



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

Meeting Agenda

Thursday, July 19, 2012 at 9:00 A.M.

Samantha Kuryla, Chair

Brad Gammell, Vice Chair

The Executive Committee did not achieve quorum.

This Agenda was developed in accordance with the Planning Council By-Laws.

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

- 1. CALL TO ORDER**
- 2. MOMENT OF SILENCE**
- 3. WELCOME AND PUBLIC RECORD REQUIREMENTS**
 - a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
 - b. Council Member and Guest Introductions
 - c. Excused Absences and Appointment of Alternates
 - d. Approval of Today’s Agenda
 - e. Approval of 6/21/12 Meeting Minutes
- 4. PUBLIC COMMENT** (Up to 10 minutes)
- 5. FEDERAL LEGISLATIVE REPORT** (via teleconference)
- 6. CONSENT ITEMS**

Consent Item # 1	To “move generic Lipitor from Tier 3 to Tier 1”.
Justification:	Lipitor has become generic and PAP is no longer available, therefore movement from Tier 3 to Tier 1 is necessary.
Indication:	Cholesterol lowering agent
Financial Impact	Projections are difficult to obtain since we haven’t had utilization data in the past year, however based on historic ADAP utilization and Medical Network estimation of their clients need for this drug, we estimate 200 clients a month at approximately \$60,000 annually.
Proposed by:	Joint Priorities Committee

Consent Item # 2	To “remove Actos and Fungizone from the Formulary”.
Justification:	Per request of Medical Network
Indication:	Actos: Risk of serious adverse events and PAP available Fungizone: The drug is intended for use in an inpatient setting and should be administered intravenously under clinical supervision
Proposed by:	Joint Priorities Committee



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7. DISCUSSION ITEMS

(a) FY 13-14 ALLOCATIONS: PART A

Discussion Item #	Rank	Service	Part A FY12/13 Allocation	Factors to Consider ACA=Affordable Care Act	Part A FY13/14 Recommended Allocation	Proposed by
1	1	Medical	\$6,504,282	Expanded testing will link more clients to care. ACA impact . Expected Medicare reimbursement increase 3% (\$195,128). Offset FY 11/12 underutilization due to late grant award (\$800,000)	\$7,258,747	Priorities
2	2	Pharmacy	\$411,109	Expanded testing will link more clients to care. Decreased PAP access. LPAC formulary changes. ACA Impact	\$457,909	Priorities
3	3	Oral Health	\$2,623,653	Other funding \$234,747. Overutilization past 4 years. Difficulty accessing. Prevention issue. Low Medicaid; Very small Part F, Continued historic Part A Overutilization.	\$3,211,225	Priorities
4	4	Medical Case Mgt	\$1,134,105	Expanded testing will link more clients to care; Need to enhance the case management model.	\$1,413,697	Priorities
5	5	Mental Health	\$274,099	Expanded testing will link more clients to care. ACA Impact	\$293,871	Priorities
6	6	Substance Abuse	\$355,389	Expanded testing will link more clients to care. ACA Impact	\$408,703	Priorities
		Total Core	\$11,302,637		\$13,044,151	
7	1	Eligibility	\$300,000	As of 7/1/12 clients must be recertified every 6 months instead of 12 months (increase costs 33%)	\$505,073	Priorities
8	2	Food Bank	\$277,111	No other significant funding sources identified. Clients , providers rank as highest priority support service. Includes FY 11/12 bulk purchase \$537K. Eligibility to be reviewed for Food Vouchers;Allocation to be split: 70% Food Bank, 30% Food Vouchers	\$1,022,217	Priorities
9	3	Legal Services	\$112,426	No other funding identified. SSI appeals process	\$130,742	Priorities
10	4	Outreach	\$67,000	No other funding identified. Expanded testing will link more clients to care. Offset for underutilization due to lack of provider in part of FY 11-12 (\$15,598)	\$74,320	Priorities
		Total Support	\$756,537		\$1,732,352	
		TOTAL	\$12,059,174		\$14,776,503	\$0



DISCUSSION ITEMS Continued:

ALLOCATIONS: MAI FY 13-14

Discussion Item #	FY 13/14 Rank	MAI Service	FY 12/13 Allocations (\$)	Factors to Consider* (ACA = Affordable Care Act)	FY 13/14 Funding Request Based on Client & Factor Increase	Proposed by
		Core				
11	1	Medical	\$100,000	Expanded testing will link more clients to care. ACA Impact	\$110,000	Priorities
12	2	Medical Case Mgt	\$176,644	Expanded testing will link more clients to care. ACA Impact	\$211,973	Priorities
13	3	Mental Health	\$95,368	Expanded testing will link more clients to care. New entity chosen to manage service on countywide basis. ACA impact	\$104,905	Priorities
14	4	Substance Abuse	\$400,624	Expanded testing will link more clients to care. New entity will manage service on countywide basis. ACA impact	\$460,718	Priorities
			\$772,636		\$887,595	
		Support				
15	1	Eligibility	\$290,957	As of 7/12 clients recertified every 6 months (increase \$=33%)	\$386,973	Priorities
	MAI	Support	\$290,957		\$386,973	
			\$1,063,593		\$1,274,568	



8. JULY COMMITTEE REPORTS

a. **Membership/Council Development Committee (MCDC) – July 5, 2012**

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

The Committee reviewed the Planning Council demographics with a view of bringing the numbers into compliance with HRSA. Strategies from the updated recruitment and retention plan were integrated into the MCDC 2012-2013 Work Plan developed at the June retreat. It was agreed to use the existing recruitment brochure with updated contact information by staff. The Committee agreed on having these recruitment brochures available at all meetings for members to keep with them to distribute to interested parties. With regards to attending community events, committee members agreed to send dates of events to staff to make a calendar of events that the committee will use to schedule outreach and recruiting visits. Staff will also add information on other events received by email to the calendar. The Committee approved a questionnaire to be distributed to members of the HIVPC and JCCR, polling them on topics they deem necessary for future trainings. *Next Meeting:* September 6, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items; Review Planning Council Demographics, Vacancies and Applicants; Review updated Work Plan with Recruitment Plan; Implement Recruitment; Mentoring Plan.

b. **Joint Client Community Relations Committee (JCCR) – July 10, 2012 Meeting**

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

Guest, Director of Public Policy at Broward House, presented on the 2012/2015 Comprehensive Plan and the National HIV/AIDS Strategy indicating the relation to the work of the HIVPC and that of JCCR Committee. Discussions continued on community outreach session. The Part A Chair expressed a preference for the JCCR Committee to host the event. After discussion, the Committee decided to hold the next outreach community event in the fall, with the goals of educating and empowering consumers, obtaining their feedback and encouraging their involvement. Staff will research holding outreach meetings at suggested venues. Topics identified were (i) Navigating the HIV health services system (ii) Barriers to accessing care (iii) The importance of staying in care (iv) Avoiding risky behaviors, and (v) The impact of the Affordable Care Act on HIV programs. Staff will draft a proposed event agenda and report to the committee at the August meeting. *Agenda Items for Next Meeting:* Standing Agenda Items, Outreach Event Planning, Presentation on Part B. *Next Meeting Date:* August 7, 2012.

c. **Joint Planning Committee – July 9, 2012**

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

HIVPC Staff presented on the 2012/2015 Comprehensive Plan and how it tracks the goals of the National HIV/AIDS Strategy. Committee members focused on the first three goals: (1) reducing the number of people infected with HIV, (2) increasing access to care, and (3) reducing HIV health disparities. It was agreed that the first step will be to collect Broward County statistics on several measures that will be used to attain these goals. The committee requested grantees from other Ryan White Parts to submit 2010 and 2011 figures on the number of people who know their HIV status, the percentage receiving clinical care within three months of diagnosis, the percentage of HIV+ individuals in continuous care, the percentage of HIV+ individuals in permanent housing and other data. Once the data is obtained, the Committee will use it to develop the Needs Assessment survey scheduled to be done later in 2012. Representatives from the BCHD presented counseling and testing data on the number of HIV tests given in Broward in 2011, the number of positives, the number of people informed of their results and the number of people linked to care.



The committee requested testing sites to be included in reports going forward. *Agenda items for the next meeting:* Standing Agenda Items, Review of Data Requested from other Ryan White Parts, Discussion of Client Survey. *Next Meeting Date:* Monday, August 13, 2012.

d. **Local Pharmacy Advisory Committee (LPAC) – July 9, 2012**

Chair: Dr. S. Abel

The Committee continued to review recommended additions to the Part A Formulary. The Medical Network provided recommendations for Diflucan, Zithromax, and Valtrex to treat patients recently released from the hospital. The drugs are currently available through Medical Exemption; however, the Medical Network believes this process to be a barrier. The Committee agreed to defer the recommendation to allow for further consideration. Statin pricing data was provided to the Committee as requested and it was noted that Crestor was available through a PAP and the addition of the drug to Tier 1 of the Formulary would negatively impact those clients currently accessing the PAP. The Committee agreed to move generic Lipitor from Tier 3 to Tier 1 of the Formulary at an approximate cost of \$60,000 annually. The Medical Network requested that Actos and Fungizone be removed from the Formulary. The Committee was informed that Actos carried risk of serious adverse events and was also available through a PAP. Fungizone was described as a drug intended for use in an inpatient setting and to be administered intravenously under clinical supervision. The Committee agreed to remove both medications from the Formulary. Discussion continued regarding shipments of the appetite stimulant Megace to providers without clear dosing instructions. Clinics and pharmacies are bound by law to dispense medications with clear dosing instructions to ensure client safety; the PAP's process poses both a legal and client safety concern. The following will be provided to the Committee at the next meeting for further discussion: 1) an estimated number of patients currently prescribed Megace; 2) an ADAP cost utilization estimate of Megace; and 3) research regarding drug labeling regulations. *Agenda Items for Next Meeting:* Standing Agenda Items, Review of Recommended Additions/Deletions to the Formulary, PAP Drug Labeling. *Next Meeting:* September 2012 (exact date TBD).

e. **Joint Executive Committee – July 12, 2012**

Part A Chair: S. Kuryla, Part B Chair: K. Saiswick

The Committee reviewed progress on goals developed in its Retreat. Also discussed was the 2012/2015 Comprehensive Plan. Members expressed a desire to reach out to a new HIV prevention committee forming in Broward, and offer to work together. The Committee clarified several questions about procedures in Joint Committees, including the appointing of new committee members and removal for non-attendance. Members noted that Part B chairs should be aware they operate under Part A rules in Joint Committees. Members asked that the Bylaws Committee consider a rule exception for the Joint Client/Community Relations Committee to encourage clients to participate. The proposal would allow clients to become active as non-voting members while they complete the normal process to become full members. The Part A Grantee asked for ideas of articles to include in the next Consumer Newsletter. *Agenda Items for Next Meeting:* Standing Agenda Items, Update on Cost Sharing in Eligibility. *Next Meeting:* September 20, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting:* 9/20/12



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f. **Part A Executive Committee – July 12, 2012 Meeting**

Chair: S. Kuryla, Vice Chair: B. Gammell

The Committee did not achieve quorum. Members in attendance discussed efforts underway to study Committee Work Plans for possible improvements, which will be developed in full consultation with each Committee Chair. Also discussed was additional training that could be offered to Committee Chairs, including those from Part B if they desire. Work Plans and training will be revisited at the next meeting. *Agenda Items for Next Meeting:* Standing Agenda Items, Work Plan Review, Training Needs. *Next Meeting:* August 16, 2012.

g. **Quality Management Committee (QMC) – July 16, 2012**

Chair: Michael Rajner, Vice Chair: Claudette Grant

The report had not been approved at the time of this printing.

h. **Joint Priorities Committee – July 18, 2012**

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair (Interim): Lisa Agate

The Committee met and conducted Priority Setting and Resource Allocations (PSRA) for FY 13/14, motions from which will be sent to be ratified at the HIVPC 7/19/12 meeting. Part A Formulary recommendations from the ad Hoc Local Pharmacy Advisory Committee (LPAC) were discussed and approved, motions also go to full Council for ratification. *Agenda Items for Next Meeting:* Standing Agenda Items, Sweeps, Eligibility for Food Vouchers. *Next Meeting Date:* 8/15/12

9. GRANTEE REPORTS (up to 10 minutes)

- a) Part A
- b) Part B
- c) ADAP

10. OTHER REPORTS (up to 10 minutes)

- a) Part C
- b) Part D
- c) HOPWA

11. OTHER BUSINESS

12. NEW BUSINESS

- a. Healthcare Reform Update

13. ANNOUNCEMENTS

- **HRSA's Request for Comments:** Ryan White Program 2013 Reauthorization – Comment period closing July 31, 2012.

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA/INFORMATION (Form)

16. AGENDA ITEMS FOR NEXT MEETING: August 23, 2012 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT



RYAN WHITE HIV/AIDS PROGRAM 2013 REAUTHORIZATION: COMMENTS REQUESTED

The federal Health Resources and Services Administration / HIV/AIDS Bureau is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013.

The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

To make comments: <http://hab.hrsa.gov/reauthorization/>

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly.

HRSA: <http://hab.hrsa.gov>

Target Center: www.careacttarget.org. *A Central Source for Ryan White TA (Not a US Government Web site)*

Twitter: *Sign up using "ryanwhitecare" (Not a US Government Website)*

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact Paula Jones at pjones1@hrsa.gov.



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES
 200 Oakwood Lane, Suite 100, Hollywood FL 33020
June 21, 2012

Attendance				
#	Members	Present	Absent	Guests
1	Kuryla, S. Chair	X		Agate, L.
2	Gammell, B., Vice-Chair	X		Ferrer, M.
3	Abel, Dr. S.	X		Jackson, R.
4	Bush, A.		A	Johnson, A.
5	Creary, K.	X		Kenny, K.
6	Dyer, L.	X		Lawson, K.
7	Grant, C.	X		Majcher, B.
8	Hanson-Evans, B.	X		Murphy, K.*
9	Hayes, M.	X		Schikowski, K.
10	Hernandez, R.	X		
11	Holness, Comm. D. V.C.		A	
12	Johnson, K.	X		
13	Jordan, V.		A	
14	Katz, B.	X		
15	Marcoviche, W.	X		
16	Moore, P.	X		Grantee Staff
17	Moragne, Dr. T.	X		Part A
18	Pearl, J.	X		Degraffenreidt, S.
19	Perigny, W. J.	X		Jones, L.
20	Pryor, J.		A	
21	Rajner, M.	X		Part B
22	Reed, Y.		A	Mercer, A.
23	Roberson, C.	X		
24	Siclari, R.	X		
25	Spencer, W	X		HIVPC Support Staff
26	Stoakley, M.	X		Eshel, A.
27	Taylor-Bennett, C.	X		Hosein, F.
28	Tomlinson, K.	X		Rosiere, M.
29	Wilson, T.	X		Smith, N.
30	Wynn, J.	X		
A1	Coscarelli, M. (Alt)		A	
	Quorum=16	25	6	*Present Via Phone

1. CALL TO ORDER

The Chair called the meeting to order at 9:15 a.m.

2. MOMENT OF SILENCE

A moment of silence was observed.



3. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone and self-introductions were made. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. In addition, it was stated that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair reviewed excused absences.

Approval of 6/21/12 Agenda

Motion #1:	To “Approve the 5/24/12 Agenda”
Proposed by:	Timothy Moragne
Seconded by:	Carla Taylor-Bennett
Action:	Passed

Approval of the 5/24/12 Meeting Minutes

Motion #3:	To “Approve the 5/24/12 Meeting Minutes with amendment
Proposed by:	Michael Rajner
Seconded by:	Carl Roberson
Action:	Passed
Amendment:	Karen Creary had an Excused Absence on 5/24/12

4. PUBLIC COMMENT (up to 10 minutes)

There was no public comment.

5. FEDERAL LEGISLATIVE REPORT – Kareem Murphy, The Ferguson Group

The following report was provided via teleconference:

Ryan White Program Funding:

The House has not yet scheduled a markup of its FY 2013 Labor-Health and Human Services Appropriations Bill. The Senate, however, marked up its bill on June 14th. Details are below.

Under the FY 2013 spending bill passed by the Senate Appropriations Committee by a vote of 16-14, *funding for the Ryan White ADAP would increase by \$30 million over FY12 levels for a total of \$963 million.* The amount passed by the Committee includes a continuation of the \$35 million in emergency funding announced by President Obama on World AIDS Day last December 1st to address the escalating ADAP wait list. The Committee did not restore the \$10 million cut to HIV Adolescent and School Health. Medical research at the National Institutes of Health under the bill would increase by \$100 million. Funding for Hepatitis Prevention at the CDC would remain at approximately \$30 million. Part C’s funding is \$10 million above the original FY 2012 baseline. An additional \$5 million that has been designated for Part C providers through the Community Health Center (CHC) program will need to be designated through that program again to maintain the same amount of actual funding. Funding for HIV prevention also appeared to be flat funded at a rate of \$786.2 million although overall funding for the Centers for Disease Control and Prevention (CDC) was up \$55 million. The Teen Pregnancy Prevention Initiative (TPPI), was level-funded at \$105 million. \$30 million was provided for the Division of Adolescent and School Health (DASH) at the Centers for Disease Control and Prevention (CDC), which is level funding from FY 2012 but down \$10 million from FY 2011. The Social Innovation Fund, was level-funded at \$45 million for FY 2013. Funding for AmeriCorps was set at \$346.4 million, although this amount is \$2 million above FY 2012, it includes a disability grants program which had previously been separate so in reality this is also flat funding.



The other Parts of the Ryan White Program remained level-funded. The amounts designated for the Ryan White Program are as follows:

- Part A (56 grants towards cities and surrounding areas) – \$671.3 Million
- Part B (States, Territories and DC) – \$422.3 Million
- Part B ADAP – \$963.3 Million (\$30 million increase)
- Part C (Direct grants to HIV clinics (\$10 million increase)) – \$215.1 Million
- Part D (Families, Youth and Children) – \$77.2 Million
- Part F (AIDS Education and Training Centers) – \$34.5 Million
- Part F (Dental) – \$13.5 Million
- Part F (Special Projects of National Significance – SPNS) – \$25 Million
- Total – \$2,422.2 million = \$2.42 billion

6. CONSENT ITEMS

Consent Item #1	To recommend qualified applicant Patricia Parker-Maysonet to the HIVPC as an alternate
Proposed by:	Membership/Council Development Committee

Consent Item #2	To Approve the Policies and Procedures as amended
Proposed by:	Joint Priorities Committee

Consent Item # 3	To approve the FY 13/14 Language on How Best to Meet the Need
Proposed by:	Joint Priorities Committee

Consent Item #4	To recommend that Reverend Robert Jackson be added as a member of Joint Priorities Committee (Part A)
Proposed by:	Joint Priorities Committee

The following motion was made to approve Consent Items #1 and #4:

Motion # 3	To accept Consent Items 1 and 4
Proposed by:	Michael Rajner
Seconded by:	Karen Creary
Action:	Passed Unanimously

Consent Items #2 and #3 were pulled for discussion.



7. DISCUSSION ITEMS

Discussion Item #1	To approve Part A and MAI Service Category Rankings as shown below:		
	Core Services	FY 12/13	Rank FY 13/14
		Part A	Part A MAI
	Ambulatory Medical Care (Outpatient)	1	1 1
	Local AIDS Pharmaceuticals	2	2
	Oral Health Care	3	3
	Health Insurance Continuation Program (HICP)	4	No Longer Funded
	Medical Case Management	5	4 2
	Mental Health Treatment	6	5 3
	Substance Abuse Treatment (Outpatient)	7	6 4
	Support Services		Part A MAI
	Food Bank	1	2
	Centralized Intake & Eligibility Determination (CIED)	2	1 1
	Transportation Assistance	3	No Longer Funded
	Outreach Services	4	4
Legal Assistance	5	3	
Proposed by:	Joint Priorities Committee		

The Joint Priorities Part A Co-Chair explained the data that was utilized to rank service categories for FY 13/14 and following motion was made to approve Discussion Item #1:

Motion #4	To accept Discussion Item #1 (FY 13/14 Service Category Rankings)
Proposed by:	Michael Rajner
Seconded by:	Will Spencer
Action:	Passed Unanimously

CONSENT ITEMS PULLED FOR DISCUSSION:

Consent Item #2	To Approve the Policies and Procedures as amended
Proposed by:	Joint Priorities Committee

The proposed Joint Priorities Policies and Procedures changes were reviewed and explained by the Committee Part A Co Chair. After clarification, the following motion was made:

Motion #6	To approve Consent Item #2 (pulled for discussion), to accept the Joint Priorities Policies and Procedures as amended
Proposed by:	Michael Rajner
Seconded by:	Carl Roberson
Action:	Passed Unanimously

Consent Item # 3	To approve the FY 13/14 Language on How Best to Meet the Need
Proposed by:	Joint Priorities Committee



The Joint Priorities Part A Co Chair presented the FY 13/14 on How Best To Meet The Need and the following motion was made:

Motion #7	To approve Consent Item #3 (pulled for discussion)
Proposed by:	Michael Rajner
Seconded by:	Will Spencer
Action:	Passed Unanimously

8. JUNE COMMITTEE REPORTS

Joint Client Community Relations Committee (JCCR) – June 5, 2012 Meeting

Part A Co-Chair: K. Creary, Part B Co-Chair: L. Washington

The Committee heard the Part A report and received written reports on Part B and ADAP. A representative from South Florida AIDS Network gave a presentation on the ARCH program (Accessing Resources for Consumer Health). The program’s website can be a resource for spreading information to the community and generating interest in the HIVPC. Two invited guests gave remarks about the needs and issues of the Transgender community, and ways the Committee and HIVPC could make more contact. The Committee discussed in detail its plans to conduct one or more community events in the Fall targeting Special Populations. In the end, the Committee decided to send Members to upcoming events sponsored by groups in the Hispanic and Transgender communities, to make more contacts and learn about their concerns in order to help the Committee shape its own events. *Agenda Items for Next Meeting:* Standing Agenda Items, Presentation on the 2012-14 Comprehensive Plan and National HIV/AIDS Strategy, Update on Attending Community Events. *Next Meeting Date:* July 10, 2012.

a. Membership/Council Development Committee (MCDC) – June 7, 2012, Retreat

Chair: H. Bradley Katz, Vice Chair: Tara Wilson

The Committee held an all-day retreat to discuss the 2012-13 Work Plan and other issues. The Committee approved a new version of HIVPC warning and removal letters that omits wording that suggested the Committee was directing the letter be sent instead of indicating the letter is from the HIVPC in line with established policies. The Committee approved a form called “expectations for the role of committee members” that all members will be asked to sign, stating their commitment to do the work and be courteous. After a detailed discussion, the Committee approved a new Work Plan. The first major goal to be addressed is to review and rewrite the Recruitment and Retention Plan including related recruiting materials, so increased recruiting can begin soon. Members plan to attend community events to recruit. Also, the Committee will address issues involved in the Mentoring Plan and draft a new one in coming months. The Committee also agreed that pre- and post-orientation for new members would be done on an as-needed basis. After a discussion of the excused absence policy, the Committee agreed to ask the Part A Executive Committee to reconvene the Ad Hoc Committee on Bylaws to look into giving the HIVPC Chair more discretion in granting excused absences. Members said they thought the four allowed reasons for excused absences may not cover legitimate reasons for missing meetings. Members also discussed the overlapping responsibilities of MCDC and the Joint Client/Community Relations Committee to recruit new members. The Committee made a motion to recommend a qualified applicant be named an alternate to the HIVPC. *Next Meeting:* July 5, 2012. *Agenda Items for Next Meeting:* Standing Agenda Items, Review Planning Council Demographics and Vacancies, Review Current Applicants and Interested Parties, Develop new Recruitment and Retention Plan.



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b. Joint Planning Committee – June 11, 2012 Meeting

Part A Co-Chair: K. Tomlinson, Part B Co-Chair: K. Saiswick

This meeting was canceled.

The *Agenda items for the next meeting*: Standing Agenda Items, Developing Committees' FY 2012-2015 work-plan from the Comprehensive Plan. *Next Meeting Date*: Monday, July 9, 2012.

c. Local Pharmacy Advisory Committee (LPAC) – No June Meeting

Chair: Dr. S. Abel

The Committee did not meet in June.

Agenda Items for Next Meeting: Standing Agenda Items, *Next Meeting*: July 9, 2012.

d. Joint Priorities Committee – June 13, 2012 Meeting

Part A Co-Chair: C. Taylor-Bennett, Interim Part B Co-Chair: Lisa Agate

The committee met at the first of two June meetings in preparation for the FY 2013/14 Part A and MAI service category Funding allocations scheduled to occur during the July meeting. Senior Epidemiologist, Dr. Stephen Bowen conducted a presentation dealing with routinizing population based HIV testing, a section on epidemiology, evidence for treatment as prevention and new federal treatment guidelines recommending all people living with HIV receive HAART for their own health and as a secondary benefit that public health also benefits A newly developed HIV Multi-Funder scorecard was reviewed and necessary changes were recommended. The final funders report will be brought to the next meeting. Revision of the FY 13/14 language on How to Best Meet the Need was begun and will be completed at the next meeting. Recommendations from the 6/13 and 6/20 meetings will be sent to the 6/21 HIVPC meeting for ratification. *Agenda Items for Next Meeting*: Standing Agenda Items, Review Funders Scorecard Update and Finalizing: Policies and Procedures and the FY 13/14 language on How Best to Meet Need. *Next Meeting*: June 20, 2012.

e. Joint Priorities Committee – June 20, 2012 Meeting

Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: TBD

The committee will meet on June 20, 2012 to finalize the HIV multi-funder scorecard, policies and procedures and language on How To Best Meet The Need in order to conduct FY 13/14 Part A and MAI service category funding allocations in July. *Agenda Items for Next Meeting*: Standing Agenda Items, TBD *Next Meeting*: July 18, 2012.

f. Part A Executive Committee – June 14, 2012 Meeting

Chair: S. Kuryla, Vice Chair: B. Gammell

The committee reviewed and approved the HIVPC Agenda and the July meeting calendar. Developing committees' work plans for two years rather than one year was discussed. Each committee's work plan will be developed from the relevant portions of the Comprehensive Plan. Planning for community forums to facilitate public comment on the 2012-2015 Comprehensive Plan was discussed and is in the initial stages. *Agenda Items for Next Meeting*: Standing Agenda Items. *Next Meeting*: July 12, 2012.

g. Quality Management Committee (QMC) – June 18, 2012

Chair: Michael Rajner, Vice Chair: Claudette Grant

The Committee continued discussion on ways to include the NQC Partners In+Care component of the In+Care Campaign in EMA retention activities. The Committee agreed to table the topic until the July meeting to allow time to develop recommendations to the Joint Executive Committee on how best to



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implement the Campaign. The Committee heard a summary of an AIDS Community Research Initiative of America (ACRIA) study (*Research on Older Adults with HIV*) as a follow-up to previous discussion on age-related barriers to retention in care. It was noted that approximately 60% of Part A clients are aged 45 and above with about 3% aged 65 and above. The Committee asked to review retention data for FY11-12 with particular emphasis on the relationship between age and retention as well as a report on the types of Part A services accessed by the 65 and above Part A population. The data will assist the Committee to identify specific age-related barriers to retention and develop strategies to address them. The Committee heard an update on revisions to outcomes and indicators and made a motion to approve the revised CIED outcomes and indicators. The Chair requested that all pending revisions be completed and brought for approval to the September QM Committee meeting. The Committee heard a summary outlining the components of the 2012-2015 Comprehensive Plan with specific emphasis on the activities that will become part of the QM Committee's work plan. It was noted that all HIVPC Committees are expected to incorporate relevant activities into their work plans before February 2013. The Grantee provided a Part A report and announced that a poster collage of QI Network members' photos with an NQC In+Care Campaign poster was submitted to NQC for a poster contest. The HRSA request for comments on the 2013 Ryan White Program Reauthorization was discussed; the Committee will consider developing language at its next meeting regarding the reauthorization. *Agenda Items for Next Meeting:* Standing Agenda Items, 2013 Ryan White Program Reauthorization, Retention and Age Data Report, Recommendations to Joint Executive on Implementing Partners In+Care. *Next Meeting:* July 16, 2012. *The Agenda Items for Next Meeting:* Standing Agenda Items. *Next Meeting:* July 16, 2012.

9. GRANTEE REPORTS

Part A

The Part A Grantee reported on a call with the Project Officer who stated she remains the Ryan White Part A Project Officer and will also be the Project Officer for the state of Florida. The Project Officer went through the HRSA changes and the fact that the Parts B will be separated and under a different bureau and she also requested that when all the work plans were ready that she gets a copy of all the work plans so she could have background on the work the council has done and also note the flow from Washington. The HIVPC Vice Chair was present on the call. The Grantee introduced the new Quality Assurance coordinator, Shaundelyn Degraffenreidt of the Ryan White Part A Program Office. The Broward County Eligible Metropolitan Area (EMA) received the National Quality Center (NQC) Award for Performance Measures. This is a first for the EMA and Broward County was the only recipient in the category. The grantee thanked and congratulated the Quality Management Staff, Shaundelyn Degraffenreidt, Clinical Quality Technical Assistance Manager at the HIV Division, Ariela Eshel and the Quality Management Committee. NQC is based in New York and can be described as the Quality Management arm of the Health Resource Services Administration (HRSA) and runs the In+Care Campaign which focuses on retention into care.

Regarding Eligibility: With the Notice of Grant Award (NGA), HRSA placed a mandate for client eligibility recertification every 6 months which means four (4) certifications per year: two (2) Part A and two (2) ADAP. As there is no shared eligibility the grantee is working with Part B on this and beginning July 1, 2012, all clients will be recertified for 6 months in order to remain in compliance with HRSA.

On another note it was reported that the Broward County Comprehensive HIV Health Services Plan is posted online for comments for the month of June.



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10. OTHER REPORTS

Part C

The Part C Grantee provided the following report(s):

	B	C	D	E	F	G	H
1	RW Part C Demographic Data Report				Service Category (BH)	2011	2012
2		2011	2012		HIV test performed by Part C	4646	1654
3	# or New Patients	393	54		New positives test by Part C	22	11
4	# of Patients with AIDS	654	327		Treatment adherence clients	1049	774
5	# of Patients HIV/non AIDS	1216	49		Total # Case Management	808	470
6	Total # of Patients	1924	1021		Total of Medical Clients	225	155
7	Total Patients by Race				Services Category (DOH)	2011	2012
8	Black/African American	1364	680		HIV test performed by Part C	874	264
9	American Indian/Alaska Native	2	0		New positives test by Part C	19	3
10	Caucasian	517	316		# of LTBI referrals	130	
11	MTOR	3	2		# of DOT for TB Disease	47	
12	Asian	10	5				
13	Not reported	28	18				
14		1924	1021				
15	Ethnicity						
16	Hispanic/Latino	195	112				
17	Total Clients by Age						
18	Total Infants/Child (0-12)	1	1				
19	Total Youth (13-24)	71	15				
20	Total adults (25-44)	635	283				
21	Total adults (45-64)	1166	701				
22	Total adults (65 year or older)	51	21				
23		1924	1021				
24	Total Clients by Gender						
25	Males	1177	721				
26	Females	745	298				
27	Transgender	2	2				
28		1924	1021				
29	Total Clients by Exposure						
30	MSM	405	266				
31	IDU	51	28				
32	MSM and IDU	3	2				
33	hemophilia/Coagulation Disorder	2	2				
34	Heterosexual Contact	1368	688				
35	Receipt of transfusion	3	2				
36	Other with/at risk HIV (prenatal)	25	2				
37	Other	4	3				
38	Unknown/Unreported	63	28				
39		1924	1021				



**BrowardHealth
 Community Health Services
 Ryan White Part C
 July 1, 2011 - May 31, 2012**

Categories	Total Salary	Total Benefits	Total
Case Managers	227,895	83,944	311,839
Treatment Adherence	202,643	33,720	236,364
Ambulatory Outpatient	159,637	42,064	201,701
Total Salaries	590,175	159,729	749,904
Contract Services			87,256
Total Expenses			837,160

Part D

The Part D Grantee reported on numbers through May 2012: Medically Serving 55 New HIV+ clients, There were 233 dental patients through the health department; there were 20 newborn babies none of which are HIV+ to date and identified 9 new HIV+ youth and 14 newly diagnosed pregnant women. Currently working on colposcopy tests (follow up test done when a pap smear is irregular) to be done onsite in order to preserve the privacy of clients and also to diminish the stigmas. Working with the Health Department’s OBGYN (obstetrician and gynecologist) to have Part D’s physician observe them and vice versa. On track to fully expend grant, which ends on 7/31/12.

HOPWA

The HOPWA Grantee was not present. Member of the HOPWA Advisory Community Services Board provided a brief overview: The outsourcing of the HOPWA office is still pending and the RFP has not yet been released. Members expressed concern for the outsourcing of the program. A letter of protest was sent in March 2012 and there was no response. A member expressed that there should be a follow up letter and the following motion was made:

Motion #8	To forward letter of March 1 as a second request to Mayor Jack Seiler requesting a response
Proposed by:	Michael Rajner
Seconded by:	W. James Perigny
Action:	Failed



11. OTHER BUSINESS

Retreats Follow Up Discussion Continued

This was not addressed at this meeting.

12. NEW BUSINESS

Healthcare Reform Update

There Supreme Court will rule on the Affordable Care Act (ACA) this next week. By next HIVPC meeting there should be clear reports on decisions taken.

AICP Policy Change Update

The response to the HIVPC letter to the Department of Health on the AICP disenrollment of Medicare Part B eligible clients was reviewed.

The memorandum from Joe May (FDOH) granting temporary waiver until June 31, 2013 to same clients was also reviewed.

13. ANNOUNCEMENTS

- i. Notice of Public Comment, Broward County Comprehensive HIV Services Plan 2012-2015: Public forums for Comp Plan comments: The grantee and staff are working on public forum sessions.
- ii. HRSA Request for Comment: All were reminded of the July 31 deadline.

14. PUBLIC COMMENT (up to 10 minutes)

There was no public comment.

15. REQUEST FOR INFORMATION (Form)

There were no data requests.

16. AGENDA ITEMS FOR NEXT MEETING: July 19, 2012, VENUE: BRHPC

- Standing Agenda Items
- Healthcare Reform Update

17. ADJOURNMENT

The meeting was adjourned at 11:33 a.m. without objection.



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MEMBER NAME	2012 MEETING DATES											
	Indicate if no meeting was held.											
Enter meeting dates here →	26	23	22	26	24	21						
Member NAME	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Abel, Stephen	√	√	A	√	√	√						
Bush, Andrew	√	A	A	√	√	A						
Creary, Karen	√	√	A	√	E	√						
Dyer, Leroy	√	√	√	√	√	√						
Gammell, Bradford	√	√	√	√	√	√						
Grant Claudette	√	√	√	√	√	√						
Hanson Evans, Barbara	A	√	√	√	A	√						
Hayes, Marie	√	√	√	√	√	√						
Hernandez, Ronald	√	E	√	√	√	√						
Holness, Dale V.C. (Comm)	A	A	A	A	A	A						
Johnson, K.	Appointed 4/17			√	√	√						
Jordan, Virginia	√	A	√	√	√	A						
Katz, Bradley	√	√	√	√	√	√						
Kuryla, Samantha	√	√	√	√	√	√						
Marcoviche, William	√	E	√	√	√	√						
Moore, Paul A.	√	√	√	√	√	√						
Moragne, Timothy	√	√	A	√	√	√						
Pearl, Jodi	√	√	√	√	√	√						
Perigny, W. James	√	A	√	√	√	√						
Pryor, Jeri	√	√	√	A	√	A						
Rajner, Michael	√	√	√	√	√	√						
Reed, Yolanda	√	√	√	√	A	A						
Roberson, Carl	√	√	√	√	A	√						
Siclari, Rick	√	√	√	√	√	√						
Spencer, Will	√	√	√	E	A	√						
Stoakely, Mychell	A	A	√	√	√	√						
Taylor-Bennett, Carla	√	√	√	√	√	√						
Tomlinson, Karlene	A	√	√	√	√	√						
Wilson, Tara	√	√	√	√	√	√						
Wynn, Joey	√	√	√	√	√	√						
Coscarelli, Monica (Alternate)	√	E	A	E	A	A						

**Ryan White Part B
Expenditure Report
MAY 2012**

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 May / Encumbered	Part B 2012-2013 Monthly Average Left	Part B 2012-2013 YTD Spent/ Encumbered	Part B 2012-2013 % Encumbered	Part B (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	\$2,479	\$105	\$237	\$105	4.2%	95.8%	\$ 2,374
Medication Co-Pay	\$610,000	\$34,054	\$57,455	\$35,447	5.8%	94.2%	\$ 574,553
Case Management (non-medical)	\$228,287	\$24,373	\$19,952	\$28,767	12.6%	87.4%	\$ 199,520
Medical Transportation	\$150,971	\$0	\$15,097	\$0	0.0%	100.0%	\$ 150,971
Administration	\$110,192	\$15,911	\$9,038	\$19,814	18.0%	82.0%	\$ 90,378
TOTALS	\$1,101,929	\$74,444	\$101,780	\$84,133	7.6%	92.4%	\$ 1,017,796

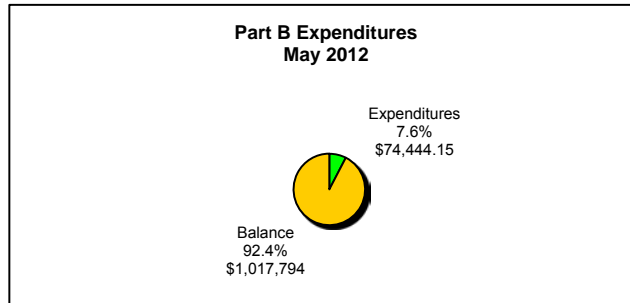
92.4%

Non-Medical Case Management conducted 568 eligibility interviews in May of which 104 were new clients.
Medication Co Payment served 305 clients in May in which 11 were new to the program.
292 Clients served in May Medication Co Payment.

13 Clients served in May Mail Order
Medical Transportation Part B Bus Passes: 110 (31 day) and 43 (10 ride) were distributed in May.
Medical Transportation Part A Bus Passes: 153 (31 day) and 154 (10 ride) were distributed in May .
Total Passes distributed in May for Part A & B: 263 (31 day), 197 (10 ride).

The passes distributed is a partial number as not every agency pickups each month
Cost Avoidance for Medication Co-Payment Program for May is \$35,397.58.
Approximate savings as a result of using co-pay cards is \$15,386 for April and May. This will vary each month due to deductibles and as new clients come into the program. This is computed against the \$610,000 allocation.
Note: Cost Avoidance reflects the value of discount cards used in the reporting period. The projected Cost Avoidance was used to reduce the Medication Co-Pay Allocation and provide funding for Medical Transportation and more eligibility clerks. Savings are the value of co-pay cards over and above the initial projection.

This report reflects all invoices received and paid as of 5/31/2012.



Broward County Health Department ADAP Report as of 6/27/2012

Total ADAP "Open" Enrollment	2,694
Total ADAP Clients Served in Last 30 Days*	1,716
Total ADAP Waitlist Enrollment**	75
Category A	15
Category B	28
Category C	32
Total ADAP/Medicare Part D Enrollment	176
Number of Appointments in May	840
Number of Missed Appointment in May	239
Percentage of May Appointments Missed	28%

*"Clients Served" defined as having at least one "pickup" in the period.

** Category Definitions:

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm3 and/or CD4% < 14%

Diagnosis of active opportunistic infection

Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy

Persons who were previously on ARV therapy but therapy was interrupted

Treatment naïve clients with CD4 cell count between 201-350 cells/ mm3

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm3

CATEGORY D

Unknown/Other

Clients are removed from the Wait List **by medical category** in the order they were placed on it.

This serves as a reminder to people that if they are on the wait list they **MUST** recertify at 6 months or they will loose their position on the Wait List.

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7	Total Patients by Race				Services Category (DOH)	2011	2012
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9	American Indian/Alaska Native	2	0		New positives test by Part C	19	6
10	Caucasian	517	218		# of LTBI referrals	130	23
11	MTOR	3	2		# of DOT for TB Disease	47	30
12	Asian	10	6				
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23		1924	1042				
24	Total Clients by Gender						
25	Males	1177	736				
26	Females	745	304				
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