



JOINT PRIORITIES COMMITTEE
Meeting Agenda
Wednesday, March 20, 2013 at 12:30 p.m.

Carla Taylor-Bennett, Part A Co-Chair

Lisa Agate, Part B Co-Chair

- 1. CALL TO ORDER**
- 2. WELCOME AND INTRODUCTIONS**
 - a. Review Meeting Ground Rules, Sunshine and Public Comment Requirements
 - b. Committee Member and Guest Introductions
 - c. Moment of Silence
- 3. APPROVALS**
 - a. Meeting Agenda 3/20/13, amended to add Item 5(a).
 - b. Meeting Minutes 1/16/13
- 4. UNFINISHED BUSINESS**
 - a) Update on ad Hoc PCIP Subcommittee (HANDOUT A)
INFORMATION ITEM: Acting Subcommittee chair and Co-Chairs will give an update on progress and a look forward at upcoming steps.
- 5. NEW BUSINESS**
 - a) Appoint HOPWA Representative to Joint Priorities
ACTION ITEM: Request that the Planning Council appoint the HOPWA administrator to the Joint Priorities Committee.
 - b) Review PSRA Timeline / Data Items for FY14-15 (HANDOUT B)
ACTION ITEM: Approve the annual Timeline and Data List that guides the Priority Setting and Resource Allocation Process for FY14-15. Request any additional data the Committee needs.
 - c) Review Committee Meeting dates for 2013 (HANDOUT C)
ACTION ITEM: Approve tentative dates of Committee meetings in 2013. This will be used to send Outlook calendar appointments to committee members for rest of the year, to help in planning.
- 6. GRANTEE REPORTS**
 - a. Part A
 - b. Part B (HANDOUT D)
- 7. PUBLIC COMMENT**
- 8. AGENDA ITEMS FOR NEXT MEETING:** April 17, 2013 at 12:30 p.m. **VENUE:** BRHPC
- 9. ADJOURNMENT**



JOINT PRIORITIES COMMITTEE

January 16, 2013 at 12:30 p.m.
 200 Oakwood Lane, Suite 100, Hollywood, FL 33020
MEETING MINUTES

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

1. CALL TO ORDER (*Please sign-in*)

The Part B Co-Chair called the meeting to order at 12:38 p.m.

2. WELCOME, INTRODUCTIONS & MOMENT OF SILENCE

The Part B Co-Chair welcomed everyone. 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. Member, staff and guest introductions were made. A moment of silence was observed.

3. APPROVALS

a. Approval of Today's Agenda

Motion #1:	To Approve the 1/16/13 Meeting Agenda
Proposed by:	Yolonda Reed
Seconded by:	H. Bradley Katz
Action:	Passed Unanimously

b. Approval of 12/19/12 Meeting Minutes

Motion #2:	To Approve the 12/19/12 Meeting Minutes
Proposed by:	Rick Siclari
Seconded by:	Yolonda Reed
Action:	Passed Unanimously

Joint Priorities Meeting Minutes 1/16/13

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4. UNFINISHED BUSINESS

a. Update on ad Hoc Pre-Existing Condition Insurance Plan Subcommittee

The Chair of the Ad-Hoc PCIP Subcommittee reported that the Committee met on January 9, 2013 and heard a presentation on the Monroe County PCIP Pilot Program. The report included information on the average monthly and annual number of clients served, and the premiums, deductibles, and co-payments paid. The AHF representative provided a presentation on the Affordable Care Act (ACA). Following the presentations, the Committee reviewed cost summary per Ryan White Program service category for FY11-12. The Committee discussed the pros and cons of paying for insurance premiums and deductibles instead of direct services, the service gaps expected post healthcare reform, and the estimated client pool that would rely on Ryan White Program core and/or support services post healthcare reform. The Committee requested the following data to facilitate further discussion and help formalize recommendations to the Joint Priorities Committee: 1) Ryan White Service Utilization per FPL (0%-138%; 139%-300%; 301%-400%; Over 400%), 2) A comparison of the benefit packages of the current HIV Medicaid plans, and 3) The exchange subsidies for health insurance premiums and cost sharing. The next meeting is February 20.

5. NEW BUSINESS

a. FY 2012 Allocation Sweeps (HANDOUT A)

The Grantee reviewed the reallocation spreadsheet and explained why money was being recommended to sweep to or from each specific service category.

Second Reallocation of FY 2012-13 -- Joint Priorities 1-16-13										
Service Category/ # of Providers	Contracted or Allotted \$	Expended Amount	Average Monthly Expenditures	FY 12-13 Projected Expenditures	Potential Reallocation Dollars	Providers' Request	Providers' Return	Grantee Recommended Sweep	Recomm'd Sweep TO	Recomm'd Sweep FROM
Ambulatory (5)	\$6,348,597	\$4,631,449	\$463,145	\$5,557,739	\$790,858	\$253,431	(\$895,532)	(\$642,101)	\$253,431	(\$895,532)
MAI Ambulatory (1)	\$100,000	\$49,981	\$24,991	\$249,907	(\$149,907)	\$0	\$0	\$0	\$0	\$0
Pharmaceuticals (3)	\$453,141	\$373,217	\$37,322	\$447,861	\$5,280	\$56,435	\$0	\$547,995	\$547,995	\$0
Dental (2)	\$2,623,653	\$1,439,079	\$209,543	\$2,514,516	\$109,137	\$0	\$0	\$0	\$0	\$0
Case Management (7)	\$1,145,110	\$892,092	\$89,209	\$1,070,510	\$74,600	\$45,000	(\$42,916)	\$2,338	\$45,000	(\$42,662)
MAI Case Mgt(2)	\$176,644	\$12,162	\$25,235	\$188,806	(\$12,162)	\$0	(\$110,516)	\$0	\$0	\$0
Mental Health (3)	\$336,987	\$275,891	\$30,575	\$366,900	(\$29,913)	\$0	\$0	\$0	\$0	\$0
MAI Mental Health (2)	\$128,418	\$62,213	\$4,615	\$71,443	\$56,975	\$24,212	\$0	\$0	\$0	\$0
Substance Abuse (2)	\$357,889	\$301,962	\$30,196	\$362,354	(\$4,465)	\$0	(\$15,000)	(\$15,000)	\$0	(\$15,000)
MAI Substance Abuse (1)	\$513,581	\$287,611	\$35,951	\$395,465	\$4,535	\$0	\$0	\$0	\$0	\$0
Food Bank (1)	\$68,103	\$41,080	\$41,080	\$41,080	\$27,024	\$0	\$0	\$153,000	\$153,000	\$0
Food Voucher (1)	\$87,787	\$0	\$0	\$0	\$87,787	\$0	\$0	(\$37,000)	\$0	(\$37,000)
CIED (1)	\$475,513	\$311,821	\$31,182	\$374,186	\$101,327	\$0	(\$8,000)	(\$8,000)	\$0	(\$8,000)
MAI CIED (1)	\$290,957	\$290,957	\$29,096	\$349,148	(\$58,191)	\$0	\$0	\$0	\$0	\$0
Outreach (1)	\$67,000	\$44,833	\$4,981	\$54,796	\$12,204	\$0	\$0	(\$8,232)	\$0	(\$8,232)
Legal Assistance (1)	\$124,426	\$113,330	\$11,333	\$135,996	(\$11,570)	\$7,000	\$0	\$7,000	\$7,000	\$0
Total Part A Funds	\$12,088,206	\$8,424,754	\$948,566	\$10,925,938	\$1,162,268	\$361,866	(\$961,448)	\$0	\$1,006,426	(\$1,006,426)
Total MAI Funds	\$1,209,600	\$702,924	\$119,888	\$1,254,769	(\$158,750)	\$24,212	(\$110,516)	\$0	\$0	\$0
Total Funds	\$13,297,806	\$9,127,678	\$1,068,454	\$12,180,707	\$1,003,518	\$386,078	(\$1,071,964)	\$0	\$1,006,426	(\$1,006,426)
Food Bank Bulk Purchase	\$1,136,271	419,991	\$46,666	\$513,322	\$524,842					
Food Voucher Bulk Purchase	\$98,107	21,183	\$2,118	\$21,183	\$76,925					
Recommended Revised Food Allocation			Projected FY 13-14	\$715,282	\$190,440					

Projections based on reimbursement requests submitted by providers for the months of March-December. Figures represent expenditures or reimbursements for services funded in FY 12-13.

Joint Priorities Meeting Minutes 1/16/13

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In outpatient medical, the big item is a return of \$850,000 from one provider. In pharmaceuticals, a significant sweep into the program will allow the grantee's office to make a bulk purchase of medications and possibly vaccines that Ryan White clients use.

In food bank, the Grantee recommended increasing annual allotments from 12 per year to 15 per year. That will help use the bulk-purchase food that remains and the amount is expected to last through FY2013-14.

After the Committee discussed the various effects of reallocating funds to various service categories, the following motions were made:

Motion #	Service Category	Recommended Sweep TO	Recommended Sweep FROM	Proposed by	Seconded by	Yes #	No #	Abstain #	Action
3	Ambulatory (5)		(\$895,532)	Wynn	Reed	10	0	0	Passed
4	Case Management (7)		(\$42,662)	Reed	Siclari	10	0	0	Passed
5	Substance Abuse (2)		(\$15,000)	Grant	Reed	10	0	0	Passed
6	Food Voucher (1)		(\$37,000)	Siclari	Wynn	10	0	0	Passed
7	Centralized Intake and Referral (1)		(\$8,000)	Grant	Reed	10	0	0	Passed
8	Outreach (1)		(\$8,232)	Reed	Wynn	10	0	0	Passed
	Total Part A Funds		(\$1,006,426)						
9	Ambulatory (5)	\$253,431		Reed	Wynn	10	0	0	Passed
11	Pharmaceuticals (3)	\$547,995		Taylor-Bennett	Wynn	8	0	0	Passed
12	Case Management (7)	\$45,000		Wynn	Katz	8	0	0	Passed
13	Food Bank (1)	\$153,000		Wynn	Katz	8	0	0	Passed
14	Legal Assistance (1)	\$7,000		Wynn	Katz	7	0	1	Passed
	Total Part A Funds	\$1,006,426							
	Dental (2)	\$0	\$0						
	Mental Health (3)	\$0	\$0						
	Total MAI Funds	\$0	\$0						

The Committee approved a second round of reallocations in FY2012-13 Part A grant funds. Members voted to move a total of \$1,006,426 out of six service categories (medical, case management, substance abuse, food vouchers, centralized intake and eligibility, and outreach) and to move a like amount into five categories (medical, pharmaceuticals, case management, food bank and legal assistance). No recommendations were made to sweep MAI funds.

After discussion, the Committee agreed that enough resources remain in the bulk food purchase to allow changing the eligibility for food bank. Members voted to give clients 15 food allocations per year (up from 12), of which up to three can be food vouchers. A single voucher can also be provided with a food box. Members said their intent is that clients be allowed to get their 15 allocations in 12 visits.

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The following motion was made:

Motion #:10	To recommend that the food bank eligibility be changed to 15 Food Bank allotments per year. A maximum of 3 allotments may be vouchers. A single voucher can be provided simultaneously with a box.
Proposed by:	Carla Taylor-Bennett
Seconded by:	Yolonda Reed
Action:	Passed

In addition, the Committee recommended that any unallocated funds in the pharmaceutical line item would be directed to the ADAP program.

The following motion was made:

Motion #: 15	To sweep unallocated expenditures in the pharmacy line item to ADAP
Proposed by:	Joey Wynn
Seconded by:	H. Bradley Katz
Action:	Passed

6. GRANTEE REPORTS

a. Part A

The Grantee received official notification of the partial grant award. There is no specific date for when the final award will be received. Additionally, no decision has been made by the County of how contracts will be extended.

b. Part B and ADAP (HANDOUT B)

The written Part B Grantee report was provided detailing expenditures up to November 30, 2012. Non-Medical Case Management conducted 791 eligibility interviews in November. Medication co-payment served 247 clients of which 9 were new to the program. There were 235 clients served in November for Medication Co-Payment and 12 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for November is \$25,290. Total cost savings April – November 2012 is approximately \$154,855. Home Delivered Meals served zero (0) clients. Medical Transportation for November 2012: A total of 371 clients received passes and 479 passes were distributed.

c. ADAP Update

The ADAP report through December 31, 2012 was provided: The total ADAP “open” enrollment was 2,957 with 2,157 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 15 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 1,011 appointments of which 416 (41%) were missed. Clients Served is defined as having at least one “pickup” in the period. The category definitions are as follows:

Category A Clients Served = 0 (CD4 < 200 cells/mm³ and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)

Category B Clients Served = 1 (CD4 cell count between 201-350 cells/ mm³: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)

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Category C Clients Served = 14 (Treatment naïve clients with CD4 cell count > 350 cells/mm3)

Category D Clients Served = 0 (Unknown/Other)

Clients are removed from the Wait List by medical category in the order of earliest enrollment. This serves as a reminder that clients **MUST** recertify every 6 months or they will lose their position on the Wait List.

7. PUBLIC COMMENT

There was no public comment.

8. AGENDA ITEMS FOR NEXT MEETING: March 20, 2013 at 12:30 p.m /Venue: BRHPC

- Standing Agenda Items
- Review 2013 Work Plan (Chairs may approve on the committee’s behalf in February)
- Update on PCIP Subcommittee

9. ADJOURNMENT

Without objection, the meeting was adjourned at 3:13 p.m.

JOINT PRIORITIES COMMITTEE - ATTENDANCE CY 2013

#	Members	Jan
1	Taylor-Bennett, C	P
2	Agate, L.	P
3	Ferrer, M.	A
4	Gammell, B.	A
5	Grant, C.	P
6	Hayes, M.	P
7	Katz, H. B.	P
8	Reed, Y.	P
9	Schickowski, K.	P
10	Siclari, R	P
11	Green, D.	P
12	Wynn, J	P
Quorum = 7		10

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Funds run low for health insurance in state ‘high-risk pools’

By N.C. Aizenman, Washington Post: February 15

Tens of thousands of Americans who cannot get health insurance because of preexisting medical problems will be blocked from a program designed to help them because funding is running low.

Obama administration officials said Friday that the state-based “high-risk pools” set up under the 2010 health-care law **will be closed to new applicants as soon as Saturday and no later than March 2**, depending on the state. (*The list includes Florida.*)

But they stressed that coverage for about 100,000 people who are now enrolled in the high-risk pools will not be affected.

“We’re being very careful stewards of the money that has been appropriated to us and we wanted to balance our desire to maximize the number of people who can gain from this program while making sure people who are in the program have coverage,” said Gary Cohen, director of the Department of Health and Human Services’ Center for Consumer Information and Insurance Oversight. “This was the most prudent step for us to take at this point in time.”

The program, which was launched in summer 2010, was always intended as a temporary bridge for the uninsured. But it was supposed to last until 2014. At that point, the health-care law will bar insurers from rejecting or otherwise discriminating against people who are already sick, enabling such people to buy plans through the private market.

From the start, analysts questioned whether the \$5 billion that Congress appropriated for the Pre-Existing Condition Insurance Plan — as the program is called — was sufficient.

Initial fears that as many as 375,000 sick people would swamp the pools and bankrupt them by 2012 did not pan out. This is largely because, even though the pools must charge premiums comparable to those for healthy people, the plans sold through them are often expensive.

But it was also because the pools are open only to people who have gone without insurance for at least six months. The result is that, while only about 135,000 people have gotten coverage at some point, they are proving far more costly to insure than predicted.

Many people who are uninsured go untreated, exacerbating their medical problems. When they finally do get coverage through a high-risk pool, they are in immediate need of expensive care.

“What we’ve learned through the course of this program is that this is really not a sensible way for the health-care system to be run,” Cohen said.

Of the original \$5 billion, about \$2.36 billion remains available for the last three quarters of 2013 — enough only to continue coverage for those already in the pools, according to administration estimates.

The law gave states the option of either administering their pools directly or allowing federal authorities to operate them. In 27 states that have chosen direct management, applications for new enrollment can be accepted only through March 2. In 23 states and the District, where the pools are operated by the federal government, only applications received through Friday will be considered.

Obama administration officials said they did not have estimates for how many more people would have sought coverage through the pools beyond then. But Cohen said that new enrollment has averaged about 4,000 people per month in the past several months, suggesting that the figure could number in the tens of thousands.

Asked why the administration has not requested additional money from Congress to keep the program open — admittedly a tough sell in the current political and budgetary environment — Cohen said, “My responsibility is to work with the appropriation we have.”

About 129 million people nationwide have a medical condition or prior illness that would make it hard for them to buy their own insurance plan.

Large numbers of them can and still do obtain full coverage through employer-sponsored plans, which generally do not treat sick people differently.

An additional 215,000 people are insured through separate high-risk pools that 35 states fund through their own budgets — although the policies often do not pay for treatment of the person’s preexisting illness, only covering new illnesses the person may develop.

Between 9 million and 25 million people with preexisting conditions are uninsured, depending on the estimate.

Among those stunned by Friday’s news was a 61-year-old Virginia woman who is battling stage-four breast cancer. The woman, who asked to be identified by her middle name, Joyce, because she wants to keep her illness private, is self-employed and had bought her own insurance for years.

Late in 2010, however, the insurer that Joyce was using pulled out of Virginia. She was healthy at the time. But when she applied to other companies, she was told that because she had been diagnosed with—and successfully treated for—an earlier breast cancer, she was ineligible for coverage.

Joyce said she was unaware of the high-risk pools at the time and remained ignorant of the option even as she was diagnosed with her current cancer. As the disease has progressed, the cost of her treatment has skyrocketed. The latest expense, a 10-week course of chemotherapy that she expects to total about \$30,000, as well as additional tests that could top \$8,000, has forced her to dip into her retirement savings.

It is only in the past several weeks that Joyce learned of the high-risk pool, and she was on track to finalize her application Sunday.

On Friday, she scrambled to get it in by the unexpected new deadline. She said the computer system appeared to accept her entries, but she will be on tenterhooks until she finds out for sure.

“I feel like the rug has been pulled out from under me,” Joyce said. “On every level, this is just beyond discouraging.”

PCIP Service Expenditures

HANDOUT A-4

3/1/2012 - 2/20/2013

Service Category(s) included:

AIDS Pharmaceutical Assistance
Ambulatory Outpatient Medical Care
Mental Health
Substance Abuse (Outpatient)

Ledger Entry Status(s) Included:

Billed
Paid
Paid As Billed

FPL Range: 0 to 138%

<u>Clients</u>	<u>Unit Quantity</u>	<u>Amount</u>
2,873	123,829.00	\$4,864,677.25

FPL Range: 139% to 300%

<u>Clients</u>	<u>Unit Quantity</u>	<u>Amount</u>
912	32,988.00	\$1,242,385.17

FPL Range: 301% to 400%

<u>Clients</u>	<u>Unit Quantity</u>	<u>Amount</u>
42	1,401.00	\$54,763.57

	<u>Clients</u>	<u>Unit Quantity</u>	<u>Amount</u>
Grand Total:	3,827	158,218.00	\$6,161,825.99

Approved

FY 2014 Priority Setting and Resource Allocation Timeline

TASK	RESPONSIBLE PARTY	DATE - 2013
PSRA Data Requests	Joint Planning, Joint Priorities	March – April
Data Collection (3-year trends when available) <ul style="list-style-type: none"> • Parts A-F and HOPWA Utilization & Demographic Data • Needs Assessment • Allocations, Expenditures & Utilization Data • Epidemiology Data • EIIHA Data • Unmet Need (New data due at end of July) • Quality Management Data • Additional Data (Requests) • JCCR Recommended Rankings • AICP Cost-Benefit Analysis 	Grantees, Support Staff, Providers	April – May
Recommended Language on How Best To Meet Need	Joint Planning Committee	May
Review PSRA Data, Scorecards, How Best to Meet Need	Joint Priorities Committee	May - June 12
PCIP Recommendations	PCIP Subcommittee	June 12
Priority Setting for FY 14/15 Categories (Part A, MAI)	Joint Priorities Committee	June 19
	HIV Planning Council	June 27
Allocations - Part A and MAI Service Categories	Joint Priorities Committee	July 10 & 17 (if needed)
	HIV Planning Council	July 25

Ryan White Part B
Expenditure Report

HANDOUT D

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 JANUARY/ Encumbered	Part B 2012-2013 Monthly Average Left	Part B 2012-2013 YTD Spent/ Encumbered	Part B 2012-2013 % Encumbered	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	\$2,479		\$977	\$525	21.2%	78.8%	\$ 1,954
Medication Co-Pay	\$540,200	\$18,549	\$163,646	\$212,908	39.4%	60.6%	\$ 327,292
AICP Insurance Prem	\$69,800	\$18,799	\$25,501	\$18,799	0.0%	100.0%	\$ 51,001
Case Management (non-medical)	\$228,287	\$21,396	\$38,111	\$152,066	66.6%	33.4%	\$ 76,221
Medical Transportation	\$150,971	\$49,909	\$622	\$149,727	99.2%	0.8%	\$ 1,244
Administration	\$110,192	\$8,437	\$15,193	\$79,806	72.4%	27.6%	\$ 30,385
TOTALS	\$1,101,929	\$117,090	\$122,024	\$613,831	55.7%	44.3%	\$ 488,097

44.3%

Home Delivered Meals Served 0 client

Medication Co Payment served 250 clients in which 15 were new to the program.

242 Clients served in Decemberr Medication Co Payment.

8 Clients served in December Mail Order

Cost Avoidance for Medication Co-Payment Program for January \$45,122.86

Savings as a result of using co-pay cards April-January is approximately \$ 105,042

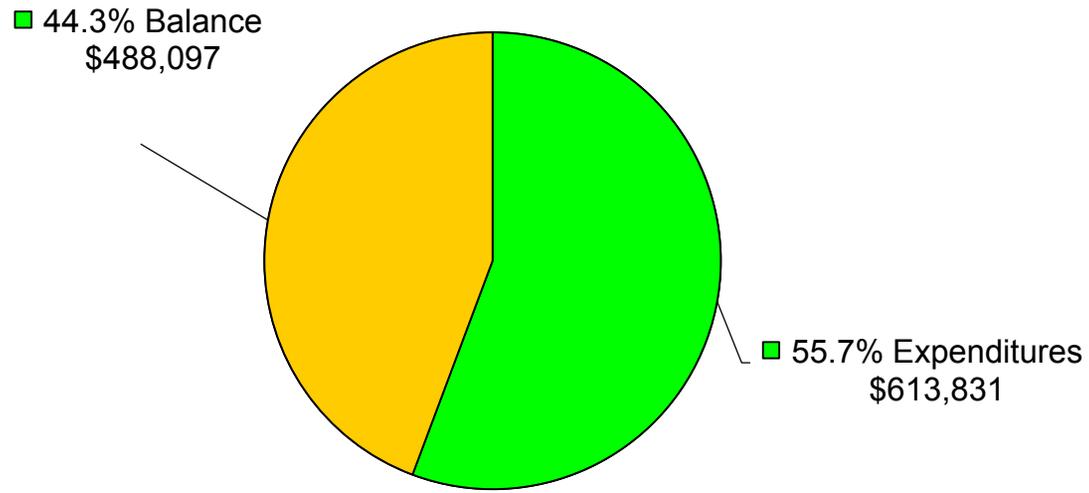
Non-Medical Case Management conducted 835 eligibility interviews in January

Medical Transportation 128 (10 ride) and 175 (31 day) passes distributed in January.

(Approximately 400 Part A passes left)

This report reflects all invoices received and paid as of 1/31/2013

Ryan White Part B Expenditures
April 2012 -January 2013



Report for Fiscal Year April 2012 thru March 2013