



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, February 11, 2013
Cicatelli Assoc., 505 Eighth Avenue, 20th Floor
2:40– 5:00 pm

MINUTES

Members Present: Marya Gilborn (Co-Chair), Sam Rivera (Co-chair), Victor Benadava, Felicia Carroll, Robert Cordero, Sharen Duke, Graham Harriman, Amanda Lugg, Jan Carl Park, Tom Petro, Dena Rakower, Allan Vergara, Leonardo Vicente III, Dorella Walters

Members Absent: Nancy Cataldi, Joan Edwards, Peter Laqueur, Deb Marcano, Hilda Mateo, Tracy Douglas Neil

Staff Present: David Klotz, Anna Thomas, Amber Casey, Rafael Molina (DOHMH); Rachel Miller, Gucci Kaloo, Bettina Carroll (Public Health Solutions)

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

Ms. Gilborn and Mr. Rivera opened the meeting followed by introductions. *Mr. Petro* led a moment of silence in memory of PLWHA who have passed, and in memory of JoAnn Hilger.

The draft minutes of the February 4, 2013 meeting were approved with no change.

Agenda Item #2: Public Comment

J. Shields: Members of the NY Coalition of HIV/AIDS Nutrition Services asks that PSRA continue its strong support for Food & Nutrition programs. The reasons for recommending the enhancements to this category remain valid, including high demand for these services and the importance of these services in maintaining people in care and out of more expensive forms of care (e.g., inpatient).

Agenda Item #3: FY 2013 Scenario Planning

Ms. Gilborn reviewed where the Committee stands as of today: PSRA voted in January to maintain the application spending plan in a flat funding scenario. At the previous meeting, PSRA heard presentations on the NYS Uninsured Care Pools (ADAP/ADAP+) and Home Care to help with consideration of possible targeted reductions.

ADAP Director Christine Rivera has agreed to accept the usual upfront reduction of \$2,766,244 to be restored during the year through reprogramming. While Ms. Rivera expects a reduction of as much as 10% in the ADAP Part B grant (which makes up 34% of ADAP funding), there was a consensus that Ms.

Rivera did not ask for ADAP to be held harmless from further proportionate reductions. Ms. Rivera expressed more concern about 2014 with Ryan White reauthorization and full implementation of the Affordable Care Act. She said that she will come back to the Council if ADAP faces a serious funding issue. Ms. Miller noted that typically, additional funds beyond the restoration of the upfront reduction are allocated to ADAP each year as the final item on the Council's reprogramming plan.

A motion was made, seconded and approved unanimously that the first \$2,766,244 of any cut to the grant award will be offset by an upfront reduction to ADAP with the promise that those funds will be restored as the first item in the Council's reprogramming plan.

A motion was made, seconded and approved 13Y-1N that ADAP will not be held harmless from proportionate cuts above the upfront reduction.

A discussion ensued on the scenario plan to offset further cuts to the grant award by eliminating the Home Care category as the lowest ranked category. A summary of the discussion points follows:

- The services are still needed for a small group of people.
- The service category needs to be redesigned by IOC to tailor it to meet the needs of a defined population and to be consistent with the National HIV/AIDS Strategy.
- If the services provided under this category are provided in other categories, then current contractors can apply under those categories.
- The issue is not payer of last resort (POLR) – the master contractor ensures that all services in the portfolio meet POLR criteria.
- Concerning duplication of services, there are a number of services that are provided in multiple service categories (e.g., testing), but they are delivered in different contexts.
- Current Home Care programs are providing the services they bid for under their original RFP in 1997, which reflected the HRSA service category definition at the time.
- Other categories provide home-based services, but there may be capacity issues.
- A decision on the service category should be deferred until there is a new service directive from IOC.
- The Committee should be careful of relying on stories of case histories provided by the contractors. The overall number of clients served is low, and is probably even lower when considering those actively receiving services. PSRA needs to take a harder look at the numbers.
- In the event of a large proportionate cut to the category, Public Health Solutions and DOHMH would decide how to implement it (e.g., an across-the-board cut to all contracts, or the elimination of the poorest performing contract).

A motion was made, seconded and approved unanimously to maintain the Home Care service category in the portfolio, subject to a proportionate reduction based on its ranking score. IOC will be asked to expedite review of the service model.

Under revised HRSA monitoring standards, the service should be correctly labeled "Home and Community-based Health Services", which is different from "Home Care", which is limited to medical services. The current program's services are only allowable under the former. The category will be re-labeled on the spending plan and administratively by DOHMH.

Mr. Benadava inquired about review of the Care Coordination category, following the presentation to the full Council last month on CC progress and outcomes. It was agreed that the Executive Committee can weigh in on which committee is responsible for this. For example, more detailed data can be presented to PSRA as part of the FY 2014 priority setting process that will take place in the spring.

The Committee next addressed whether or not to mitigate the next \$972,196 in a reduction to the grant award (beyond the upfront reduction to ADAP) by not allocating the uncommitted dollars that were allocated to enhance three categories in a flat-funding scenario. A summary of the discussion follows:

- The uncommitted funds were allocated to enhance the three categories so that the total amount in the spending request for the application would remain the same. The Council never asks for less money in the application than the previous year, but the carrying cost of the portfolio had decreased, and so the PSRA applied to re-allocate the uncommitted funds. The amounts for Food & Nutrition Services (FNS) and Supportive Counseling and Family Stabilization (SCF) were based on over-performance. The remainder was allocated to Housing because that category is being re-bid.
- There is an argument to be made that the enhancements reflect newly identified needs, thus it is understandable that people might feel frustrated that funds promised to enhance a category are no longer available.
- The understanding was that any enhancements were based on the availability of funding.
- In previous years, the PSRA and Council have always used uncommitted funds to offset reductions in the award. This mitigates cuts to existing programs, whereas the uncommitted funds are currently not paying for any services.
- In an 8% reduction scenario with the enhancements, the SCF category allocation would still actually increase because the enhancement was larger than the proportionate cut. FNS would only be decreased by about \$40,000. The rest of the portfolio would take larger proportionate cuts.
- In response to a question, *Mr. Kaloo* reported that as of the 3rd quarter of this year, FNS was under-performing by about 5% of its allocation and SCF over-performing by about 10%.
- When creating the application plan, the PSRA did think this far ahead. The intent was not to increase any category at the expense of another.
- *Mr. Kaloo* showed how the cuts in an 8% reduction scenario would look without the enhancements to the three categories, e.g., the reduction for ADAP would be 6% rather than 6.8%.
- *Ms. Duke* said that PSRA can consider enhancements to FNS, SCF and HOU and the first items in the reprogramming plan after the ADAP restoration.
- *Ms. Miller* pointed out that reprogramming funds are one-time and occur late in the year, but the spending plan is for permanent increases.

A motion was made and seconded to make proportionate cuts in a reduction scenario above the \$2.76M taken from ADAP using the amounts in the application spending plan (with the uncommitted funds allocated to enhance the three service categories). A friendly amendment was made and accepted that in a reduction of \$3,738,440 or more (the upfront ADAP reduction and the uncommitted funds), no category will receive an allocation above its current carrying cost. The amended motion was approved 9Y-4N-1A.

There being no further business, the meeting was adjourned.