HIV HEALTH & HUMAN SERVICES
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting of the

PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, July 15, 2013
Cicatelli Assoc., 505 Eighth Avenue, 20th Floor
2:10– 5:00 pm

MINUTES

Members Present: Marya Gilborn (Co-Chair), Sam Rivera (Co-chair), Felicia Carroll, Joan Edwards, Graham Harriman, Peter Laqueur, Amanda Lugg, Deb Marcano, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Allan Vergara, Leonardo Vicente III, Dorella Walters

Members Absent: Randall Bruce, Nancy Cataldi, Robert Cordero, Sharen Duke, Tracy Douglas Neil

Staff Present: David Klotz, Rafael Molina, Amber Casey, John Rojas (DOHMH); 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. *Ms. Lugg* led the moment of silence. The draft minutes of the June 10, 2013 meeting were approved no corrections.

Agenda Item #2: FY 2013 Reprogramming Plan

Ms. Gilborn presented the proposed FY 2013 reprogramming plan, which will use the first amount of under-spending to restore the $2,768,244 reduction to ADAP in conjunction with the carry-over plan (described below). If the carry-over plan is approved, then the first $709,656 of FY 2013 under-spending will be used to restore the upfront reduction to ADAP. Remaining funds would be used to enhance over-performing contracts up to 15% of the original allocation without Council approval, without regard to the core/non-core balance. ADAP will be included as a category for enhancement and not subject to the 15% cap. **A motion was made, seconded and approved unanimously to accept the reprogramming plan as presented.**

Ms. Gilborn presented the FY 2012 carry-over plan (which should have been presented before the reprogramming plan). The plan gives all $2,058,588 of the NYC portion of the carry-over to ADAP. The $535,389 carried over from the Tri-county portion of the FY award would go to 4 service categories in Tri-county. *Mr. Petro* explained that in the past there were enough funds from the award to meet the carrying costs of programs, and thus the Tri-county portion of the carry-over went to ADAP. This plan would have the effect of filling the deficit in Tri-county from the reduction in the FY 2013 grant award (with no enhancements to programs, except for an additional $18,615 for dental programs). *Mr. Rivera* expressed concern that the Tri-county region would effectively not sustain a cut for FY 2013. A discussion ensued and the following points were made:

- Tri-county has traditionally been allowed to use its own under-spending in the following year, and the Council has usually "rubber-stamped" the Tri-county Steering Committees carry-over and spending plans.
- Due to the late award this year, the Tri-county Steering Committee was not able to approve a final spending plan incorporating the 14.7% reduction in the grant award and the use of the FY 2012 carry-over before the Council approved a final spending plan in June.
- The carry-over plan just buys the Tri-county region until the end of the current fiscal year the time to offset reductions in the grant award. Their cut will be even proportionately greater than in NYC in FY 2014 if the award is reduced further as expected.
- Under-spending identified in the course of the year from Tri-county has always gone into the general pool of EMA under-spending for reprogramming, as Tri-county clients also benefit from the ADAP allocation.
- Tri-county does not benefit in their budgeting from the up-front reduction to ADAP.
- If the carry-over plan is not approved, Tri-county will need go back to the drawing board, develop a new spending plan, and cut programs later in the year.
- Unlike NYC, there are fewer other (non-Ryan White) resources in Tri-county. Also, Tri-county took a substantial cut in administrative funds and is losing their portion of the CHAIN study.
- There was a consensus that if the Council wants to revisit and clarify the process it has traditionally used to address the different regions' portions of the carry-over, it should be done for next year. In addition, there needs to be better communication between the Council and the Tri-county Steering Committee (which is a sub-committee of the Council by agreement of the NYC mayor and Westchester county executive).

A motion was made, seconded and approved to accept the FY 2012 carry-over plan and FY 2013 Tri-county spending as presented.

Agenda Item #3: Revised Payer of Last Resort Tool

Ms. Casey presented the revised Payer of Last Resort (POLR) Tool. Ryan White grantees are required to coordinate their services and seek payment from other sources before Ryan White funds are used. This makes the Ryan White Program the "payer of last resort," meaning that funds are to fill gaps in care not covered by other resources. Major payers include, for example, Medicaid, Medicare, the Children's Health Insurance Program (CHIP), and private health insurance. The originally POLR tool was developed in 2006 and utilized by PSRA and the full Planning Council to assist with the annual priority-setting and resource allocation process. The Original tool listed programs that could potentially serve PLWHA in the NY EMA including information about the program funder and specific services provided. It was last updated in 2009 by Planning Council and DOHMH staff and expanded to include eligibility requirements and program capacity. Changes in this update include: categories included in the 2009 version of the tool were updated and expanded, other Part A categories were added, The removal of programs no longer funded; updates on program service, eligibility and capacity information; and inclusion of additional programs, the addition of anticipated program changes and links to resources that provide additional program information (making future updates easier), consistent and identical program information when found under multiple service categories, and verification of information to the greatest extent possible through research and contact with programs.

The tool provides a broad overview of programs in a variety of service categories, including service description, eligibility, and capacity; highlights system changes that have impacted programs and services included in the tool; enriches discussions about payer of last resort and several key Part A core medical and support service categories; and attempts to provide the fullest possible description of the current

funding landscape in NYC. The tool does *not* include a list of all programs available to New Yorkers or provide all details related to listed programs, or provide definitive guidance about payer of last resort or key Part A core medical and support service categories. The tool should be used in complement with other sources of information when making decisions. Ms. Casey led the Committee through a sample service category, asking the following questions: Is the service needed provided by the organization; is the organization's eligibility criteria met; are there enough providers of the service system-wide; are there PLWHA who are Ryan White eligible (less than 435% FPL, residing in the NY EMA) who might not meet the eligibility criteria of the available providers.

In the discussion on the revised tool, concerns were raised that it is difficult to judge actual capacity of other services. Seeing many other payers listed for a specific category may give a false impression of the strength of the POLR ranking. There was a consensus that, while imperfect, the tool can never provide all possible data on all possible payers, and that committee members need to bring their own knowledge to the table to enhance the tool.

Agenda Item #4: FY 2014 Priority Setting Tool and Service Category Ranking

The Committee reviewed the current PSRA ranking tool, noting that ranking scores, which are required for the grant application, are done independently from allocations. A higher allocation amount is not an indication of higher rank. Ranking only affects allocations in a reduction scenario. Two categories – Non-medical Case Management and Health Education and Risk Reduction – will have new service directives and their rankings will be based on the revised services to be provided in FY 2014. When PSRA considers funding allocations for these services, the grantee will need to provide cost data for consideration.

In consideration of the ranking for the Housing category, *Mr. Rojas* asked PSRA to consider the following factors and changes in the environment: the shelter population in NYC is the highest it has been in over 30 years and steadily increasing, the vacancy rate for all housing is only 3.1% (2.6% for rent stabilized units), HOPWA sustained a cut in its award this year and is slated for another $30M reduction (due to recalculation of the HOPWA formula from cumulative AIDS to living HIV cases), HASA no longer pays brokers fees or security deposits, Section 8 is unavailable, and there is a 7-year wait for NYCHA housing. This data should point to an increase in the score for the "emerging needs/gaps" criterion especially.

Discussion ensued on the method for conducting the annual ranking exercise. Points raised included:

- Each service category should be ranked on each criterion by itself, based on the available data, and not in comparison with other categories.
- Concern was expressed about scores for all categories "creeping upwards".
- Committee members need to be fair, cautious, discriminating and tough when ranking.
- When considering payer of last resort, does one consider the payers for the service in general, or for the more limited pool of people who can only access Ryan White services?
- There should be no sacred cows; even ADAP needs to be reviewed thoroughly.
- New York is rare in that Part A contributes to ADAP. This augmentation of the State program has allowed for a larger formulary and more generous eligibility with no waiting lists. Also, the State's Part B award was decreased by $12M this year. New York State's Part B formula is negatively affected due to the presence of Part A EMAs in the state.
- Changes in the epidemic need to be addressed, such as the fact that the number of HIV+ people in Riker's Island has been decreasing.
- More clarity is needed on what each numeric score (1,3,5,8) means for each criterion.

There was a consensus to conduct the ranking for all services by criterion (POLR, Access/Maintenance, etc.) for all service categories, rather than category by category. The next meeting (July 29) will be a full-day meeting to complete the exercise.

There being no further business, the meeting was adjourned.