



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, January 12, 2015
AIDS Service Center of NYC, 85 University Pl., 5th Floor
3:15 – 4:45 pm

MINUTES

Members Present: Sharen Duke (Co-Chair), Matthew Baney (Co-Chair), Victor Ayala (by phone), Graham Harriman, Steve Hemraj, Jan Hudis, Harry Jackson, Matthew Lesieur, Jesus Maldonado, Jan Carl Park, Tom Petro, Lyndel Urbano

Other Planning Council Members Present: David Martin

Members Absent: Randall Bruce, Joan Edwards, Amanda Lugg, L. Freddy Molano, M.D., Lazara Paz-Gonzalez, Daniel Pichinson, Sam Rivera

Staff Present: David Klotz, Darryl Wong, Wilbur Yen (DOHMH); Rachel Miller, Bettina Carroll, Gucci Kaloo (Public Health Solutions)

Agenda Item #1: Welcome/Introductions/Moment of Silence/Minutes

Ms. Duke and *Mr. Baney* opened the meeting, followed by introductions. *Mr. Park* led a moment of silence. The draft minutes of the July 21, 2014 meeting were approved with one change to reflect that the Committee would like State ADAP Director Christine Rivera to query Designated AIDS Centers to assess disruptions in services or medication due to enrolment in State health insurance exchanges.

Agenda Item #2: FY 2015 Scenario Planning

Mr. Park reported on federal appropriations for HIV/AIDS programs. All Ryan White programs were flat funded by Congress for FY 2015. Given this, and that “hold harmless” is no longer a factor, changes in the EMA’s award will largely depend on the amounts awarded to other EMAs and to the supplemental award based on the application. For FY 2016, *Mr. Park* cautioned that there may be challenges due to the new political climate on Capitol Hill regarding discretionary funding. A large cut or increase is not likely this year, but the Council still needs to have a methodology in place for applying a reduction to the award. An increase was already planned for in the FY 2015 application spending plan approved by the PSRA and Council in July 2014, which calls for the first \$3M in new funding for Housing programs, followed by an 8% proportional increase in all other base service categories (except for Mental Health and Harm Reduction) to partially restore the cut from FY 2013.

Mr. Klotz reviewed the spreadsheet showing the FY 2014 approved modified spending plan, with a 5% reduction scenario. He explained the ranking methodology for the service categories, how program dollars are calculated after deducting for quality management, Tri-county and grant administration, and

adjustments approved by the Council to the allocations. Those adjustments were to balance the Base and MAI portions of the portfolio (which the Council treats as a unified spending plan), and to reclassify a set of counseling programs in State-funded needle exchange programs from the Mental Health to Supportive Counseling category.

Mr. Kaloo explained changes in the carrying cost of FY 2014 programs into FY 2015. Due to the addition of one new Base Housing program, the same amount was switched between Base and MAI in ADAP Plus. In addition, small adjustments were made to Food, Harm Reduction, Mental Health, Legal, and Home and Community-based Services to account for changes to contracts that were negotiated for less than the amounts committed to those categories at the beginning of the year. These adjustments reduced the carrying cost of FY 2014 programs by \$110,816, which slightly offsets a potential reduction in the award.

In a reduction scenario, the remaining deficit would be made up by the methodology of applying proportionate cuts to all service categories, based on the ranking scores, so that higher ranked categories (e.g., ADAP) are cut proportionately less than lower ranked ones (e.g., Home and Community-based Services).

The core/non-core ratio stays at the same approximate level as FY 2014 (65%/35%). The EMA has applied for a waiver for the third year and expects it to be approved again.

Mr. Harriman explained that HRSA expects to give EMAs a partial award at the beginning of the year, but the details are not known yet. The receipt of the full award will come several months later. Having a methodology for applying a reduction will allow the Council to quickly approve a final spending plan once the full award is known. The grantee will communicate with sub-contractors that they should cap their spending at the previous year's pro-rated rate until the final award is known.

A motion was made, seconded and approved unanimously to accept the methodology for applying a reduction to the award as presented in the draft spreadsheet described above.

Agenda Item #3: Planning for FY 2016

Committee members briefly brainstormed concerning data needs for planning for FY 2016. The following is a summary of the discussion:

- The Integration of Care Committee (IOC) is currently examining linkage to care models within the Early Intervention Services category and may recommend additional funding.
- IOC is also reviewing the model for Legal Services, with the possibility of expanding the scope of allowable services related to immigration status, should that be allowed by HRSA.
- A detailed presentation from ADAP is needed, especially concerning payer of last resort issues and changes related to the Affordable Care Act and the number of people who are moving into private insurance plans (to date, there has not been a large shift of clients into private plans).
- Information is needed on the slow roll-out of Health Homes and how that is affecting providers and populations that may be eligible for HHs but are not getting services. Data from the State is needed to compare them to Part A Care Coordination programs.
- The effect of proposed legislation to restrict food stamps (which is unlikely to survive a presidential veto).

There being no further business, the meeting was adjourned.