



## Meeting Agenda

**Committee:** Priority Setting & Resource Allocation

**Date/Time:** Wednesday, April 16, 2014; 12:30 p.m.    **Location:** BRHPC

**Part A Co-Chair:** Taylor-Bennett, C.    **Part B Co-Chair:** Wynn, J.

**1. CALL TO ORDER:** Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment

**2. APPROVALS:** 4/16/2014 Agenda and 2/19/2014 Meeting Minutes

### 3. STANDARD COMMITTEE ITEMS

### 4. UNFINISHED BUSINESS

- a. LPAC – Zostavax & Gardasil

### 5. MEETING ACTIVITIES

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
<b>1. ADAP Pilot Project Update</b>	1. Update on the ADAP Pilot Project for ACA Plans
<b>2. MAI MCM Work Group Update</b>	2. MAI MCM Work Group to provide update on its work (Handout A)
<b>3. Follow-up on Conflict of Interest Forms</b>	3. Review instructions for announcing conflicts of interest (Handout B)
<b>4. Work Plan, Policies and Procedures (WP Item 4.1)</b>	4. Review and Update the Work Plan and Policies and Procedures as needed (Handout C & D)
<b>5. Set PSRA Timeline (WP Item 1.1)</b>	5. Approve the annual timeline that guides the Priority Setting and Resource Allocation Process for FY15-16 (Handout E)
<b>6. Community Data Presentation</b>	6. Determine if there will be a community data presentation

### 6. GRANTEE REPORTS

**7. PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)

**8. AGENDA ITEMS/TASKS FOR NEXT MEETING:** May 21, 2014 at 12:30 p.m. **Venue:** BRHPC

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Responsible Party</i>	<i>Information requested (i.e. data, research, etc.) Action to be taken, presentation, discussion, brainstorm etc.</i>
<b>Review Updated Scorecards (WP Item 1.4)</b>	PSRA (Data: Staff)	<b>ACTION ITEM:</b> Review scorecards for FY13-14 for each service category.

### 9. ANNOUNCEMENTS

### 10. ADJOURNMENT

**PLEASE COMPLETE YOUR MEETING EVALUATIONS**



**Meeting Minutes**

**Committee:** Priority Setting & Resource Allocation

**Date/Time:** Wednesday, February 19, 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		Rodriguez, J.
3	Grant, C.	X		Jenkins, P.
4	Hayes, M.	X		Thornberry, A.
5	Katz, H. B.	X		
6	Reed, Y.	X		<b>Grantee Staff</b>
7	Schickowski, K.	X		Jones, L. (Part A)
8	Siclari, R.	X		Copa, R. (Part A)
9	Wynn, J.		A	Green, W. (Part A)
10	Proulx, D.	X		Mercer, A. (Part B)
11	DeSantis, M.	X		
				<b>HIVPC Support Staff</b>
				Rosiere, M.
				McEachrane, T.
	<b>Quorum = 7</b>	<b>10</b>		Sandler, C.

**1. CALL TO ORDER:**

The Part A Co-Chair called the meeting to order at 12:48p.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**

**3. APPROVALS:**

<b>Motion #1</b>	To approve today's meeting agenda		
<b>Proposed by:</b>	Reed, Y.	<b>Seconded by:</b>	Katz, H.B.
<b>Action:</b>	Passed Unanimously		

The Part A Co-Chair made the recommendation to have the PROACT presentation to take place immediately after the approvals.

<b>Motion #2</b>	To approve meeting minutes of 1/15/14		
<b>Proposed by:</b>	Katz, H.B.	<b>Seconded by:</b>	Proulx, D.
<b>Action:</b>	Passed Unanimously		

**4. UNFINISHED BUSINESS**

None



## 5. STANDARD COMMITTEE ITEMS

- a. Update on ad-Hoc Local Pharmacy Advisory Committee - Review and Approve LPAC Recommendations for Ryan White Part A Formulary revisions (**Handout A**): The LPAC Chair explained to the committee that LPAC has had several meetings to discuss the Gardasil HPV vaccine and they are still working on different options about how best to approach giving the vaccine to clients. Initially LPAC made a motion to have Gardasil added to the Part A formulary, but this motion did not pass. There are also several barriers to clients receiving the vaccine and completing the vaccine series if it is a part of the formulary; the vaccine requires three doses and would need to be picked up at the pharmacy, and then brought to a physician to be administered. At the last LPAC meeting, a committee member had the idea to do a pilot study with the vaccine. The Grantee could do a bulk purchase of the vaccine, which could be dispersed directly to physicians. This would remove the barrier of transporting the vaccine from the pharmacy to the physician's office. Once the first dose of the vaccine is given to a client, clients can be enrolled in a Patient Assistance Program (PAP) with Merck (the company that makes Gardasil), which will pay for the second and third doses of the vaccine. Doing this pilot study would also allow data to be gathered on the number of clients who receive the initial vaccine, the number who receive the second dose, and the number who complete the series. Gathering this data would also provide the committee with a more accurate cost estimate.

The Grantee is in the process of researching the feasibility of the pilot study, and will return to LPAC with a recommendation as soon as possible. The Grantee noted that the research may take some time in order to be done right; there is not a clear message about the age cutoff for giving the vaccine or if there are certain subgroups in the HIV positive target population that would be best suited to receive the vaccine.

## 6. MEETING ACTIVITIES / NEW BUSINESS

- a. Presentation on Outreach Services in the Community – Participate, Retain, Observe, Adhere, Communicate, and Teamwork (PROACT) Program: The PROACT presenters asked the committee to clarify what they hope to learn from the PROACT presentation. A committee member shared with the presenters that at the previous Priority Setting and Research Allocation (PSRA) meeting, committee members had to decide whether or not to fund the Outreach category. Part of the reason the committee decided not to fund Outreach was because they believed other programs such as PROACT were conducting the same activities in the community.

The PROACT presenters explained to the committee that Broward is one of three counties doing a pilot study to locate patients who have fallen out of care according to the Enhanced HIV/AIDS Reporting System (eHARS) data. The definition followed by Tallahassee for a client falling out of care is the client having no medical contact over a period of six months. From an initial list of 125 clients determined by Tallahassee to have fallen out of care, it was narrowed down to 21 clients; the 104 client difference came from finding that clients were either in care or had moved out of the county. One committee member noted that the numbers not in care seem very low. The PROACT presenters stated that this is the data they receive from Tallahassee, and it does not include clients in private insurance or Medicaid.

Florida statutes require that only Disease Intervention Specialist (DIS) agents may look for clients who have fallen out of care. Once clients are found by DIS they are put into contact with one of two PROACT linkage coordinators who will help clients through the process of getting linked to care. Once clients have been identified and found, they are asked for permission to be linked to care, and this linkage should be pretty much immediate. PROACT is hoping to make this a permanent activity; it has not been done before.

DIS makes sure that a client is actually in care by asking if they have been seeing a doctor, the last time they saw a doctor, etc. PROACT presenters cited the reasons for clients not staying in care as stigma, denial, treatment fatigue, frustration with system, and homelessness, among others. PROACT is trying to overcome as many barriers as possible to keeping people in care, which includes talking to the other nine cities with the highest rates of HIV/AIDS to determine what the barriers are and how to overcome them. DIS agents will be trained to discuss disease with clients and try to overcome barriers to getting clients into care. The program really needs a DIS agent who truly understands HIV in order to be successful.



Committee members also discussed with presenters the Anti-Retroviral Treatment and Access to Services (ARTAS) model; the last time it was discussed at the committee, members found clients were being referred, but there was a problem of locating clients afterwards. A committee member asked if finding these clients would be something PROACT could assist with. The presenters said it is not something that they are doing now, but once protocols are established and the pilot study is complete, it is definitely something that could be done. The presenters also noted that ARTAS is a great model for linking new clients to care or clients who have been out of care for more than six months. The presenter believes that service navigation is going to be key, as it addresses the barriers that keep most people from seeking care, such as transportation issues, or anxiety about medical visits. The MAI Medical Case Management Work Group chair asked if anyone from PROACT who be willing to help with the work group. Joshua Rodriguez volunteered to attend the next meeting.

- b. **Assessment of the Administrative Mechanism:** The Part A Grantee representative discussed the Grantee's office process for tracking invoices and how long it takes to pay a claim. The last time this data was shared with the committee, the committee requested that the Grantee representative come back with data that distinguished between when an initial claim was received and when a 'clean' claim was received. The Grantee representative clarified that a clean claim is an invoice without errors. Sometimes the Grantee will receive invoices that have mistakes and need to be returned to the provider to be fixed. The data run by the Grantee shows that initial invoices that are received and are returned to providers to be cleaned generally see a very quick 24 hour turn around. The Grantee representative also noted that accounting has been below the standard of 30 days to process all claims, and the hope is that the number of days it takes to process all claims will continue to go down.
- c. **Annual Evaluation (WP Item 2.2):** The committee reviewed the questions for committee self assessment; the idea is to look back at what worked over the past fiscal year, and what can be done differently in the new fiscal year to make the committee's work even better in the future. It was clarified that each meeting's agenda comes directly from the committee's work plan, so it is really useful for each committee to look at their work plan items in order to update the work plans for the new fiscal year.

A member noted that the Priority Setting and Resource Allocation (PSRA) committee has been able to consistently follow the meeting agendas, which translates into completing their work plan activities each year. Another committee member asked if the work plan items under Objective 5 were truly PSRA activities, and if they were, why? The member felt that they should be moved to a different committee, as did several other committee members. The work plan items under Objective 5 were struck from the PSRA work plan for fiscal year 2014-2015. This also prompted conversation about where the objectives came from; the objectives came from both the National HIV/AIDS Strategy (NHAS) and also brainstorming sessions at the last Executive retreat.

The PSRA Chair also felt that the committee was able to work well, thanks to a tremendous level of commitment from committee members; PSRA tackled a number of issues, more than they had in previous years. However, the Chair also noted that this tenacity became a bit of a challenge when the committee would take on more tasks than was necessary, and some of these tasks may have been better delegated to a subcommittee or a different committee. Collaborating with other committees to get certain work plan items done was a challenge, and although no work plan items were left uncompleted, there were certain work plan items that probably could have been more comprehensively completed. The Chair also discussed the lack of client participation, which may be due to the nature of the committee, and that the committee could be even more successful if they are able to garner more client participation.

- d. **Work Plan, Policies & Procedures (WP Item 4.1):** This item was tabled as a task for the next PSRA meeting.
- e. **MAI MCM Work Group Update:** The Chair of the work group noted that it is a very small group of people, and they are interested in finding more participants if anyone is interested. At the last meeting, the committee



decided to do research on evidence based peer driven models to help determine the best model to use in Broward County. The committee would like to find a model that fits not only the needs of Part A, but also the needs of the rest of the community.

**7. Grantee Reports:**

a. Part A: The Grantee reported that they still have not received a final notice of the grant award, and there is no indication of when it will be received. There was a \$30 million increase for Part A, and the hold harmless provision has expired, so areas like New York City and San Francisco will now have money go into a pot of supplemental dollars. It appears that only five or six EMAs will take a reduction, and calls are being scheduled between HRSA and the EMAs to discuss this. West Palm Beach may be seeing a reduction, but Broward County may see an increase because the number of clients being served has increased. The Grantee also noted that the Request For Proposal (RFP) notification of award that went out yesterday was not correct or accurate, and there has been no awarding of RFPs yet. The Grantee's role in the RFP process is to develop the scopes of services, but the community partnership division of Broward County is responsible for the remainder of the RFP process, and the Grantee did not have anything to do with those letters. The Grantee is traveling Tallahassee to meet with all Part As in the state of Florida and the Bureau of Hepatitis/HIV to discuss concerns with the Affordable Care Act (ACA) and the plans for moving forward.

The Grantee also noted that there are navigators at Broward House and Poverello to help clients understand the ACA marketplace. The Grantee's office is also looking to place navigators at other agencies. The Grantee will also send out the research that has been done on ACA Marketplace plans about the best plans for HIV positive clients. The marketplace is still in open enrollment, so clients should be able to change their plans until March 1<sup>st</sup>, but it is unclear about what happens after. Clients could potentially be locked in the plans they have chosen until October.

b. Part B: The Part B Grantee announced that around 53 percent of funds have been utilized but in the meantime they are working hard to spend down money so they do not have to give back as much. Part B is going to be able to continue to fund the residential substance abuse program for next year, and they are also trying to cover former Med Copay clients who did not qualify for ADAP. Part B will continue to serve clients until issues are ironed out, since many ACA marketplace plans leave a lot of clients with very high copays or coinsurance, and Part B will continue to serve clients through Med Copay to help clients cover copay or coinsurance expenses that they cannot afford.

**8. Public Comment:** None.

**9. Agenda Items/Tasks for Next Meeting:** (March 19, 2014 at 12:30 p.m. Venue: BRHPC)

Agenda Items/Work Plan Item	Information requested/Action To Be Taken
1. Presentation on Outreach Services in the Community	1. Review Part A Outreach utilization and rates of referral to Medical or MCM services. <b>Hear update on the PROACT program.</b>
2. MAI MCM Work Group Update	2. MAI MCM Work Group to provide update on its work.
3. Assessment of the Administrative Mechanism	3. Review survey to evaluate the effectiveness of the services offered in meeting identified needs.

**10. Announcements:**

Staff asked the committee if all members are aware that they must fill out a conflict of interest form when taking part in the PSRA process. The committee felt that they have mastered the part of abstaining if there is a conflict of interest, but could perhaps do better with the process to fill out and make sure all abstentions are being met. The committee felt that this needs to be made very clear during Membership/Council Development Committee (MCDC) orientation. The committee decided that at meetings from now on, every time someone abstains, staff will give them a Conflict Of Interest form and collect them as soon as the member has finished filling them out.



**11. Adjournment:**

The meeting was adjourned at 3:09 p.m.

**Priority Setting and Resource Allocation Committee Attendance  
 CY 2014**

Member	1/15/14	2/19/14
Bennett-Taylor, C., <b>Part A Chair</b>	<b>X</b>	<b>X</b>
Schickowski, K.	<b>X</b>	<b>X</b>
Gammell, B.	<b>X</b>	<b>X</b>
Grant, C.	<b>A</b>	<b>X</b>
Hayes, M.	<b>X</b>	<b>X</b>
Katz, H. B.	<b>X</b>	<b>X</b>
Reed, Y.	<b>A</b>	<b>X</b>
Siclari, R.	<b>X</b>	<b>X</b>
DeSantis, M.	<b>X</b>	<b>X</b>
Proulx, D.	<b>X</b>	<b>X</b>
Wynn, J.	<b>X</b>	<b>A</b>
<b>Quorum=7</b>	<b>9</b>	<b>10</b>

## MAI MCM MEETING SUMMARY 2.25.14

<p><b>A. Peer Based MCM Model Update / Status Summary:</b></p> <p><i>Perspectives</i> - The Group discussed client experiences with the current model. Members noted the current model was not being used the way it was originally intended and that the current model did not fully meet the needs of clients. It was noted that current standout components are outreach, training, and peer educators. A suggestion was made that Medical Case Management (MCM) be intensified to assist with getting clients from one point to the next, for example food stamp acquisition, or housing.</p> <p><i>Review of Peer Models</i> - Members reviewed a comparison of peer-based models as presented by support staff.</p> <p><i>Next Steps</i> - Members suggested revising the current Service Delivery Model (SDM) to include new program criteria. Some revised criteria may be: 1) Definition of the MAI MCM Population, 2) Program Entry Points, 3) Assessment of Client Strengths, 4) Reengagement with MCM Upon Completion of MAI MCM Services, 5) Assessment of Barriers, 6) Provision of Emotional Support, 7) Education, 8) Tailor Number of Sessions to Client Needs, and 9) Removal of the Requirement to Receive MCM Services Prior to Referral to MAI MCM.</p>
<p><b>B. Rationale for Recommendations:</b></p> <p>The current MAI MCM SDM must be revised in order to address the needs of the target population.</p>
<p><b>C. Data Reports / Data Review Updates:</b></p> <p>Members reviewed the MAI MCM SDM, Viral Load analysis (<i>systemwide and for the MCM service category</i>), In+Care Retention Measures (<i>systemwide and for the MCM service category</i>), MCM Utilization for FY13-14 to Date, 2012 Client Survey Lost to Care Findings, and FY 2012/2013 Part A/MAI MCM Scorecard</p>
<p><b>D. Data Requests:</b></p> <p>Staff to map services, provide steps for these services, identify a continuum of care that meets the needs of the target population, and determine the implementation of the peer-based model criteria (<i>listed above</i>). This should include a flow chart of steps (<i>i.e. Access to MAI MCM after eligibility determination, attending MAI MCM after treatment, incarceration, etc.</i>).</p>
<p><b>E. Other Business Items:</b></p> <p>None. <i>Agenda Items for Next Meeting:</i> Assess client data. Review research of peer-based models. Review and edit the proposed service delivery model to include program criteria. Review flowchart mapping services from eligibility determination to service access. <i>Next Meeting Date:</i> TBD</p>

**\*\*For detailed discussion on any of the above items, please refer to the meeting minutes. \*\***

# FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
MAILING ADDRESS	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:
CITY <span style="float: right;">COUNTY</span>	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
DATE ON WHICH VOTE OCCURRED	NAME OF POLITICAL SUBDIVISION:
MY POSITION IS: <input type="checkbox"/> ELECTIVE <input type="checkbox"/> APPOINTIVE	

## WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

## INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a “relative” includes only the officer’s father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A “business associate” means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

\* \* \* \* \*

### ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

\* \* \* \* \*

### APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you otherwise may participate in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

**IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:**

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on other side)

**APPOINTED OFFICERS (continued)**

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

**DISCLOSURE OF LOCAL OFFICER'S INTEREST**

I, \_\_\_\_\_, hereby disclose that on \_\_\_\_\_, 20 \_\_\_\_\_:

(a) A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, \_\_\_\_\_;
- inured to the special gain or loss of my relative, \_\_\_\_\_;
- inured to the special gain or loss of \_\_\_\_\_, by whom I am retained; or
- inured to the special gain or loss of \_\_\_\_\_, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

\_\_\_\_\_  
Date Filed

\_\_\_\_\_  
Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

### 2014-15 Work Plan Calendar for Priority Setting & Resource Allocation Committee

	March	April	May	June	July	Aug
<b>PSRA</b>	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 FY15 Allocations	X
	Sep	Oct	Nov	Dec	Jan	Feb
<b>PSRA</b>	1 Affordable Care Act Impact 2 FY14 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	FY14 Sweeps	1 Update Work Plan, P&P 2 Annual Evaluation

Broward County HIV Health Services Planning Council FY 2014-2015 **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 process	3/14	3/14	
1.2 Review workgroup/ad-Hoc recommendations and determine next steps		Ensure services meet needs			
1.3 Review Grant Data (Epi, unmet need, imp plan, co-morbidities, EIIHA, survey)		Better informed PSRA			
1.4 Review Scorecards format		Data for PSRA			
1.5 Review recommendations from Joint Planning Committee, JCCR		Input based on data			
1.6 Review scope of services and eligibility for each service category		Data for PSRA			
1.7 Review Client Survey results		Input from clients on PSRA			
1.8 Rank Part A & MAI Priorities		Priorities for services			
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		Funds allocated per HRSA requirements; Resources targeted			
1.10 Review and discuss impact of Affordable Care Act on allocations		Ensure allocations meet needs			
<b>Objective 2. Execute Implementation Plan</b>					
2.1 Monitor Expenditure vs. Allocation. Recommend strategies to address shortfalls		Appropriate service funding			
2.2 Recommend reallocations (“Sweeps”) to ensure sufficient core funding and distributed fairly to other categories		Appropriate service funding			
<b>Objective 3. Assess the Administrative Mechanism</b>					
3.1 Assessment of Administrative Mechanism Training		Ensure compliance efficiency			
<del>3.2 Plan IPC Self Assessment (related to Assessment of Admin Mechanism)</del>		Improved administration			
3.3 Conduct Assessment of Administrative Mechanism					
<b>Objective 4. Review And Revise Committee Work Plan, Policies And Procedures</b>					
4.1 Review and update Work Plan, Policies & Procedures		Updated Plans	2/15	2/15	
4.2 Annual Evaluation: Assess the past year and recommend improvements		Improved process	2/15	2/15	
<b>Objective 5: Review PSRA Proposals to Meet the Goals of the National HIV/AIDS Strategy</b>					
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 <del>c. Develop plan to reduce wait times at clinics</del> 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		Ensure services meet needs of clients			

**Comment [TM1]:** The Committee discussed revising the language

**Comment [TM2]:** The Committee discussed revising the language

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**Comment [TM3]:** The Committee discussed removing all of 5.1

**Policies and Procedures**

The Priority Setting & Resource Allocation Committee shall recommend priorities and resource allocations to the Broward County HIV Health Services Planning Council (Council) and/or South Florida AIDS Network (Consortia) for the disbursement of Ryan White Part A and Ryan White Part B funds in Broward County. Priority Setting and Resource Allocation to service categories involves all members of the Council and the Consortia. The process is designed to protect against perceived conflict of interest by adhering to Conflict of Interest policies as identified in the By-Laws of the Council and the Consortia. The Committee may offer input regarding the Housing Opportunities for Persons with HIV/AIDS (HOPWA) Program based upon the collaborative needs assessment results for the HOPWA Grantee to take into consideration. However, the Committee will not provide priority setting and resource allocation for the HOPWA Program.

The Committee shall include members of both the Council and Consortia to ensure collaboration and coordination across funding streams. The Committee shall have co-chairs appointed by the Council and the Consortia, respectively. The Committee shall meet on an as-needed basis as determined by the Council, the Consortia and Committee Chairs.

Persons Living with HIV and community involvement shall be solicited and encouraged at all meetings. The decision making process is publicly stated and implemented as stated.

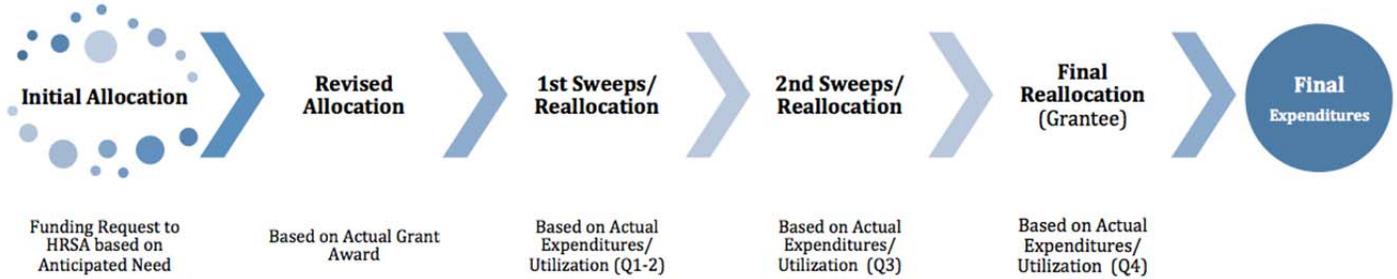
The Committee shall recommend language to the Council and Consortia on how best to meet each priority and additional factors that the Grantee should consider in disbursing funds under a grant based on: the documented needs of the local HIV infected population; cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable); priorities of the local HIV-infected communities for whom the services are intended; percentage constituted by the ratio of infants, children and women in the HIV positive population; availability of other local resources and other local priorities as stated.

The decision making process is publicly stated and implemented as stated. The Committee shall utilize a "nominal group process method" to set priorities as outlined in the procedures below. The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

Priority and allocation recommendations shall be forwarded to the Council and/or Consortia and if approved to the applicable funding source for disbursement of Ryan White Part A and/or Part B dollars. The Grant Administrator shall submit the Part A funding priority award recommendations to the Board of County Commissioners' designated Division Director, who in turn forwards to the Broward County Board of County Commissioners for its approval.

The Planning Council has identified the following core medical services as those, which have a documented need for funding. The Health Resources and Services Administration (HRSA) has classified these services as core medical services, which are in line with the Florida Statewide Coordinated Statement of Need:

1. Outpatient/Ambulatory Health Services
2. AIDS Pharmaceutical Assistance (local)
3. Health Insurance Continuation Program (HICP)
4. Oral Health Care
5. Mental Health Services
6. Medical Case Management (including Treatment Adherence)
7. Substance Abuse Services (outpatient)



**Initial Allocation (Funding Request to HRSA based on Anticipated Need for the Next Fiscal Year)**

The Committee shall determine service priorities and funding allocations with justifications that can be linked back to the Needs Assessment and Comprehensive Plan. This should ensure that service priorities as set by this Committee are being addressed and conforming to a comprehensive continuum of HIV care.



**Review Data**

- Statewide Coordinated Statement of Need and State and Local Comprehensive Planning Documents
- Surveillance, HIV+ Unaware Estimate (EIIHA) and HIV+ Not In Medical Care (Unmet Need) Estimate
- Client Needs, Priorities and Other Needs Assessment Data
- Client Utilization Data and Spending Patterns
- Quality Management Data
- Other Data as applicable and available

**Allocate Funding to Service Categories.** The Committee shall first allocate funding to the core services followed by the remaining support services. The process to be utilized when estimating resources needed shall be: # of clients needing service (based on utilization, surveillance and unmet need data) \* *the* cost to provide needed service (units per client per year x dollars per unit) - other local resources and/or funding sources + other documented community needs = resources needed to fund anticipated need.

$$[\# \text{ of clients} * \text{cost}] - [\text{other funding} + \text{other documented community needs}] = \text{resources needed}$$

**Estimate Client Need.** The Committee shall develop an estimate of the number of clients that have a need for each service category based on current service utilization, prevention and surveillance data, and unmet medical need (aware and not in care) and service gap estimates.

1. Determine current Part A and/or Part B service utilization by service category
2. Estimate # of new clients that will need services
  - a. Estimate # of eligible PLWHA needing but not receiving services (service gaps & unmet need)
  - b. Estimate # of eligible newly diagnosed PLWHA that will need services

**Other Funding.** The committee should review the availability of other funding sources/resources for similar services and estimate the number of clients that are likely to be served by other funding.

3. Estimate # clients to be served through other funding of similar services
  - a. Subtract # of PLWHA likely to be served through increase in available other funding
  - b. Add # of PLWHA estimated to need services due to decreases in other available funding

**Revised Allocation (Based on Actual HRSA Ryan White Grant Award)**

The following process shall be used to revise allocations based on the receipt of a grant award that is either greater than or less than the amount that was requested by the EMA.

**Funding Increase:** In the event of a funding award greater than the amount received the previous year, service categories will be funded first at the most recent fiscal year's final expenditures. The grantee will exercise discretion in applying up to \$500,000 to core services based on a pro rata share of the amount of the increase in proportion to the original grant application percentage (based on estimated need) for these services. If additional dollars still remain the same process will be applied for Support Services.

**Funding Shortages:** In the event of funding shortages (i.e., level funding or less than level funding), core service categories will be funded at the prior year's final funded allocation level minus un-obligated administrative and carryover funds. If not feasible or if doing so would result in a reduction equal to or greater than 15% of the final expenditure amount of the previous year allocated to support services, the Grantee's office will convene the committee to revise funding allocations. Deviations in expenditures in excess of 10% in any given funding category shall be reviewed by the Committee for possible reallocation utilizing the same processes as outlined above.

### **Sweeps and Reallocation Process (Based on periodic review of service utilization)**

The Committee shall review, at least quarterly, any deviations in planned expenditures exceeding 10% in any given funding category for possible reallocation and/or reprioritization. Unexpended amounts less than 10% in any given funding category may be reallocated by the Administrative entity of the Grantee.

For *periodic reallocation* of resources the following process shall be utilized: The Grantee should present the Committee with estimates of funding deviations with an explanation as to possible causes of the deviation. The funding should be maintained within the service category if possible. If it is not possible to maintain the funding within the service category, the funding should be moved in ranked order to the next highest ranked category which will experience a shortfall. The Committee reserves the right to deviate from this process to address emergent needs of under-served populations in lower or non-ranked categories. Any deviations from the planned allocation will be documented with justification for why the deviation will occur.

**Final Reallocation:** In order to fully expend funds at the end of the fiscal year, the Committee authorizes the grantee to move funds between categories within a service provider's contract. This authority is given with the understanding that the reallocation process has occurred prior to this shifting of funds, that the amount of dollars involved would be less than 10% of the funding award and that there are less than 120 days left in the fiscal year.

**FY 2015 PRIORITY SETTING AND RESOURCE ALLOCATION TIMELINE**

TASK	RESPONSIBLE PARTY	DATE - 2014
<b>PSRA Data Requests</b>	PSRA	May
<b>Data Collection (3-year trends when available)</b> <ul style="list-style-type: none"> <li>• Parts A-F and HOPWA Utilization &amp; Demographic Data</li> <li>• Needs Assessment (Survey, Focus Groups, MSM Study)</li> <li>• Allocations, Expenditures &amp; Utilization Data</li> <li>• Epidemiology Data</li> <li>• EIIHA Data</li> <li>• Unmet Need (New data due at end of July)</li> <li>• Quality Management Data (Outcomes, Viral Load)</li> <li>• Additional Data (Requests)</li> <li>• JCCR Recommended Rankings</li> <li>• AICP Cost-Benefit Analysis</li> </ul>	Grantees, Support Staff, Providers	May – June
<b>Recommended Language on How Best To Meet Need</b>	Ad-Hoc System of Care Committee	June 18
<b>Review PSRA Data, Scorecards, How Best to Meet Need</b>	PSRA Committee	May 21- June 18
<b>Data Presentations to PSRA</b> (Invite all committees to participate)	Emily Gantz-McKay (2014 Needs Assessment Report) FLDOH-BC (Epidemiology Data)	June 18 June 18
<b>Community PSRA Data Presentation</b>	PSRA Committee	May - June
<b>Priority Setting for FY 15/16 Categories (Part A, MAI)</b>	PSRA Committee	July 16
	HIV Planning Council	July 24
<b>Allocations - Part A and MAI Service Categories</b>	PSRA Committee	August 13 & 20 (if needed)
	HIV Planning Council	August 28