



Meeting of the  
**PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

February 17, 2012  
Cicatelli Associates, 505 Eighth Avenue  
3:10 – 5:00 pm

**MINUTES**

**Members Present:** Marya Gilborn (Co-chair), Allan Vergara (Co-chair), Victor Benadava, Joan Edwards, Lucy Grugett (for Dena Rakower), Graham Harriman, Amanda Lugg, Hilda Mateo, Tracy Douglas Neil, Jan Carl Park, Tom Petro, Marcie Thompson (for Sharen Duke), Leonardo Vicente III

**Members Absent:** Felicia Carroll, Nancy Cataldi, Robert Cordero, Steve Hemraj, Peter Laqueur, Deb Marcano,

**Staff Present:** David Klotz, JoAnn Hilger, Rafael Molina, (DOHMH); Gucci Kaloo, Bettina Carroll (Public Health Solutions)

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

*Mr. Vergara* opened the meeting followed by introductions and a moment of silence. The minutes of the January 20, 2012 meeting were approved with no change.

**Agenda Item #2: Federal Funding Update**

*Mr. Park* reviewed proposed numbers for the federal Ryan White appropriation, noting that most of the proposed increase is for ADAP. The EMA's FY 2012 notice of grant award should be available in the next few weeks. In the State budget, the Governor has proposed flat funding for the AIDS Institute, and the Mayor's budget has no new cuts to HASA, but a decrease in prevention funds. The final numbers are all subject to negotiation with the respective legislative bodies.

**Agenda Item #3: FY 2013 PSRA Ranking Tool Criteria Weighting**

*Mr. Klotz* reviewed the current PSRA ranking tool and the five criteria factors (access to/maintenance in care, consumer priority, etc.). The weights of the criteria were originally equal. When the tool was revised in 2008, the weights were revised without empirical evidence. In the most recent ranking session, PSRA members expressed the concern that the weights were not reflective of current realities, e.g., payer of last resort (POLR) should be given greater weight. If weights are changed, new scores for each service category would affect the amount reduced from the service in a reduction scenario in the spending plan. It was agreed that there needs to be a justification to change the current weights.

A summary of the discussion follows:

- A change in the tool could bring unpredictable outcomes, such as putting the EMA out of compliance with the 75% minimum core services requirement. This raises the question of the need for a waiver.
- The Core/Non-Core and Access/Maintenance criteria map closely together (with the exception of Housing), and so maybe Core/Non-Core is redundant. Even without the Core/Non-Core criteria, core services would mostly still rise to the top of the rankings.
- Re-weighting could be done at the same time as re-ranking (service category scores) in order to see the results. Changes in service category scores will have a greater impact on the spending plan.
- With the implementation of Health Homes and Medicaid redesign, POLR may become a more important factor.
- There is a philosophical question of whether or not PSRA wants to favor core services. There needs to be a discussion of the EMA's emphasis in the current environment, based on need.
- As all Ryan White services must be payer of last resort, this raises the question of the importance of the POLR criterion. Also, all services must promote access to and maintenance in primary care.
- Perhaps the POLR criteria needs to be clarified to better reflect its actual intent, i.e., other sources of funding for the service.
- Perhaps new criteria should be added on utilization and expenditure.
- PSRA can wait until a decision is made on whether or not to pursue a waiver (although timing is complicated, as a waiver must go in with the grant application, which must also contain the category rankings).

A sample change in the tool was done, lowering the Core/Non-Core criteria to 5% and increasing POLR to 20%. Categories with the highest possible scores (ADAP, ADAP+) do not change. The new weights resulted in slightly increased scores for most non-core services and decreased scores for core services (e.g., Food & Nutrition would now be ranked higher than Early intervention). It was decided to review the issue in more depth and to look at various weightings and how they would impact spending scenarios.

The Committee reviewed data sources that would be needed to conduct the next ranking process: Service Category Scorecards; Medicaid analysis; Health Homes data; ADAP data; Quality Management; Outcomes Study; Medical case Management consumer satisfaction data; CHAIN; information from the Needs Assessment Committee; United Hospital Fund data; Epi data; older consumer surveys.

A tentative meeting was scheduled for March 14<sup>th</sup>, should the FY 2012 notice of grant award be received, in order to develop a final spending plan.

There being no further business, the meeting was adjourned.