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

EXECUTIVE COMMITTEE

Thursday, July 19, 2012, 3:00-5:00pm

DOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 19-28, Long Island City, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Dorella Walters (Community Co-Chair), Victor Alvarez, Nancy Cataldi, Gregory Cruz, Sharen Duke, John Anthony Eddie, Joan Edwards, Marya Gilborn, Graham Harriman, Tom Petro, Charles Shorter, Allan Vergara

Members Not Present: Victor Benadava, Felicia Carroll (Consumer-At- Large), Robert Cordero (Finance Chair), Gerald DeYounge, Lee Hildebrand, DSW

Staff Present: David Klotz, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong, Rachel Miller (Public Health Solutions), Joan Corbisiero (Parliamentarian)

Agenda Item #1: Welcome & Introductions

Jan Park, Governmental Co-Chair, opened the closed session during which Ms. Walters facilitated the discussion regarding 2012-14 Planning Council recommended new appointments. **[Please note that proceedings from the closed session are confidential and are therefore excluded from these minutes.]** He and Dorella Walters, Community Co-Chair, opened the Committee meeting, followed by member introductions. Tom Petro led the Committee in a moment of silence.

Agenda Item #2: Review of 5/10/12 Minutes

The minutes were distributed to members electronically for review and comments. Hearing no comments, the minutes were approved as presented.

Agenda Item #3: Policy Committee Update – Ryan White Reauthorization HRSA Stakeholder Input Letter

Sharen Duke reported that the Policy Committee met with the Consumer Committee to seek the consumer voice and the impact of Ryan White programs on clients in the NY EMA. Clients' personal testimony has been inserted into the letter to HRSA addressing extension of the Ryan White HATEA, which will expire in September 2013.

ACTION: A motion was made, seconded and approved to accept the letter as presented.

Agenda Item #4: Priority Setting & Resource Allocation

FY 22 SERVICE CATEGORY RANKING:

Allan Vergara, Co-Chair of the PSRA Committee, reported that two services that had been combined into core service categories were reclassified as non-core services:
1) Transitional Support for Incarcerated Inmates (formerly in Medical Case Management) was re-classified as Non-medical Case Management and 2) the Positive Life Workshop (formerly in Early Intervention Services) was re-classified as Health Education and Risk Reduction (HERR).
This shifting of service categories resulted in the spending plan with less than 75% core services, necessitating a waiver application in the EMA's FY 2013 grant application, conforming with HRSA's definitions of non-core services and new HRSA monitoring standards.

During its annual reassessment of the PSRA ranking tool, the Committee utilized CHAIN reports, the Manatt Medicaid report, the NYSDOH AIDS Institute presentation on Health Homes, service category scorecards, consumer priority data from focus groups and the expertise and experience of consumers and providers around the table in the re-ranking process. *Core Services* was eliminated as a criterion and its 10% weighting redistributed by increasing the weight of the *Specific Gaps/Emerging Needs c*riterion to 25%. It was noted that ranking scores are done independently of the proposed allocations; these scores will impact the final spending plan to be developed in early 2013 when proportionate increases or decreases to the award are applied. The following changes were made in the category scores:

- *Food & Nutrition*: Increase in Access to Care/Maintenance in Care Criterion (ATC/MIC) from **5 to 8;**
- *Non-medical Case Management (PRS):* This category had to be ranked from scratch, as it is a new category: **Payer of last resort – 8; ATC/MIC – 8; Consumer Priority- 8; Specific Gaps/Emerging Needs – 5;**
- *Early Intervention:* Increase Consumer Priority from **3 to 5;**
- *Supportive Counseling & Family Stabilization:* Increase ATC/MIC from **5 to 8**;
- *Home Care:* Increase ATC/MIC from 3 to 5. Increase Consumer Priority from **3 to 5**;
- Health Education: This category had to be ranked from scratch, as it is a new category: **Payer of last resort (5); ATC/MIC (3); Consumer Priority (5); Specific Gaps/Emerging Needs (5).**

All other scores remained the same as last year. The re-ranking increases the scores for most non-core services, e.g., Food and Nutrition rises from the 9th to the 3rd highest ranked category. Justifications for the rankings are summarized on the comments sheet of the ranking tool. The Committee asked for additional and revised data sources for next year's planning cycle, including more input on consumer priorities (particularly for new service categories) and more information on other payers of services.

ACTION: ***A motion was made, seconded and approved to accept the PSRA service category rankings as presented.***

FY 22 PRELIMINARY SPENDING PLAN FOR APPLICATION:

The preliminary FY 2013 Base spending plan began with an adjusted FY 2012 spending plan, based on the following modifications to the FY 2012 carrying costs:

- ADAP restored by $2,768,244 in order to fund it at its full amount;
- Small reduction of $46 to Food and Nutrition due to contract negotiations;
- Care Coordination reduction of $34,792 resulted from removing TCC Training ($21,635) and one CC contract was negotiated for less ($13,157);
- The Harm Reduction allocation reduced by $598,771 (a reduction of $179,200 to the training allocation within the category and an additional reduction of $419,571 from reductions to subcontracts stemming from removal of Low Threshold services to negative clients and shifts/increases to the Testing/EIS portion of several contracts);
- Outpatient/Bridge Medical Care reduced by $338,628 due to contract terminations;
- Miniscule reductions to Legal ($1) and Home Care ($4) from contract negotiations.

The two new categories (Non-Medical Case Management and Health Education and Risk Reduction) were added to the Plan. The Plan also has updated category EMA Rank and scores as approved by

PSRA. Jan Park noted that the re-ranking represents a major shift in response to the changing environment.

Tri-county approved a plan with a fixed dollar amount, which is a reduction of $55,555 compared with year 2012. The Tri-County percent allocation comes down to 4.580% from 4.71% (their percent of living HIV cases in the EMA). When the award is finalized in next year, Tri-county will receive 4.71%, as agreed by PSRA, and if there's an increase in the award PSRA will decide how to allocate any additional funds.

PSRA looked at trends in over-performing service categories and recommended re-distributing the freed-up uncommitted funds to the following service categories, based on the percent of over-spending in the last 3 years:

- Food & Nutrition: $413,000 (7% increase)
- Supportive Counseling: $324,000 (15%)
- Housing: $235,000 (2%)

With the restoration of $2,768,244 to ADAP to bring it to its original allocation, **the overall increase requested in the application spending plan is $3,740,244 or 3%,** which is consistent with similar increases in the previous years.

The FY 2013 MAI spending plan starts with a very small reduction to Early Intervention ($323) from contract negotiations. With additional funds freed up from a Tri-county-approved plan with a fixed dollar amount (a reduction of $9,259 compared with year 2012), there were $8,656 in uncommitted MAI funds. The PSRA voted to allocate those uncommitted funds to ADAP Plus.

Tom Petro of WCDOH presented the Tri-county FY 2013 preliminary spending plan, which includes funding 6 programs reclassified from Medical Case Management to non-Medical Case Management. When queried as to why EIS programs were not successful in finding new HIV diagnoses, Victor Alvarez cited stigma as a major barrier to testing. **The combined Base and MAI Plans (NYC and Tri-county) is now 70.28% core services and 29.72% non-core services.**

ACTION: ***A motion was made, seconded and approved unanimously on a roll-call vote to approve the 2013 Base and MAI application spending plans as presented.***

ACTION: ***A motion was made, seconded and approved unanimously on a roll-call vote to approve the Tri-County 2013 spending plan as presented.***

FY 21 CARRYOVER PLAN:

Last December, PSRA, the Executive Committee and the Planning Council approved a preliminary carry-over request that stated that unspent funds from the previous year would go to ADAP. After final close-out, total under-spending in FY 11 was $893,698; which is less than 1% of the grant award. In addition, there is $58,458 in carry-over from FY 2008, 2009 and 2010 that has not yet been obligated. Tri-county has asked to use $60,000 of its carry-over for oral health care. The remainder of the carry-over ($892,156) will go to ADAP.

ACTION: ***A motion was made, seconded and approved to adopt the FY21 carry-over plan as presented.***

Agenda Item #5: Planning Council & Committee Updates

Darryl Wong, staff to the Consumers Committee, reported that in addition to receiving many presentations, the Committee received input and provided feedback on: the Community Advisory Board (CAB) Best Practices Survey; the Memorandum of Understanding (MOU); FY 12 Federal HIV/AIDS budget appropriations; the Part A Client Satisfaction Survey; HRSA Part A Monitoring Standards; the Housing Services directive; the 2012-15 Comprehensive Strategic Plan.

As reported, the Committee met with the Policy Committee to discuss inclusion of consumer perspectives in the Planning Council letter in support of extension of the Ryan White CARE Act.

FY 21 – RW BASE & MAI 4TH QUARTER & CLOSEOUT REPORTS:

On behalf of the *Finance Committee*, Gucci Kalloo of Public Health Solutions/HIV Care Services presented the FY 2011 Base and MAI close-out commitment and expenditure reports. It was a good year overall for spending, with a total carry-over of $893,698, of which $505,146 (0.45%) is base and $388,552 (3.92%) is MAI. While the base amount was higher than last year, it was still an exceptionally high spending rate, especially for a year with many new contracts. For MAI, while there is no legislative cap on the amount of under-spending, the amount is well within the EMA's self-imposed target of 8% maximum. There were 51 new programs in 4 service categories; traditionally, when there are new contracts, under-spending is 25-30%, but this year the grantee performed far better than that in those categories. Details of the reports were presented, including all modifications to the spending plan (uncommitted, take-downs and enhancements). Highlights of the Base report are as follows:

- The 24-hour Drop-in Center for HIV+ Prison Releasees under-spent by almost 11%. This category was taken down for FY 2012.
- Some programs in Care Coordination (CC) were enhanced for over-performing, but overall the category was taken down significantly due to changes in the reimbursement structure. Although the $2.6M take-down was one-time, these programs have been right-sized (in both directions) for the current year (FY 2012), and are now all fully enrolled.
- Uncommitted funds in Mental Health and Harm Reduction are from one contract terminated in each category. Even with terminations, aggregate MH under-spending was less than 1% and HRR over-spent by 2.5% due to enhancements for over-performing contracts.
- Housing had some under-spending in each component of the category (mostly in Housing Placement Assistance). The new Housing guidance, which will be implemented next year when the program is re-bid, stresses short-term assistance. The three components (Emergency Rental Assistance, Transitional Housing, Housing Placement Assistance) will be broken out in future spending reports.
- Food and Nutrition contracts only under-spent by 3%, which is very low considering that these were new contracts.
- Supportive Counseling was the only category that came up against the 15% cap on enhancements for over-performing contracts. The current Reprogramming Plan allows for categories to be enhanced above the 15% with approval from the Executive Committee (EC). However, the compressed timeline in which to close out all contracts and report back to HRSA does not allow for the additional step of making a request to the EC and wait for their approval. There was a suggestion from a Committee member to remove the 15% cap from future Reprogramming Plans.
- Outpatient Medical Care ("Bridge Care"), which is one relatively small contract, under-spent by 64%, the second year in a row of large under-spending. The grantee and Public Health Solutions are conducting an analysis of this program, which is integrated programmatically with Care Coordination but considered as a separate category for reporting purposes.

With respect to MAI spending :

- Under-spending in Care Coordination was 23%, mostly due to one-time take-downs, mainly from hospital-based programs.
- Early Intervention programs were under-spent by 28% due to implementation of new contracts and under-spending from programs that ended September 2011. A portion of the 28% included funds that remained uncommitted during 2011 because of the late execution

of contracts due to the late receipt of the grant award. These dollars have been fully committed to programs in Year 2012.

- Housing Placement Assistance was enhanced for over-performing by 4%.

FY 21 PLANNING COUNCIL SUPPORT BUDGET:

Darryl Wong reported on the FY 2011 4th quarter close-out report for the Planning Council support annual budget of $846,477. Highlights included 98% PS (personnel spending) for personnel services and 91% OTPS (Other Than Personnel Services) spending, including full spending of contractual lines and underspending in small OTPS budget lines. The Council budget was underspent by less than 3% and line-item budget amounts have been adjusted for the FY 2012 budget.

REVIEW OF ADMINISTRATIVE MECHANISM

David Klotz presented *a* table which was developed by the Finance Committee to more formally track the assessment of the administrative mechanism, based on the Council/grantee MOU and the HRSA Part A Primer. Four major items are tracked:

- *Executed contracts and renewals* – how quickly funding has been committed and contracts executed by service category as per the Council's spending plan. Tracked through the quarterly commitment and expenditure reports.
- *Procurement* – the grantee's communication to the Council the results of the procurement process. Tracked through presentations and new contractor lists distributed at Council meetings.
- *Subcontractor payments* – subcontractors are paid in a timely manner. Tracked through the results of DOHMH and WCDOH semi-annual site visit tool and fiscal review.
- *Spending* – unspent funds if they have been re-allocated based on the Council's reprogramming plan. Tracked through the quarterly commitment and expenditure reports.

The findings are reported on the table (e.g., FY 2011 Contracts were executed and renewed on a timely basis). This chart is a tool to guide the Council so that it can better demonstrate in application that it has a more robust way of documenting the assessment of the administrative mechanism.

ACTION: A motion was made, seconded and approved to accept the assessment of the administrative mechanism.

Agenda Item #5: Grantee Report

Graham Harriman reported that the Part A grant application is due on September 21st and that the Council members will have an opportunity to review the draft application. It was announced that the New York EMA has a new HRSA project officer and that HRSA has responded to concerns regarding rent and utilities through issuance of a letter of clarification. In addition, the grantee has submitted the annual Federal Financial Report (FFR) and comments have been submitted to Dr. Wakefield on reauthorization, recommending an extension with continued hold harmless provisions, and no penalties for jurisdictions that contribute local funds.

Tom Petro reported that, in accordance with the HRSA monitoring standards, Tri-county (TC) has commenced annual site visits of contractors, and that the WCDOH has moved to White Plains.

Jan Park reported that he was assured by the Mayor's Office that the revised Executive Order will be signed by the end of the month and thanked the Executive Committee for a successful year of hard work.

There being no further business, the meeting was adjourned at 5:00pm.