Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

Meeting Agenda

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, December 11, 2013; 12:30 p.m. **Location:** BRHPC

Part A Co-Chair: Carla Taylor-Bennett **Part B Co-Chair:** Vacant

1. Call To Order: Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment

2. Approvals: 12/11/13 Agenda and 11/20/13 Meeting Minutes

3. Standard Committee Items:

4.Unfinished Business:

5.Meeting Activities

Work Plan Objectives	Today's Meeting Goals
1. Food Bank Eligibility 2. MAI Case Management Analysis 3. Review ACA Impact on Allocations (1.9)	1. Review and revise the previous motions made regarding the eligibility criteria for food bank and food voucher. 2. Review PowerPoint presentation from the previous PSRA meeting and continue discussion on analysis of MAI Case Management (utilization and outcomes) (Handout A) 3. Continue review and discussion of allocations to ensure that allocations meet clients' needs transitioning into ACA (Handout B)

6. Grantee Reports:

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

8. Agenda Items/Tasks For Next Meeting: (January 15, 2014 at 12:30 p.m. **Venue:** BRHPC**)**

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
Review Expenditures Reallocations (2.1, 2.2)	Monitor expenditure vs. allocation and recommend strategies to address identified issues. Recommend reallocations to ensure sufficient core funding is distributed appropriately.

9. Announcements:

10. Adjournment:

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Meeting Minutes

Committee: Priority Setting & Resource Allocation

Date/Time: Wednesday, November 20, 12:30 p.m. **Location:** BRHPC

Part A Co-Chair: Carla Taylor-Bennett **Part B Co-Chair:** Vacant

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	Taylor-Bennett, C. | Part A Co-Chair	X			Majcher, B.
2	Gammell, B.	X			Agbodzakey, J.
3	Grant, C.	X			Bentley, A.
4	Hayes, M.	X			Sandler, C.
5	Katz, H. B.	X			
6	Reed, Y.		E		**Grantee Staff**
7	Schickowski, K.	X			Mercer, A. (Part B)
8	Siclari, R	X			Copa , R. (Part A)
9	Wynn, J	X			Degraffenreidt, S. (Part A)
10	Proulx, D.	X			
11	DeSantis, M.	X			**HIVPC Support Staff**
					Rosiere, M.
					Eshel, A.
					Solomon, R.
					Crawford, T.
					McEachrane, T
	Quorum = 7	**10**	**1**		

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 12:47 p.m.

The Part A Co-Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, grantee staff and support staff self-introductions were made.

2. MOMENT OF SILENCE

Members observed the passing of Mary Bennett and Carl Roberson.

3. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Siclari, R.	**Seconded:**	Gammell, B .
Amendment	To add a discussion on Food Bank allocations after assessment of the administrative mechanism		
Action:	Passed Unanimously		

Motion #2	To approve meeting minutes of 10/16/13		
Proposed by:	Gammell, B.	**Seconded by:**	Schickowski, K.
Action:	Withdrawn		

4. UNFINISHED BUSINESS: None

5. STANDARD COMMITTEE ITEMS

Members reviewed the LPAC Meeting Summary motions as introduced by the Local Pharmacy Advisory Committee (LPAC) Chair. The cost of Elavil was discussed and the following motions were made:

The Medical Network's recommendation for Elavil included providing a second affordable option for the treatment of neuropathy (common among clients) when Gabapentin (Neurontin) does not work. Elavil can also be prescribed for sleep disorders and depression.

Motion #3	To move Elavil (Amitriptyline) from Tier 3 to Tier 1 of the formulary		
Proposed by:	Proulx, D.	**Seconded by:**	Grant, C.
Justification	Accept Medical Network recommendation		
Action:	Passed Unanimously		

The Medical Network's recommendation for Remeron included providing another indication not available in other options. Remeron (indicated for the treatment of major depressive disorder) was initially removed from the formulary due to the availability of a Patient Assistance Program (PAP).

Motion #4	To add Remeron (Mirtazapine) to Tier 1 of the formulary		
Proposed by:	Proulx, D.	**Seconded by:**	Gammell, B.
Justification	Accept Medical Network recommendation		
Action:	Passed Unanimously		

One member clarified that Azmacort has been discontinued. The following motion was made:

Motion #5	To remove Azmacort (Trimcinolone) and add Qvar (Beclomethasone) to Tier 1 of the formulary		
Proposed by:	Proulx, D.	**Seconded by:**	Grant, C.
Justification	Azmacort has been discontinued and Qvar is the most cost effective replacement		
Action:	Passed Unanimously		

Members reviewed a motion from the LPAC Summary stating the following: *To defer decision regarding Gardasil and Zostavax pending a conversation with Dr. Jeffrey Beal,FC/AETC Medical Director, to hear more insight on F/C AETC recommendations* from the LPAC Meeting Summary. The LPAC chair clarified that the Committee has requested a discussion with FC/AETC Medical Director Dr. Jeffrey Beal prior to adding Gardasil and Zostavax to Tier 1 of the Formulary.

Motion #6	To add Prevnar 13 to Tier 1 of the formulary		
Proposed by:	Proulx, D.	**Seconded by:**	Gammell, B.
Justification	CDC and F/C AETC recommendation for standard of care; Accept Medical Network recommendation.		
Action:	Passed Unanimously		

Members discussed the removal of Hydrea. It is an older drug on Tier 3, which was used as an anti-diabetic drug and to treat sickle-cell anemia and cancer. Years ago it was indicated as an anti-HIV drug but is little utilized now. The Committee requested that the following motions that stated no utilization as the justification be expounded upon. Hydrea had possible contraindications in HIV+ clients and Relenza is generally not prescribed for the flu; Tamiflu is a preferred option.

Motion #7	To remove Hydrea (Hydroxyurea) from Tier 3 of the formulary		
Proposed by:	Proulx, D.	**Seconded by:**	Siclari, R.
Justification	No utilization in FY 12-13		
Action:	Passed Unanimously		

Members requested the justification of Relenza on page 2 of the summary be included in the following motion:

Motion #8	To remove Relenza (Zanamivir) from Tier 3 of the formulary		
Proposed by:	Proulx, D.	**Seconded by:**	Gammell, B.
Justification	No utilization in FY 12-13		
Action:	Passed Unanimously		

The LPAC Chair announced that the LPAC meetings will now coincide with Medical Quality Improvement Network meetings in order to receive more feedback and foster discussion between pharmacists and physicians.

6. MEETING ACTIVITIES / NEW BUSINESS

a. Assessment of the Administrative Mechanism (*copy on file)*

Members reviewed the administrative invoice process. The first column summarizes the processing time over the first seven months of Fiscal Year 13-14. In March, it took an average of 42 days for reimbursement; by September, processing time had been reduced to 16 days. Administrative Processing represents the amount of time it takes the Grantee to process the invoice and submit it to Accounting. It was noted that recent changes in the Accounting department has aided in reducing the processing time significantly. The invoice is first submitted to Contracts where it is reviewed for mistakes, then it is transferred to Billing where fiscal issues are noted. If the invoice is incorrect, it is sent back to the provider for correction. Providers then re-submit the invoice. Previously, the processing time began the day the invoice was initially received. In accordance with the Florida Prompt Payment Act, processing time now begins once an invoice free of errors and corrections (a "clean" invoice) is submitted. The administrative invoice process now reflects this policy. Members discussed the monthly invoice processing trends (*copy on file*); the trends represent calendar days as opposed to business days. The Part A Program remains diligent in ensuring processing time remains within appropriate time.

The Chair inquired about documentation of the time it takes for a provider to recieve notice of the incorrect invoice. Follow-up for invoice delays are documented internally. In general, provider invoices are resubmitted within 24 hours. Members discussed the accuracy and fairness of including the time between receiving the initial incorrect invoice to receiving the correct invoice into the overall processing time.

One member suggested the average number of days an incorrect invoice is corrected and resubmitted be included in the reporting. It was noted that generally providers do well with submitting correct invoices or resubmitting corrected invoices within a short amount of time. Overall, Committee members suggested the Grantee do the following: 1) tracking the amount of days in working days versus calendar; 2) tracking the average number of days that an invoice goes back and forth to a provider before it is corrected. Members felt it would be helpful to know the time period from which the invoice was initially accepted until it was corrected in order to process.

b. Food Bank Allocations (*copy on file*)

Service	FY 13 Allocation	Factors to Consider	Recommended FY14 Allocation	
Food Bank	$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated $100,000.	85%	$1,189,473

Members discussed the current allotment. It was noted that in August, the Committee approved a change to the number of allotments allowed per client. In March, there was an average of 1.2 boxes provided to clients while in August, the average increased to 1.7 boxes. Both the number of clients and number of boxes received from March to August by clients has increased. It was noted that the total Food Bank utilization in the first seven months of

the fiscal year is $543,000. The program is working to finalize October's expenditures.

Members discussed voucher usage. The number of vouchers per consumer was 1.0 per month from March to October. The number of consumers who use vouchers has dropped as indicated by the Food Bank Service Usage charts (*copy on file*). Members discussed increasing the allotment for Food Bank services as the number of boxes has increased. One member noted that the number of vouchers may increase during the holiday months. Concern was raised regarding the large sum of bulk money that has carried over for almost two years. Bulk purchases typically should not carry over for more than a year and cannot be swept into other service categories.

One member inquired about the $448,000 in carryover funds the program recently received. The carryover funds did not come with stipulations to allocate funds to specific categories. It was noted that actual expenditures have decreased due to no longer paying per diem. Other factors may offset initial carryover plans as determined previously in annual allocations.

In order to utilize the $100,910 in bulk money, members discussed increasing the poverty level for eligibility for food vouchers and boxes. Members reviewed the FY12-13 Centralized Intake and Eligibility Determination (CIED) and Food Bank Scorecards to determine client utilization of Food Bank services by poverty level. There was discussion to increase the number of allotments to clients already utilizing the service. Most clients use the Food Bank twice a month and are able to pick up vouchers and boxes in the same visit. The following motions were made:

~~**Motion #9**~~	~~To increase the federal poverty level eligibility to 250% for Food Bank and allow 4 allotments per month which can be picked up in two visits.~~		
Proposed by:	~~Hayes, M.~~	**Seconded by:**	~~Siclari, R.~~
~~**Justification:**~~	~~In order to more effectively manage the allocations for this service category~~		
~~**Action:**~~	Rescinded		

~~**Motion #10**~~	~~To increase the federal poverty level eligibility to 250% for food vouchers and allow the maximum number of voucher allotments to 6 per year.~~		
Proposed by:	~~Wynn, J.~~	**Seconded by:**	~~Hayes, M.~~
~~**Justification:**~~	~~In order to more effectively manage the allocations for this service category~~		
~~**Action:**~~	Rescinded		

Members discussed current voucher allotments. A maximum of 3 allotments may be vouchers. Current restrictions on the types of foods purchased with a voucher were discussed. Items must come from the basic food groups. Members were reminded that there is an administration and dispensing fee (total $8.50) along with the dispersing of vouchers. Members agreed to look at restrictions of what may be purchased with Ryan White food vouchers. The following motions were made:

Motion #11	Effective December 1, 2013: Increase the federal poverty level eligibility to 250% for Food Bank and allow a maximum of 48 boxes (up to 4 a month, only 2 can be dispensed per visit) plus a maximum of 6 vouchers (up to 2 per month, only 1 voucher can be dispensed per visit) equaling 54 units per year.		
Proposed by:	Wynn, J.	**Seconded by:**	DeSantis, M.
Justification:	In order to more effectively manage the allocations for this service category		
Action:	Passed with 1 abstention		

Motion #12	To revoke Motions 9 and 10		
Proposed by:	Wynn, J.	**Seconded by:**	DeSantis, M.
Action:	Passed Unanimously		

~~**Motion #13**~~	~~To temporary suspend the Food Bank emergency provisions~~		
~~**Proposed by:**~~	~~Wynn, J.~~	~~**Seconded by:**~~	~~Katz, H.B.~~
~~**Action:**~~	Withdrawn		

In accordance with the changes to eligibility for Food Bank services and food vouchers, member made the following motion:

Motion #14	To modify the federal poverty level for emergency provisions to 251-300%.		
Proposed by:	Wynn, J.	**Seconded by:**	Proulx, D.
Justification:	In order to more effectively manage the allocations for this service category in accordance with modifications to Food Bank boxes and food voucher eligibility.		
Action:	Passed with 1 abstention		

Additionally, the following changes were made to the FY 2013-2014 Ryan White Part A Services Criteria: Clients must be less than or equal to 250% Federal Poverty Level (FPL); 48 Food Bank boxes may be received per year (up to 4 a month, only 2 can be dispensed per visit); a maximum of 6 vouchers may be received per year (up to 2 per month, with only 1 voucher dispensed per visit); a single voucher can be provided simultaneously with a box or boxes.

Members requested that the Grantee conduct monetary projections based on the Food Bank service category in preparation for the sweeps process in January 2014.

c. MAI Case Management Analysis
The Committee agreed to defer this item to the December 18th meeting.

d. Review ACA Impact on Allocations
The SFAN Chair reported that discussions have been held on Marketplace plans and provider agreements; however, some providers are still negotiating contracts. Discussions have also been held regarding changes to AIDS Drug Assistance Program (ADAP) policies; however, nothing has been put in writing from the state as of yet. The Committee agreed to defer further discussion on this item to the December 18th meeting. The following motion was made:

Motion #15	To defer MAI Case Management Analysis and ACA Impact on Allocations to the December meeting.		
Proposed by:	DeSantis, M.	**Seconded by:**	Schickowski, K.
Action:	Passed Unanimously		

7. Grantee Reports:

a) Part A
The Grantee announced the World AIDS Day event at Hagen Park (located in Wilton Manors) from 4-7 p.m. Additionally, the Grantee will be hosting community engagement forums to gather community input on Ryan White CARE Act Reauthorization, December 18th from 6-8 p.m. at the Family Success Center in Carver Ranches and December19th 6-8 p.m. at Hagen Park in Wilton Manors.

b) Part B
The Grantee recommended a sweep of $16,641from Medical Transportation to Non-Medical Case Management. It was noted that additional staff has been hired to assist with eligibility and the recommended sweep would prevent an overutilization of funds in the Non-Medical Case Management service category. Members made the following motion:

Motion #16	To sweep $16,641 from Medical Transportation to Non-Medical Case Management		
Proposed by:	Wynn, J.	**Seconded by:**	Katz, H.B.
Action:	Passed Unanimously		

The written Part B Grantee report was provided detailing expenditures up to September 2013.

Non-Medical Case Management conducted 725 eligibility interviews in September. Medication co-payment served 181 clients. There were 174 clients served in September for Medication Co-Payment and 7 clients served for Mail Orders. Medical Transportation for September 2013: A total of 12 (10 ride) and 431 (31 day) passes distributed. The new Residential Service Category will begin in November.

8. **Public Comment:** None

9. **Agenda Items/Tasks For Next Meeting: (**December 18, 2013 at 12:30 p.m. **Venue:** BRHPC)

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Food Bank Eligibility	1. Review and revise the previous motions made regarding the eligibility criteria for Food Bank and food voucher.
2. MAI Case Management Analysis	2. Review PowerPoint presentation from the previous PSRA meeting and continue discussion on analysis of MAI Case Management (utilization and outcomes) (Handout A)
3. Review ACA Impact on Allocations (1.9)	3. Continue review and discussion of allocations to ensure that allocations meet clients' needs transitioning into ACA (Handout B)

10. **Announcements:** None

11. **Adjournment:** Meeting adjourned 3:49 p.m.

Priority Setting and Resource Allocation Committee
Attendance CY 2013

Member	1/16/13	2/20/13-CX	3/20/13	4/17/2013 CX	5/15/13 CX	6/12/13	7/10/13	7/17/13	8/21/13-cx	9/18/13	10/16/13	11/20/13
Bennett-Taylor, C., **Part A Chair**	1		1	1		1	1	1		1	1	1
Schickowski, K.	1		1	1		1	1	1		1	1	1
Gammell, B.	A		1	1		1	1	1		1	A	1
Grant, C.	1		1	1		A	1	1		1	1	1
Hayes, M.	1		1	1		1	A	A		1	1	1
Katz, H. B.	1		1	1		1	1	1		1	1	1
Reed, Y.	1		1	1		E	1	1		E	1	E
Siclari, R.	1		E	A		E	A	1		E	1	1
DeSantis, M.	*Appointed 3/25/13*			A		1	1	1		1	1	1
Proulx, D.	*Appointed 1/24/13*		1	1		1	1	1		1	1	1
Wynn, J.	1		1	1		1	1	1		1	1	1
Quorum=7	**Yes**		**Yes**	**Yes**		**Yes**	**Yes**	**Yes**		**Yes**	**Yes**	**Yes**

HANDOUT A

MAI
Medical Case Management

Presented by:
Rafael Copa, Administrative Manager I
Shaundelyn DeGraffenreidt, QA Coordinator

INTRODUCTION
MAI MEDICAL CASE MANAGEMENT

- THIS PRESENTATION PROVIDES AN OVERVIEW OF THE RYAN WHITE PART A MAI MEDICAL CASE MANAGEMENT PROGRAM

- THE PRESENTATION IS DIVIDED INTO:
  - SCOPE OF SERVICES
  - SERV ICE UTILIZATION
  - CLIENT FLOW CHART
  - CHALLENGES
  - RECOMMENDATIONS

SCOPE OF SERVICES

- MAI Medical Case Management services supports the ability for Clients to remain adherent to medical care.
- MAI Medical Case Management services has a central role of providing treatment adherence counseling that supports adherence to complex HIV/AIDS treatments and retention in medical care.
- MAI Medical Case Management services shall be based on a Strengths-Based social work counseling approach that emphasizes people's self-determination and strengths. (ARTAS program)
- Services are provided by peers

SCOPE OF SERVICES

To be eligible for MAI MCM services:

- Currently enrolled in Ryan White Part A Medical Case Management program
- Missed a minimum of one scheduled Outpatient/Ambulatory medical services appointment in the last six months and;
- Be considered at risk for falling out of medical care.

Services must be conducted:

- Within a 90-day period
- Utilizing a maximum of six individual face-to-face client sessions that do not exceed 120 minutes per session
- MAI MCM must also conduct a 3-month and 6 month follow up assessments following case closures

SERVICE UTILIZATION

MAI Case Management	FY 2012-13 (Sept - Feb)	FY 2013-14 (Mar - Aug)
Contract Amount	$176,644	$131,644
Expenditures	$23,544	$25,474
Units of Service	3,138	3,362

SERVICE UTILIZATION

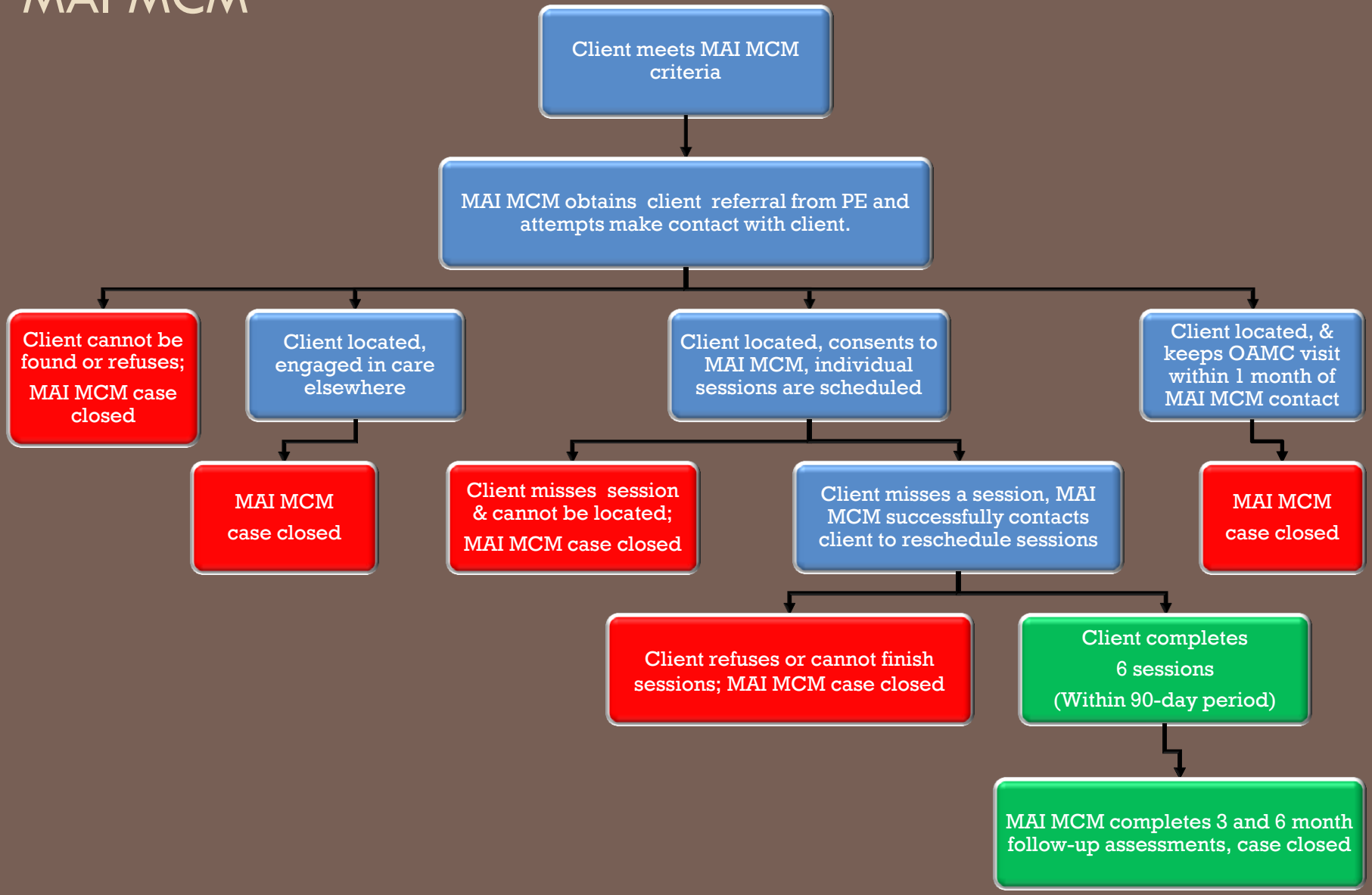
Clients Served (Sept. 2012 – Aug. 2013)	# Clients
Male	134
Female	41
Transgender	1
Total Clients	176

SERVICE UTILIZATION

Race (Sept. 2012 – Aug. 2013)	# Clients
Black	115
White	59
More Than Once Race	2

Ethnicity (Sept. 2012 – Aug. 2013)	# Clients
Haitian	8
Hispanic	63
Non-Hispanic	113

Client Flow Chart
MAI MCM



CHALLENGES

- Most challenging clients to retain into care
- Only one contracted provider currently billing for services
- Strictly a peer-driven model
- Based on ARTAS Model (Intensive Short-term – 90 day program)

RECOMMENDATIONS

- Revise the Model to include other service personnel
- Revise the Model to include a component for clients who need long – term, strengths-based interventions
- Service Category should be restricted to Ryan White Part A Outpatient/Ambulatory Medical Care providers

QUESTIONS AND ANSWERS

HANDOUT B

FY 14/15 ALLOCATIONS: PART A

Rank	Service	FY 13 Allocation	Factors to Consider	Recomended FY14 Allocation	
#		$	*Client increase from expanded testing offset by Exchange enrollment	%	$
1	Medical	$5,706,496	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACA health exchanges means full funding needed for FY14-15. Expect 3% Medicare reimbursement increase ($171,195).	15%	$6,546,809
2	Pharmacy	$509,576	Expanded testing will link more clients to care. Decreased PAP access. Long transition to exchanges means full funding needed	55%	$787,665
3	Medical Case Mgt [Disease Mgt (DM]	$0	DM constitutes a change in the MCM category. This ensures the EMA's current MCM services provide appropriate DM to help improve client medical outcomes. This clinically based case management will only be operated by a licensed practitioner at a medical provider site. Based on FY12 VL analysis, DM could have benefited 812 clients. 30% of FY 12 MCM clients were new; based on growth rate, FY14 estimate is 1,056.	100%	$546,650
4	Health Insurance Continuation (HICP)	$0	HICP for approximately half of RW clients transitioning to ACA exchange & needing premium & out-of-pocket assistance despite subsidies. Estimated cost $3,779 (100-250% FPL) & $6,953(250-400%) New and existing clients to this service category (800 clients maximum will enroll, but not all clients will access this service category immediately)	100%	$2,329,002
5	Oral Health	$2,623,653	Part F funding uncertain. Low Medicaid coverage. Difficult to access.	19%	$3,132,354
6	Mental Health	$336,987	Expanded testing = more clients. No Medicaid expansion & long transition to exchange means full funding needed.	10%	$369,387
7	Substance Abuse	$342,889	Expanded testing will link more clients to care. No Medicaid expansion & long transition to ACAinsurance exchange.	3%	$354,827
	Core	$9,519,601		$14,066,694	
1	CIED	$467,513	Enrolling clients into Exchange may result in longer encounter time.	20%	$562,244
	Non-Medical Case Mgt (NMCM)	$0	This service category will encompass comprehensive case management, which is an addition to the NMCM category. Along with CIED, NMCM is a supportive service to ensure health outcomes through referral and linkage.	100%	$1,016,769
2	Food Bank	$642,846	No other significant funders. Increase from 12 boxes/3vouchers (15 units) to 24 total units. Eligibility to be reviewed. Allocation split 90% for Food Bank and 10% for Food Vouchers; food vouchers to be allocated $100,000.	85%	$1,189,473
3	Legal	$131,426	No other funding identified. SSI appeals process.	16%	$152,466
4	Outreach	$58,768	No other funders. Expanded testing = client increase	-12%	$52,004
	Support	$1,300,553		$2,972,956	
	TOTAL	$10,820,154		$17,039,650	

FY 14/15 ALLOCATIONS: MAI

FY 14 Rank	Service	FY 13 Allocation	Factors to Consider	Recommended FY 14 Allocation
#		$		
	Utilize FY13/14 allocation plus % increase			
1	Medical	$100,000	Expanded testing will link more clients to care. ACA Impact	**$105,000**
2	Medical Case Mgt	$176,644		**$185,476**
3	Mental Health	$128,418		**$134,839**
4	Substance Abuse	$400,000		**$420,000**
	Core	**$805,062**		**$845,315**
1	Eligibility	$290,957	Uncertainty of insurance exchange plans will make eligibility determinations more time-consuming and difficult.	**$320,053**
	Support	**$290,957**		**$320,053**
	TOTAL	$1,096,019		$1,165,368

2013-14 Work Plan Calendar for Priority Setting & Resource Allocation Committee

	March	April	May	June	July	Aug
PSRA	1 Review Grant Award 2 Set PSRA timeline 3 ID PSRA data	1 Review Grant App stats (Unmet need, epi, co-morbidities, etc) 2 PCIP report	1 Scorecards 2 Review JPC/JCCR recommendations	1 FY14 Priorities rankings 2 Review scope services, eligib. 3 Client Survey results	1 FY14 Allocations	X

	Sep	Oct	Nov	Dec	Jan	Feb
PSRA	1 Affordable Care Act Impact 2 FY13 Sweeps 3 Review Policies & Procedures	Training on Assessment of Admin Mechanism	1 Develop HIVPC self-assess survey 2 Conduct Assessment of Admin Mechanism	Affordable Care Act Impact	FY13 Sweeps	1 Update Work Plan, P&P 2 Annual Evaluation

FY 2013-2014 Broward County HIV Health Services Planning Council **Priority Setting & Resource Allocation Committee** Work Plan

Objective 1. Priority Setting and Resource Allocations	**Responsible**	**Outcome**	**Start**	**Due**	**Progress**
1.1 Approve PSRA timeline and identify data to be used	PSRA, Staff	PSRA process	3/13	3/13	Complete
1.2 Review PCIP recommendations and determine next steps	PSRA (Data: Staff)	Ensure services meet needs	4/13	6/13	Restructured
1.3 Review Grant Data (Epi, unmet need, imp plan, co-morbidities, EIIHA, survey)	PSRA, JPC, Staff	Better informed PSRA	4/13	4/13	Complete
1.4 Review updated Scorecards format	PSRA (Data: Staff)	Data for PSRA	5/13	6/13	Complete
1.5 Review recommendations from Joint Planning Committee, JCCR	PSRA (Data: Staff)	Input based on data	5/13	6/13	Complete
1.6 Review scope of services and eligibility for each service category	PSRA (Data: Staff)	Data for PSRA	6/13	6/13	Complete
1.7 Review Client Survey results	PSRA (Data: Staff)	Input from clients on PSRA	6/13	6/13	Complete
1.8 Rank Part A & MAI Priorities	PSRA	Priorities for services	6/13	6/13	Complete
1.9 Allocate funds by service category (Part A & MAI) a. Ensure resources target underserved populations hit hard by epidemic b. Discuss funding to expand services by adding more providers	PSRA <u>Data:</u> PC Staff Grantee Staff	Funds allocated per HRSA requirements; Resources targeted	7/13	7/13	Complete
1.9 Review and discuss impact of Affordable Care Act on allocations	PSRA, staff, grantee	Ensure allocations meet needs	9/13	12/13	In process
Objective 2. Execute Implementation Plan					
2.1 Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls	PSRA	Appropriate service funding	9/13 & 1/14		Complete
2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and distributed fairly to other categories	Data: Grantee, Staff	Appropriate service funding			Complete
Objective 3. Assess the Administrative Mechanism					
3.1 Assessment of Administrative Mechanism Training	PSRA	Ensure compliance efficiency	10/13	10/13	Complete
3.2 Plan PC Self-Assessment (related to Assessment of Admin Mechanism)	Data: Grantee and	Improved administration	11/13	11/13	Pending
3.3 Conduct Assessment of Administrative Mechanism	PC Staff		11/13	11/13	Complete
Objective 4. Review And Revise Committee Work Plan, Policies And Procedures					
4.1 Review and update Work Plan, Policies & Procedures	PSRA, Staff,	Updated Plans	8/13, 2/14	2/14	Complete
4.2 Annual Evaluation: Assess the past year and recommend improvements	Grantee	Improved process	2/14	2/14	
Objective 5: Review PSRA Proposals to Meet the Goals of the National HIV/AIDS Strategy					
5.1 Study possible new services PSRA identified to address goals of NHAS a. Funding for peers to address issues of retention in care b. Integrated model including prevention for positives, medical care and outreach for discordant couples c. Develop plan to reduce wait times at clinics d. Develop plan to streamline eligibility and intake, through more locations e. Develop with QM Committee strategy to increase retention in care f. Develop with QM strategy to refocus MAI funding	PSRA, Grantee, Staff	Ensure services meet needs of clients	9/13	9/13	Complete

Ryan White Part B
Expenditure Report
October 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (October/ Encumbered)	Part B 2013-14 Monthly Average Left	Part B 2013-14 (YTD Spent/ Encumbered)	Part B 2013-14 (% Encumbered)	Part B 2013-14 (% Left)	Part B 2013-14 (Balance)
Home Delivered Meals	$ 2,479		$ 412	$ -	0%	83%	$ 2,059
Medication Co Pay	$ 310,000	$ 12,484	$ 33,270	$ 143,649	46%	54%	$ 166,351
Case Management (non-med)	$ 228,287	$ 41,433	$ 17,521	$ 140,681	62%	38%	$ 87,606
Residential Substance Abuse	$ 300,000	$ -	$ 60,000	$ -	0%	100%	$ 300,000
Medical Transportation	$ 150,971	$ 50,315	$ 20,131	$ 50,315	33%	67%	$ 100,656
Administration	$ 110,192	$ 8,630	$ 10,270	$ 58,840	53%	47%	$ 51,352
TOTALS	**$ 1,101,929**	**$ 112,862**	**$ 141,605**	**$ 393,485**	**36%**	**64%**	**$ 708,024**
					64%		

Home Delivered Meals October 0
Non-Medical Case Management conducted 846 eligibility interviews in October
Medication Co Payment served 191 clients in October.
188 Clients served in Medication Co Payment
3 Clients served in Mail Order
Medical Transportation 554 (31 day) and 11(10 ride) were distributed in October.
Residential Substance Abuse - new category added to begin in November