



Meeting of the
PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE

Monday, July 25, 2016
ASCNYC, 64 W. 35th Street, 3rd Floor
3:15 – 4:30pm

MINUTES

Members Present: Matthew Baney (Co-chair), Sharen Duke (Co-chair), Randall Bruce, Graham Harriman, Daphne Hazel, Jan Hudis, Matthew Lesieur, L. Freddy Molano, M.D., Jan Carl Park, Claire Simon

Members Absent: Victor Ayala, Joan Edwards, Steve Hemraj, Amanda Lugg, Jesus Maldonado

Other Planning Council Members Present: Billy Fields

Staff Present: David Klotz (NYC DOHMH); Christine Nollen, Gucci Kaloo, Bettina Carroll (by phone) (Public Health Solutions); Julie Lehane, PhD (Westchester Department of Health)

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Baney and *Ms. Duke* opened the meeting, followed by introductions and a moment of silence. The minutes of the July 15, 2016 meeting were approved with no changes.

Agenda Item #2: FY 2015 Carry-Over Plan

Mr. Klotz explained that PSRA and the Council approved a preliminary carry-over request in December as part of the conditions of award that asked HRSA permission to carry over as much as 5% of FY 2015 formula funds for use in FY 2016 to enhance ADAP. The actual amount after close-out is about \$659,919 (.65% of Base and 2.38% of MAI). This amount may change slightly after all reconciliation is completed by the Grantee and master contractor. This would pay for medications for an additional 109 ADAP clients. HRSA requires that carry-over plans be earmarked for specific services. Approval for use of carry-over usually comes in late fall (and as late as December) and must be used by the end of the fiscal year (February 28, 2017) or be returned to HRSA. The following is a summary of the ensuing discussion:

- The Council should know the total end amount of funds received by ADAP above their allocation.
- Enhancements to over-performing contracts are done throughout the year. Aggressive reprogramming ensured that many enhancements were made over the course of the year and under-spending kept low. The carry-over is money left over after all possible enhancements have been made.

- It is difficult for most contractors to spend additional funds in the final months of the year. The EMA has always relied on ADAP to spend the carry-over in a timely manner. Also, ADAP is the top ranked priority, as it provides medications to uninsured PLWHA.
- The EMA has never had to return funds to HRSA. The EMA usually receives a small amount in its award every year from the pool of funds left unspent by other EMAs.
- The amount that the EMA can under-spend without imperiling its supplemental funding goes down as the formula award is reduced every year.
- Carry-over can be used for one-time expenses (e.g., buying food supplies).
- In the past, one-time short-term enhancements have been made to pay for service types that are not part of current programs' directives.

A motion was made, seconded and approved to accept the carry-over plan as presented, and to explore for next year the possibility of targeting the funds for additional program enhancements with input from the grantee on where the money can be spent.

Agenda Item #3: FY 2017 Application Spending Plan

Ms. Duke reviewed the actions of the previous meeting, where the PSRA, lacking a quorum, recommended one change to the ranking tool: increasing the access to care/maintenance in care score of Food and Nutrition (FNS) from 5 to 8. **A motion was made, seconded and approved unanimously to affirm this recommendation.** In addition, when two categories have the same ranking score, the one with the higher allocation will be listed first on the tool and in the spending plan.

Mr. Klotz reviewed where PSRA stood after the previous meeting, where the Committee recommended, without a formal vote, keeping MAI funding at the current level, and a Tri-County spending plan with the restoration of the upfront reduction to Medical Transportation an additional \$300,000 in housing to address needs identified by the Needs Assessment Committee (NAC). There was a consensus at the last meeting not to do an across-the-board increase, but to recommend targeted increases based on performance and utilization data in the service category fact sheets.

Mr. Lesieur reported that President Obama was about to sign a law that revises the HOPWA formula, which experts estimate will result in the loss of between \$7-10M over the next five years to the New York grant area (which includes NYC, Tri-County and parts of northern New Jersey). Also, the results of HASA expansion in NYC are still unclear.

While the likelihood of additional funding is remote, the PSRA felt that there was a strong basis in data on need (using performance as the best proxy) to recommend additional funding to Housing and to over-performing contracts. It was noted that Supportive Counseling programs, which have over-performed in the past, are now in their new contract start-up year and will not exceed their allocations.

There was a motion to request an increase in Housing of \$2M in FY 2017 base funding, pro-rated between NYC and Tri-County. The motion was seconded and approved unanimously.

There was a motion to approve an increase to three over-performing categories (FNS, Transitional Care Coordination, Legal) using the average of the past three years of over-performance. The motion was seconded and approved unanimously.

There being no further business, the meeting was adjourned.