



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

June 28, 2011  
Cicatelli Associates, 505 Eighth Ave.  
3:10 – 5:05 pm

**MINUTES**

**Members Present:** Marya Gilborn (Co-chair), Allan Vergara (Co-chair), Victor Benadava, Sean Cahill, Felicia Carroll, Nancy Cataldi, Sharen Duke, Steve Hemraj, Linda Fraser, Graham Harriman, Peter Laqueur, Matthew Lesieur, Amanda Lugg, Deb Marcano, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Leonardo Vicente

**Members Absent:** Kali Lindsey

**Staff Present:** David Klotz, JoAnn Hilger, Beau Mitts, Rafael Molina, (DOHMH); Rachel Miller, Gucci Kaloo, Bettina Carroll, Lauren Feldman Hay (Public Health Solutions)

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

Ms. Gilborn and Mr. Vergara opened the meeting followed by introductions. Ms. Carroll introduced the moment of silence. The minutes of the May 4, 2011 meeting were approved with no changes.

**Agenda Item #2: FY 2011 Grant Award Update**

Mr. Park explained that the award is expected in early July, and that the Planning Council has given the grantee the authority to apply the final amount to the methodology approved by PSRA so that contract renewals can be completed with no interruption in services or reimbursement. Ms. Miller reported that Public Health Solutions (PHS) has sent a letter to all Part A contractors notifying them that bridge loans are available should they have a cash flow problem.

Mr. Benadava raised a question of the 16% administrative fee for contracts managed by PHS as part of the OTPS portion of the Planning Council support budget. It was explained that this is the federally approved rate, and is a small portion of the Council support budget, which is under the jurisdiction of the Finance Committee.

**Agenda Item #3: Substance Use Services Model/EIS Funds**

Mr. Park and Mr. Harriman explained that the Integration of Care Committee (IOC) is in the final stages of developing new program guidance for Substance Abuse Services that will be re-bid beginning March 1, 2012. The new service model may affect the priority ranking scores.

HRSA has made clear that Substance Abuse programs can not serve HIV-negative or unknown status individuals. In 2009, PSRA voted to move \$1.975M from the Harm Reduction (HRR) category to Early Intervention Services (EIS) in order to continue paying for testing services within HRR programs. According to the FY 2009 service category report card, 54% of HRR clients were HIV- or unknown (both in testing and low threshold services). This went down to 41% in 2010-11 (including the EIS funds that pay for testing in HRR programs). The grantee is proposing to move an additional \$1M from HRR to EIS in the preliminary FY 2012 spending plan to provide testing readiness services in the new Substance Abuse Services programs.

Ms. Duke stated that there is a large unmet need for HRR programs for HIV+ people, as evidenced by a steady shift in her agency towards enrolling only HIV+ clients in its low threshold services. Also, HRR programs formerly shifted from HOPWA funding to Ryan White were able to refocus on serving only HIV+ clients. Finally, HRR is ranked higher than EIS in the priority setting tool. Dr. Cahill and Mr. Lesieur expressed the opinion that it may be a better strategy to help HRR programs improve their services to HIV+ clients, especially given the extensive resources for testing from other sources. Mr. Harriman explained that these additional funds will allow programs to continue engaging people of unknown status, and that the most current data shows that an even larger proportion of HRR funds are currently being used for this than the amount proposed. Mr. Lesieur said that data on the percentage of positive test results would be helpful (Ms. Duke's program gets about 2% and a recent national CDC initiative was about 1%).

It was agreed that the current funding levels for HRR and EIS could be maintained for the application spending plan and revisited during FY 2012 scenario planning after more data is available from the revised HRR and EIS report cards, as well as payer of last resort data on testing.

#### **Agenda Item #4: FY 2012 Priority Ranking Scores/MCM Report Card**

Mr. Klotz reviewed the changes made for FY 2011 in the priority ranking scores. The Committee then reviewed the data needed in order to review the ranking scores for the FY 2012 application, such as the state Medicaid redesign and implantation of health care reform. Below is a summary of data needs for the FY rankings:

*ADAP/ADAP+*: Changes in Medicaid managed care (incl. HIV medications on a preferred prescription list); health care reform (closing the "donut hole"); changes to home care reimbursement. Chris Rivera and Ira Feldman from the AIDS Institute will be asked to provide data and participate by phone at the next meeting.

*Medical Case Management*: updated report card (presented later in this meeting); changes to COBRA case management (the State does not even have draft regulations yet, and so this information may be hypothetical for FY 2012).

*Mental Health Services*: updated report card; the ending of some SAMHSA contracts; SNPs for mental health patients.

*Harm Reduction/Substance Abuse Services*: finalized program guidance from IOC; payer of last resort data on testing resources.

*Housing Services:* changes in HOPWA (funds moved from CBOs to HASA). HOPWA director John Rojas will be asked to provide data).

*Early Intervention Services:* data on the new testing contracts; payer of last resort data.

*Food & Nutrition Services:* one program may qualify as medical nutritional therapy, which would warrant a higher score on the core services criterion (DOHMH will provide data).

*Home Care:* Ms. Rivera and Mr. Feldman will be asked to provide data on changes in State reimbursement for home care.

No new data is needed for Outpatient Medical Care, Legal Services or Supportive Counseling & Family Stabilization Services.

### **Agenda Item #6: Medical Case Management Report Card**

Ms. Feldman Hay explained that the third round of service category report cards will be completed in August, and that, as per the PHS contract, two categories have been completed early: Medical Case Management (MCM) and Mental Health Services. The MCM report card, which covers FY 2008-2010, includes some programs that ended (e.g., traditional case management), and so that the number of contracts reflected is smaller (57 in 2008, 37 in 2010). Highlights of the MCM data include:

- The number of projected units of service declined from 39,389 in 2008 to 21,711, and the actual units of service was 111.5% of projections in 2010. However, units of service do not include Care Coordination contracts because they were not required to enter services into AIRS.
- The demographics of clients were stable. Questions were raised by Dr. Cahill about the seemingly low number of LGBT clients. The number is likely under-reported because of the way the data was inputted into AIRS. In E-Share, both sexual orientation and behavior will be asked, providing more accurate data. The number of immigrant clients is also probably under-reported.
- For MAI contracts, FY 2010 units of service do not include the prison program, which was discontinued.

The report card will be discussed in more depth at the next meeting for the discussion of the MCM ranking score.

### **Agenda Item #7: July PSRA Meetings**

The PSRA will meet on Wednesday, July 13, 2-5pm at The Family Center, 315 W. 36<sup>th</sup> St., 4<sup>th</sup> floor to complete the ranking exercise. Members were asked to hold Wednesday, July 20 open for an additional meeting to complete the FY 2012 application spending plan.

There being no further business, the meeting was adjourned.