to make informed decisions?**

Not Well				Very Well
1	2	3	4	5

What improvements can be made with the data presentation/review process; how can members be better informed?

3.) Meeting Effectiveness**How useful were the agenda, reports and next steps in achieving the workplan goals?**

Not Useful				Very Useful
1	2	3	4	5

What are 2 ways to improve the meeting materials to achieve the goals of the PSRA?

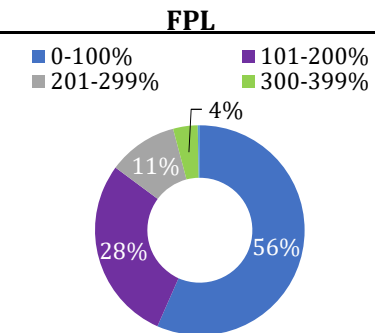
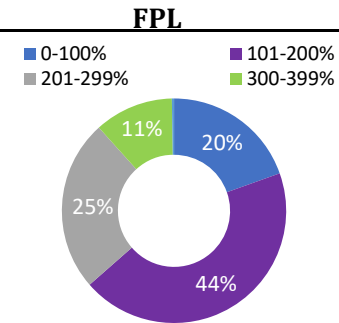
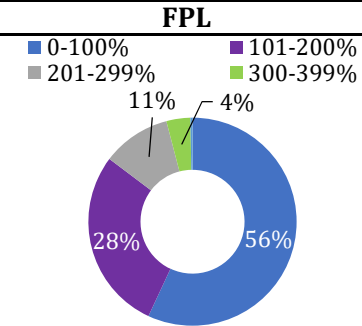
4.) Committee Member Participation**How well prepared were the committee members?**

Not Well				Very Well
1	2	3	4	5

What can be done in the future to improve meeting preparedness & participation from members to guests?

5.) Goals**What are some FY2019 PSRA goals?**

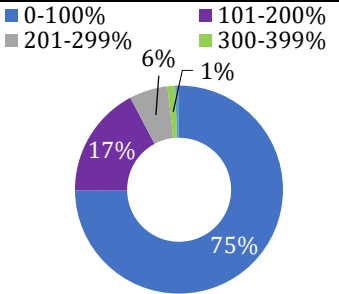
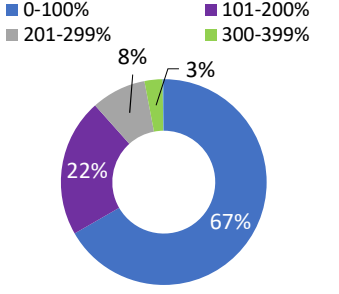
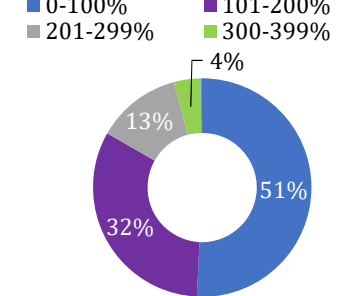
FY 2017-2018 Scorecard: Part A Overall							
Year	Total Clients	% Change	# New	% New	FPL*	#	%
2017	8,485	4.21%			0-100%	4,734	55.8%
2016	8,142				101-200%	2,356	27.8%
Ryan White Part A & MAI Providers					201-299%	886	10.4%
Type	Part A		MAI		300-399%	336	4.0%
Number	5		0		400% & over	0	0.0%
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL		
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings
	1222	\$1,506.58	\$1,841,040.76		336	\$1,506.58	\$506,210.88
FY 2017-2018 Scorecard: Benefits Support Services ELIGIBILITY: ≤300%							
Year	Total Clients	% Change	# New	% New	FPL*	#	%
2017	719				0-100%	141	19.6%
Ryan White Part A & MAI Providers					101-200%	316	43.9%
Type	Part A		MAI		201-299%	178	24.8%
Number	1		0		300-399%	84	11.7%
Proposed Eligibility ≤200% FPL					Proposed Eligibility <300% FPL		
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings
	262	\$110.02	\$28,825.24		84	\$110.02	\$9,241.68
FY 2017-2018 Scorecard: CIED ELIGIBILITY: HIV+, Resident, ≤ 400%							
Year	Total Clients	% Change	# New	% New	FPL*	#	%
2017	8,347	3.39%	1,089	13.0%	0-100%	4,641	55.6%
2016	8,073		1,279	15.8%	101-200%	2,340	28.0%
Ryan White Part A & MAI Providers					201-299%	881	10.6%
Type	Part A		MAI		300-399%	335	3.7%
Number	1		1		400% & over	0	0.3%
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL		
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings
	1216	\$67.15	\$81,654.40		335	\$67.15	\$22,495.25



FY 2017-2018 Scorecard: Case Management								ELIGIBILITY≤ 400%	
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL	
2017	2,229	-12.69%	546	24.5%	0-100%	1,425	63.9%	■ 0-100% ■ 101-200% ■ 201-299% ■ 300-399%	
2016	2,553		549	21.5%	101-200%	567	25.4%		
Ryan White Part A & MAI Providers					201-299%	180	8.1%		
Type	Part A		MAI		300-399%	50	2.2%		
Number	7		0		400% & over	0	0.0%		
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL				
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings		
	230	\$511.73	\$117,697.90		50	\$511.73	\$25,586.50		

FY 2017-2018 Scorecard: Disease Case Management								ELIGIBILITY≤ 400%	
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL	
2017	1,011	31.30%	218	21.6%	0-100%	622	61.5%	■ 0-100% ■ 101-200%	
2016	770		158	20.5%	101-200%	251	24.8%		
Ryan White Part A & MAI Providers					201-299%	98	9.7%		
Type	Part A		MAI		300-399%	38	3.8%		
Number	5		1		400% & over	0	0.0%		
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL				
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings		
	136	\$450.84	\$61,314.24		38	\$450.84	\$17,131.92		

FY 2017-2018 Scorecard: Food Bank/Voucher					ELIGIBILITY:≤300% FPL, Emergency: 251-300%			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	2,651	5.74%	541	20.4%	0-100%	1,622	61.2%	0-100%101-200%201-299%300-399%
2016	2,507		471	18.8%	101-200%	814	30.7%	
Ryan White Part A & MAI Providers					201-299%	190	7.2%	
Type	Part A		MAI		300-399%	23	0.9%	
Number	1		0		400% & over	0	0.0%	
Proposed Eligibility ≤200% FPL					Proposed Eligibility <300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	213	\$294.40	\$62,707.20		23	\$294.40	\$6,771.20	
FY 2017-2018 Scorecard: Legal Services					ELIGIBILITY:Proof of Income,≤300% FPL			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	147	-9.82%	53	36.1%	0-100%	77	52.4%	0-100%101-200%201-299%300-399%400% & over
2016	163		84	51.5%	101-200%	57	38.8%	
Ryan White Part A & MAI Providers					201-299%	11	7.5%	
Type	Part A		MAI		300-399%	2	1.4%	
Number	1		0		400% & over	0	0.0%	
Proposed Eligibility ≤200% FPL					Proposed Eligibility <300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	13	\$45.80	\$595.40		2	\$45.80	\$91.60	

FY 2017-2018 Scorecard: Mental Health					ELIGIBILITY ≤ 300% FPL			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	334	-2.62%	127	38.0%	0-100%	250	74.9%	
2016	343		90	26.2%	101-200%	58	17.4%	
Ryan White Part A & MAI Providers					201-299%	20	6.0%	
Type	Part A		MAI		300-399%	6	1.8%	
Number	4		1		400% & over	0	0.0%	
Proposed Eligibility ≤ 200% FPL					Proposed Eligibility < 300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	26	\$1,103.10	\$28,680.60		6	\$1,103.10	\$6,618.60	
FY 2017-2018 Scorecard: Integrated Primary Care & Behavioral Health (IPCBH)					ELIGIBILITY: ≤ 400% FPL			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	3,603	3.71%	1,044	29.0%	0-100%	2,377	66.0%	
2016	3,474		843	24.3%	101-200%	774	21.5%	
Ryan White Part A & MAI Providers					201-299%	307	8.5%	
Type	Part A		MAI		300-399%	107	3.0%	
Number	5		1		400% & over	0	0.0%	
Proposed Eligibility ≤ 200% FPL					Proposed Eligibility ≤ 300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	414	\$1,486.27	\$615,315.78		107	\$1,486.27	\$159,030.89	
FY 2017-2018 Scorecard: Oral Health Care					ELIGIBILITY ≤ 400% FPL			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	2,961	5.79%	801	27.1%	0-100%	1,503	50.8%	
2016	2,799		558	19.9%	101-200%	962	32.5%	
Ryan White Part A & MAI Providers					201-299%	373	12.6%	
Type	Part A		MAI		300-399%	123	3.9%	
Number	5		0		400% & over	0	0.3%	
Proposed Eligibility ≤ 200% FPL					Proposed Eligibility ≤ 300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	291	\$789.21	\$229,660.11		123	\$789.21	\$97,072.83	

FY 2017-2018 Scorecard: Pharmacy					ELIGIBILITY≤400%			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	2,707	-3.67%	687	25.4%	0-100%	1,810	66.9%	■ 0-100% ■ 101-200% ■ 201-299% ■ 300-399%
2016	2,810		659	23.5%	101-200%	589	21.8%	
Ryan White Part A & MAI Providers					201-299%	215	7.9%	
Type	Part A		MAI		300-399%	76	2.8%	
Number	3		0		400% & over	0	0.0%	
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	291	\$242.08	\$70,445.28		76	\$242.08	\$18,398.08	

FY 2017-2018 Scorecard: Substance Abuse					ELIGIBILITY≤300% FPL			
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL
2017	103	-8.85%	35	34.0%	0-100%	91	88.3%	■ 0-100% ■ 101-200% ■ 201-299% ■ 300-399%
2016	113		46	40.7%	101-200%	10	9.7%	
Ryan White Part A & MAI Providers					201-299%	2	1.9%	
Type	Part A		MAI		300-399%	0	0.0%	
Number	1		1		400% & over	0	0.0%	
Proposed Eligibility ≤200% FPL					Proposed Eligibility <300% FPL			
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings	
	2	\$2,315.62	\$4,631.24		0	\$2,315.62	\$0.00	

FY 2017-2018 Scorecard: HICP					ELIGIBILITY: Proof of Income ≤400% FPL											
Year	Total Clients	% Change	# New	% New	FPL*	#	%	FPL								
2017	612	20.71%	16	2.6%	0-100%	139	22.7%	■ 0-100% ■ 101-200% ■ 201-299% ■ 300-399% <table><tr><td>0-100%</td><td>23%</td></tr><tr><td>101-200%</td><td>37%</td></tr><tr><td>201-299%</td><td>26%</td></tr><tr><td>300-399%</td><td>14%</td></tr></table>	0-100%	23%	101-200%	37%	201-299%	26%	300-399%	14%
0-100%	23%															
101-200%	37%															
201-299%	26%															
300-399%	14%															
2016	507		34		101-200%	226	36.9%									
Ryan White Part A & MAI Providers					201-299%	161	26.3%									
Type	Part A		MAI		300-399%	86	14.1%									
Number	1		0		400% & over	0	0.0%									
Proposed Eligibility ≤200% FPL					Proposed Eligibility ≤300% FPL											
	Clients	AVG \$/Client	Savings		Clients	AVG \$/Client	Savings									
	247	\$1,241.83	\$306,732.01		86	\$1,241.83	\$106,797.38									

Timeline for Priority Setting and Resource Allocation

DATE	TASK	ACTION ITEM
Thursday, March 21 st , 2019 9:00 P.M. to 11:00 A.M. Ryan White Part A Program Office – Room A-337	Establish PSRA Process: Review purpose of PSRA, PSRA timeline with overview of data, and PSRA Committee Member Manual	Review the PSRA guidelines and timeline and the Service Category definitions. Vote to Approve: Establish PSRA Process
Thursday, April 18 th , 2019 9:30 A.M. to 11:30 A.M. Secret Woods – Julia Hall	Establish PSRA Process: Review PSRA Committee Member Manual Review Part A Eligibility for service categories including data relating to: • Scope of service • Comparable EMA eligibility • Previous year's utilization of services 2017 Epidemiological Data Presentation (Part 10 slides) focused on: • Trends in new infections • Current and emerging priority populations • Changes in demographics of the EMA's HIV/AIDS cases Wrap-up, Take Aways, and Recommendations	Sign PSRA Committee Member Manual Informational Informational
*Thursday, May 16 th , 2019 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	Review Part A Eligibility for service categories including data relating to: • Scope of service • Comparable EMA eligibility • Previous year's utilization of services Discuss Cost Containment Strategies (HBTMTN): • Best practices • Service limitations/caps • Cost sharing Wrap-up, Take Aways, and Recommendations	Informational Informational
*Thursday, June 20 th , 2019 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	Ryan White Funder and Stakeholder Presentations including data related to: • Client utilization • Budget	

Timeline for Priority Setting and Resource Allocation

	• Provided services • Notable trends • Recommendations for Part A Needs Assessment/Community Input: Discussion of community needs and feedback from needs assessment activities. Wrap-up, Take Aways, and Recommendations Priority Setting: Rank Part A services based on community need, funder recommendations, and data presentations.	Vote to Approve: Ranking of Service Categories
*Thursday, July 18th, 2019 9:00 A.M. to 1:00 P.M. Ryan White Part A Program Office – Room A-337	Part A Client Health Outcomes Presentation: Analysis of Part A client health outcomes including: • Viral Load Suppression • Retention in Care • Variations by gender, race/ethnicity, service category Part A Service Category Presentations (scorecards): Analysis of Part A Program by service category including: • Service components • Allocations and expenditures • Client utilization • HIV Care Continuum Data Presentation Wrap-Up and Final Discussion: Final discussion on data presentations, key findings, service gaps and barriers, community needs, etc. Resource Allocations: Determine funding based on FY2017 expenditures, FY 2019 projections, factors to consider, and funder presentations.	Informational Informational Vote to Approve: Allocations for Service Categories

2018-2019 Assessment Methodology

Methodology

The methodology for the FY 2018-2019 assessment of the administrative mechanism for the Broward/Fort Lauderdale EMA was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and TGAs across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward/Fort Lauderdale EMA HIV Health Services Planning Council (HIVPC) has the responsibility of ensuring that an Assessment of the Administrative Mechanism is completed each year. Planning Council Support Staff (PCS) works with the committee to review survey responses and develop or modify the surveys that will be provided to the Part A Recipient and HIVPC

Timeline

Planning Council Support Staff works with the PSRA committee to review survey responses and develop or modify the surveys that will be provided to the Part A Recipient and HIVPC Members as well as the timeline for evaluation.

<i>Activity</i>	<i>Proposed Date</i>
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	March 2019
Surveys Distributed to HIVPC and Recipient Staff.	March 28, 2019
Deadline to return surveys.	April 3, 2019
Assessment of the Administrative Mechanism Report due to PSRA and HIVPC.	August 15 & 22, 2019
PSRA to review report for any glaring issues. Survey developed to obtain quarterly updates on glaring issues, if needed.	August 15, 2019
Quarterly update survey distributed, if needed.	November 1, 2019 February 1, 2020
Deadline to return quarterly update surveys, if needed.	November 15, 2019 February 15, 2020
Quarterly update report due.	November 29, 2017 February 28, 2018

Data Collection Process

PCS will utilize the following process to complete the stated scope of work, divided into three components:

- i. Documentation Review/Analysis
- ii. Survey Distribution/Analysis
- iii. Production of Draft and Final Reports

2018-2019 Assessment Methodology

Documentation Review/Analysis

Documentation requests for deeper analysis, as appropriate, represent three (3) key areas: (1) Grant Award Documentation; (2) Allocation/Reallocation information; (3) Recipient's monthly Service Provider tracking of invoices received, processed, and funding issued.

The list of additional documents reviewed exhibits the comprehensiveness of the analysis and the efficiency of tracking and processing monthly invoices:

- Notice of Grant Award
- Detailed Spreadsheets for Ryan White Part A Provider invoices for FY18
- Monthly expenditure reports for Ryan White Part A
- 2018 Final Allocations
- 2018 Reallocation Itemization per service provider per category
- 2018 Unallocated Funds Report

Data Collection/Analysis

The primary data collection method involved the utilization of an electronic surveying methodology. PCS staff developed a survey and timeline for pre-approval by the PSRA and Executive Committees prior to implementation. The surveys are as follows:

1. A survey for the HIVPC
2. A survey for the Recipient

Note: See attachments for master copies of all monitoring tools.

The HIVPC survey is brief and focused on communication between the HIVPC and Recipient regarding the allocation of funds, reallocation of funds, and HRSA policies which can affect funding. The Recipient survey includes questions regarding notification of award, executed contract dates, average reimbursement time, and communication and technical assistance.

The proposed survey distribution timeline includes electronic remote feedback at the HIVPC meeting in March as well as follow up online (SurveyGizmo)/paper surveying through April 3, 2019. The Recipient surveys are provided via email and/or accessed through SurveyGizmo. PCS staff will collect and analyze survey responses to develop a comprehensive report.

1. Your Name: _____

Section 1: Planning

2. Community needs were evaluated on an ongoing basis effectively:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	

3. I was given enough notice of HIVPC planned activities and meetings:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	

4. In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	

5. I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:

☐	Strongly Disagree
☐	Disagree
☐	Agree
☐	Strongly Agree
Comments:	

Section 2: Priority Setting/Resource Allocation

6. The Recipient's Office followed the HIVPC's recommendations for service priorities, resource allocations and reallocations ("Sweeps"):

☐	Strongly Disagree
☐	Disagree
☐	Agree
☐	Strongly Agree
Comments:	

7. The Recipient's Office followed the HIVPC's recommendations for How Best to Meet the Need:

☐	Strongly Disagree
☐	Disagree
☐	Agree
☐	Strongly Agree
Comments:	

8. The Recipient Staff provided utilization and expenditure reports to the HIVPC and appropriate committees on a regular basis:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	

9. The Recipient's Office has responded to questions and requests for information about allocations, reallocations, and expenditures in FY2018-2019:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	

10. The Recipient Staff clearly communicated the reallocation process to the HIVPC and appropriate committees:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	

Section 3: Overall Assessment

11. In terms of structure and process, the Ryan White Part A Grantee effectively supported the goals of the HIVPC as an administrative agent:

	Strongly Disagree
	Disagree
	Agree
	Strongly Agree
Comments:	