Meeting of the

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, November 13, 2017
Cicatelli Associates, 505 Eighth Ave., NYC
3:10 – 4:40pm

M I N U T E S

Members Present: Matthew Baney (Co-chair), Jan Hudis (Co-chair), Mark Brown, Broni Cockrell (by phone), Billy Fields, Graham Harriman, Steve Hemraj (by phone), Matthew Lesieur, Oscar Lopez, Jeff Natt, Jan Carl Park, Saul Reyes, Kimberleigh Smith (by phone)

Members Absent: Joan Edwards, Jesus Maldonado, L. Freddy Molano, M.D., Claire Simon

Staff Present: David Klotz, Melanie Lawrence, Karen Miller, Laura Hernandez *(NYC DOHMH)*; Bettina Carroll, Gucci Kaloo *(Public Health Solutions)*

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Baney and *Ms. Hudis* opened the meeting, followed by introductions and a moment of silence. The minutes of the July 17, 2017 meeting were approved with no changes. It was noted that additional members need to be recruited for this committee. While the Bylaws limit voting to appointed Council members, the Rules & Membership Committee can consider broadening the membership to non-Council members in a non-voting role, particularly PSRA alumni who bring a wealth of knowledge and expertise.

Agenda Item #2: Planning for Future Funding Scenarios

Mr. Harriman presented a table showing the trend in the EMA's annual grant award, from a high of about $120M in 2012 (the last year of the "hold harmless" provision) to $98.9M this year. The reduction has been almost entirely in formula funding, which is based on our share of living HIV cases nationally (a testament to our successful prevention efforts, relative to the rest of the country). Supplemental and MAI funding has been level and we should not expect any increases. HRSA is even discussing adding new elements to their assessment of severe need used to calculate the supplemental award (e.g., availability of local resources) that may further hurt the NY EMA. Projecting out with the funding trends, we can expect the award to fall to about $90 million by 2020.

The following is a summary of the ensuing discussion on how the PSRA and Council can move forward with planning for services in a reduced funding environment:

- While the Council, as a federally-funded entity, is legally barred from lobbying, there needs to be efforts outside of the Council to advocate for increased Ryan White funding nationally. However, with the current administration, increases are highly unlikely, and even flat funding is essentially a cut, as the cost of doing business and the number of clients who need services increases.

- Given the likelihood of decreased funding, the focus needs to be a on smaller portfolio of services that maintains the highest quality system of care and provides the best health outcomes.
- We need data on whether there has been a big increase in Ryan White Part A (RWPA) clients from hurricane-impacted areas, particularly, Puerto Rico. The Grantee is analyzing new enrollments to try to glean this data.
- Funding for local Parts C and D programs are also decreasing (2.4% this year alone). Also, HOPWA programs are facing severe cuts.
- The PSRA needs to get a thorough analysis of our ADAP allocation, including understanding its history, the picture of State and other funds that support ADAP, and the implication of reducing the amount on both ADAP and its clients and other PWPA providers.
- As ADAP does not take any administrative funds, the Grantee can allow other PWPA providers to use 12% for administrative costs (space, overhead, etc.), which is higher than the 10% cap allowed by HRSA overall. If the ADAP allocation was reduced by $3M, that would reduce the administrative allotment for other providers to 11%. For many providers, even 12% is difficult and there would be some providers, especially small agencies that would not be able to afford to keep RWPA contracts. The PSRA needs a better understanding of this issue, including what is allowable under administrative costs and how a lower cap would affect providers.
- The Tri-County (TC) Steering Committee (SC) is also doing scenario planning and reviewing all their service category allocations, timed to a re-bid of most of their portfolio. The SC may request more resources for the region (e.g., to meet higher costs of providing services, or to fund unmet needs like housing). With the re-bid, the TC portfolio will shift from cost-based to performance-based, which will allow the PSRA to get better information on how much service is actually being provided in the future. A TC representative from the Council should participate in the PSRA.
- Many of the current service category allocations are based on historical allocations done when the EMA received increases in the grant award and created new programs. In recent years, due to the shift to performance-based contracting, most have been adjusted through an analysis of actual spending. There have also been terminations and adjustments based on payer of last resort criteria (e.g., Early Intervention was greatly reduced after testing became universally mandated Statewide). Many of those adjustments have been used to offset reductions in the award.
- More data on quality and outcomes of programs is needed. There is already some available data cited in the grant application, for example on the link between food or housing insecurity and viral load suppression. Providers can also give feedback on the impact of services (as IOC receives).
- The PSRA also needs to pursue data on duplication of services and where services are no longer meeting their goals. This started last cycle with the discussions on Transitional Care Coordination and Health Education/Risk Reduction.
- The core medical services waiver (the EMA's award is now about 64%/36% core/non-core) allows us flexibility to put more funds into support services.
- Zero-based budgeting (starting from scratch to create a set of allocations without regard to the current amounts or history) would be extremely destabilizing to the service system. It would also require a cost per client analysis for all services so that the PSRA could get a dollar amount for the actual amount of services it wants to pay for in each service category.
- Consumer needs need to be kept in mind as the highest priority.
- A more in depth orientation on the PSRA process is needed (beyond what is covered in the general new Council member orientation). We can begin with this at the next meeting (Dec. 11th).
- There also needs to be improved communication between the PSRA and full Council so that all members understand the process and decisions being made.

Mr. Fields reminded everyone to register for the Quality Improvement Conference on Nov. 16th.

There being no further business, the meeting was adjourned.