HIV Health & Human Services
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting of the
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE
Marya Gilborn, Chair

February 4, 2010
Cicatelli, 505 Eighth Avenue at 35th Street
Oak Room on the 2nd Floor
9:30 am – 11:30 am

Members Present: Victor Benadava, Sean Cahill, PhD, Felicia Carroll, Nancy Cataldi, Sharen Duke, Linda Fraser, Marya Gilborn, Lucy Grugett (alt. for Dena Rakower), JoAnn Hilger, Judy Juster, Peter Laqueur, Matthew Lesieur, Amanda Lugg, Jan Carl Park, Tom Petro, Allan Vergara

Members Absent: Florencio Cuevas, Joan Edwards, Terry Hamilton, Steve Hemraj, Peter Laqueur, Sharon Mannheimer, MD, Deb Marcano, Hilda Mateo, Charles Shorter, Susan Wayne

NYC DOHMH Staff Present: Nina Rothschild

Public Health Solutions Staff Present: Bettina Carroll, Gucci Kaloo, Rachel Miller

Materials Distributed:

- Agenda
- Minutes from the January 5, 2010 Meeting of the PSRA Committee
- NYC DOHMH FY 2010-11 Priority Setting Tool
- Year 2010 (Year 20) RW BASE Reduction to Award Spending Plan Scenario
- Year 2010 (Year 20) RW MAI Reduction to Award Spending Plan Scenario
- CAEAR Coalition RW Program Appropriations: FY 2011 Request
- Statement of Ernest Hopkins on President Obama's FY 2011 Budget Request
- February 2010 Planning Council Calendar

Welcome/Introductions/Review of the Meeting Packet/Moment of Silence: Marya Gilborn welcomed meeting participants. Members introduced themselves. Nina Rothschild reviewed the contents of the meeting packet. Members observed a moment of silence.
Review of the Minutes from the January 5, 2010 PSRA Committee Meeting: Committee members noted some errors in the minutes. Nina Rothschild agreed to review the tapes and make corrections.

Scenario Planning: Marya Gilborn noted that the Ryan White grant year starts on March 1st and that the Committee's work today is to approve a methodology for dealing with a potential cut to the EMA's award. Jan Carl Park noted that the New York EMA generally receives an excellent score on its grant application but sometimes receives an increase and sometimes receives a decrease in its award. He stated that a formula for dealing with potential increases or cuts is embedded in the spreadsheets included in the meeting packets and that the EMA does not do an across-the-board cut to each service category but, rather, proportionately reduces the allocation to service categories based on their score on the priority setting tool. Mr. Park commented that President Obama's proposed budget for 2011 only included a 1.7% increase for Ryan White programs, although advocates will make visits to Capitol Hill to try to convince legislators to increase Ryan White funding.

Members discussed the spreadsheet reflecting a 2% cut to the EMA's Base award. Mr. Park reminded the group that the Planning Council is obligated to maintain the 75/25 core medical services/non-core support services balance, although we can seek a waiver for next year. We are also obligated to provide $3 million or 5% of our award (whichever is less) for clinical quality management. JoAnn Hilger informed Committee members that the EMA will no longer be able to take an additional 5% from the MAI award for QM because the awards for Base and for MAI are being combined into a single award. We are, therefore, losing almost half a million dollars in funding for QM. Tom Petro noted that the QM funding for Tri-County is included in the New York City QM allocation.

The total amount of money available for programs if the EMA receives a 2% cut will be $82.7 million. A goal-seeking formula computes the cuts needed from each service category to make up the total reduction in the award. ADAP and ADAP Plus, both of which received a score of 8 (the maximum possible) using the priority setting tool take the minimum cut of 3.558323%. ADAP initially took a cut of $1.5 million and now needs to be made whole. Going forward, the AIDS Institute may want a higher commitment of ADAP funding up front, rather than waiting until the NY EMA gives leftover dollars.

The total carrying cost of Year 19 contracts into Year 20 is $86.7 million. If money is available later in the planning year, we restore what we planned to

give ADAP at the beginning. Matthew Lesieur asked whether the Planning Council wants to continue to over-budget for ADAP. We've always had money leftover to spend in the past, but that may not be the case going forward. Mr. Lesieur suggested that the most conservative approach would be to fully fund ADAP and compromise on everything else. Members noted that the Part B program received a $20 million increase in the President's proposed budget. Rachel Miller suggested having a conversation with the State upfront and asking whether the State can continue to take money from us late in the game when our funds from underspending become available.

Members agreed to look at the MAI-funded services. The EMA's total MAI award is $9.5 million. The MAI spreadsheet included in the packet shows a 0% cut because we have to figure out what to do with the $477,633 that can no longer go to QM. The challenge, according to JoAnn Hilger, is that the MAI grant comes with a requirement to report client-level data. MAI funds only ADAP Plus, medical case management, early intervention services, and housing placement. When money is provided for reimbursement for medications, we can't really report on pure health outcomes. Since ADAP is a reimbursement program, we use a process measure for outcomes. The State has been unable to track health outcome data for individuals who receive this service.

Ms. Gilborn broached the topic of using the money to pay for housing. She asked whether the situation re housing is different this month from last month. Gucci Kaloo reported that housing is at capacity and cannot accept any more money. Ms. Hilger suggested taking some of the $3 million for QM from Base funding and some from MAI. Mr. Lesieur asked whether we can re-bid the housing service category, but Ms. Hilger responded that re-bidding it is not feasible for this year.

Ms. Hilger asked whether the MAI dollars could be used toward the cost of training the technical assistance providers for the care coordination contracts. This would mean enhancing medical case management to pay for the training of the TA providers who will help with implementing care coordination. Nancy Cataldi commented that training on the new care coordination curriculum is essential. Mr. Lesieur proposed that out of the total available sum of $477,633, one-hundred-thousand should go to training for medical case management and the balance to ADAP/ADAP Plus. Victor Benadava commented that the PSRA Committee put $24 million into the new case management RFP and asked why this service category now needs additional funding. Jan Carl Park commented that the EBIs (Effective Behavioral Interventions), disseminated by the Centers for Disease Control several years ago, required special training – a situation comparable to the situation with medical case management, in which special training is required prior to implementation. Ms. Hilger noted that the Planning Council has invested a lot

of money in case management and encouraged PSRA Committee members to do what they can to make this new category work. Mr. Lesieur noted that having the case management program succeed is in everyone's best interest. Allan Vergara asked where the money is to train new staff when turnover occurs and recommended asking DOHMH about future training plans. All Committee members voted yes to Mr. Lesieur's proposal to provide $100,000 for training for MCM and the balance to ADAP/ADAP Plus.

Mr. Park stated that more information is needed in the future in order to make a responsible decision about funding ADAP up front or funding it with underspending.

Next Meeting: Committee members agreed to meet again on March 4th at 3:00 pm at a location to be determined.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.