



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, June 6, 2016
ASCNYC, 64 W. 35th Street, 3rd Floor
3:05 – 4:20pm

MINUTES

Members Present: Matthew Baney (Co-chair), Sharen Duke (Co-chair), Victor Ayala, Randall Bruce, Joan Edwards (by phone), Graham Harriman, Steve Hemraj (by phone), Jan Hudis, L. Freddy Molano, M.D., Claire Simon

Members Absent: Daphne Hazel, Matthew Lesieur, Amanda Lugg, Jesus Maldonado, Jan Carl Park

Other Planning Council Members Present: Billy Fields, John Schoepp

Staff Present: David Klotz, Amber Casey, Nasra Aidarus (NYC DOHMH); Christine Nollen, Bettina Carroll, Gucci Kaloo (Public Health Solutions); Joy Williams (by phone, NYSDOH AIDS Institute), Julie Lehane, PhD (by phone, Westchester Department of Health)

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Baney opened the meeting, followed by introductions and a moment of silence. The minutes of the May 9, 2016 meeting were approved with no changes.

Agenda Item #2: FY 2016 Final Spending Plan

Mr. Klotz presented on the reduction to the award announced by HRSA. The EMA received a \$1.3M reduction in the FY 2016 award (all in formula, which is out of our control). This translates into a \$1.15M reduction for NYC programs. The Council had already approved about \$300K in targeted reductions to Harm Reduction and Mental Health. Instead of just going forward with the strict application of the scenario plan's proportionate reduction to every other service category, another option is to make additional targeted reductions, as has been done in previous years. Based on the discussion at the previous meeting, PSRA was poised to recommend eliminating Home and Community-Based Services (HOM) from the portfolio in the FY 2017 application spending plan. With the cut in the award, PSRA can recommend bringing this action forward by 6 months. If PSRA and the Council choose this course, we would still have to allocate 6 months for HOM in this year to pay for the 3 months current contractors have been providing services, and to fund 3 more months for close-out. Thus, the \$1.14M annual allocation for HOM would become \$572K. This would leave \$247K left as a deficit, which ADAP can absorb with the promise of restoring them. This means, we would not have to cut any additional programs. In addition, that would leave \$572K in unobligated funds for FY 2017 that can be applied to additional needs requested in the application spending plan, and be available to offset a cut in FY 2017. There would be a transition plan for all current HOM clients. Also, if any are absorbed into other Part A services, no additional funds to those categories would be required.

In addition, after discussions with the NYSDOH AIDS Institute, the grantee recommends moving all funds for ADAP Plus into ADAP. The rationale for this is that ADAP Plus requires reporting on clinical measures on HRSA's Ryan White Services Report (RSR), but ADAP Plus only provides reimbursement, not actual clinical care. By shifting the entire Part A allocation for the State's Uninsured Care Pools into ADAP, the State can move some Part B or State funds into ADAP Plus, obviating the need for onerous reporting. There would be no change in the allocations or service levels for any programs. Some funds for ADAP would be kept in the MAI pool to allow the EMA to balance out the Base and MAI awards, which is done every year.

Finally, some funds are shifted between the Base and MAI portions of service categories that have both funding streams in order to balance out the awards. There is no change in allocations for any service category due to this.

Points raised in the discussion included:

- It is never easy to eliminate services, but there is plenty of precedent for this (e.g., Buddy Services were eliminated many years ago), and the epidemic has changed along with needs. In a limited funding environment, PSRA has to make difficult choices about where to invest resources.
- Clients who advocated for retaining Home Care services in the past were mostly talking about other services from other funding streams.
- PSRA has thoroughly reviewed the HOM category and it is clear that there are solid grounds to end this category, including payer of last resort issues and declining utilization.

A motion was made, seconded and approved unanimously to accept the final FY 2016 spending plan as presented.

Agenda Item #3: Medical Case Management (MCM)/Health Homes (HH) Comparison

Ms. Aidarus presented a side-by-side comparison of Part A MCM and Health Homes, along with a new State program, Retention and Adherence Program (RAP). She reviewed the intensity tracks for MCM clients, which can range from quarterly health education to daily directly observed therapy (DOT). A comparison was made of eligibility – 435% of federal poverty level (FPL) for MCM, 138% for HH (plus two chronic conditions). RAP is a new program and much smaller scale than MCM.

MCM outcomes are focused on treatment adherence, retention in care and viral load suppression. HH outcomes are decreasing the cost of services for complex care needs and reducing the number of emergency room visits. Unlike MCM or HH, RAP is intensive (it offers assessments and creates a service plan), but short term (12 months, maximum), and has two tiers (one for the treatment naïve, one for those who have unsuccessfully been on ARV treatment).

Service elements are much more comprehensive in MCM (from accompaniment to DOT), with many elements not provided by HH (e.g., appointment reminders, transportation assistance) or RAP (e.g., care review and conferences, social services and benefits assistance). *Mr. Harriman* added that the NY EMA's MCM allocation as a percentage of program dollars is about average at 22% (Boston is 31%, Nassau-Suffolk 27%, DC 18%). Also, Part B-funded community programs put a much larger percentage of their dollars into care coordination.

Agenda Item #4: FY 2017 Service Category Rankings

Mr. Klotz reviewed the service category ranking tool, which was last fully revised for the FY 2015 grant application and reaffirmed for FY 2016. He reviewed the four weighted criteria for ranking (payer of last

resort, access to/maintenance in care, consumer priority, service gaps/emerging needs) and how scores are allocated.

Ms. Duke and *Mr. Baney* stressed that data may not be available for all criteria, but the work done over the course of the last 6 months looking in depth at all service categories will be the basis for a thorough re-ranking of the portfolio. PSRA members were urged to re-review the service category fact sheets presented over the course of the planning cycle. A new set revised so that all are formatted the same, will be available at the next meeting. Allocation amounts will be discussed at the final PSRA meeting in July.

Mr. Ayala thanked the committee for its work, noting that today was the birthday of his late partner who passed away from AIDS and that our work is making a difference in people's lives.

The next two meetings will take place on Monday, June 13th and July 11th, 2016, 3-5pm at ASCNYC.

There being no further business, the meeting was adjourned.