



Meeting of the
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE
Marya Gilborn, Chair

March 4, 2010
Cicatelli Associates, 505 Eighth Avenue, Lavender Room
3:00 – 5:00

Members Present: Victor Benadava, Sean Cahill, PhD, Felicia Carroll, Nancy Cataldi, Sharen Duke, Terri Faulkner, Marya Gilborn, Steve Hemraj, JoAnn Hilger, Judy Juster, Pater Laqueur, Amanda Lugg, Hilda Mateo, Jan Carl Park, Tom Petro, Dena Rakower, Allan Vergara

Members Absent: Florencio Cuevas, Joan Edwards, Linda Fraser, Terry Hamilton, Fabienne Laraque, MD, MPH, Matthew Lesieur, Sharon Mannheimer, MD, Deb Marcano, Charles Shorter

NYC DOHMH Staff Present: Rafael Molina, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Gucci Kaloo, Rachel Miller

Others Present: Rick Kahn, Christine Rivera

Materials Distributed:

- Agenda
- Minutes from the January and February PSRA Committee Meetings
- Planning Council FY 2010-11 Priority Setting Tool
- FY 2010 (Year 20) Ryan White BASE Reduction to Award Spending Plan Scenario
- FY2010 (Year 20) Ryan White MAI Reduction to Award Spending Plan Scenario
- ADAP Pools Spreadsheet
- March 2010 Planning Council Calendar

Welcome/Introductions/ Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Marya Gilborn welcomed meeting participants. Members introduced themselves. Felicia Carroll led the

moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from January were approved with no votes in opposition and two abstentions. The minutes from February were approved with no votes in opposition and four abstentions.

Public Comment: Rick Kahn, a legal services provider, said that lawyers have been restricted in the scope of Ryan White-funded services they can provide in the EMA. The legal services providers have contacted Congressional members who oversee Ryan White appropriations and have learned that there is no basis for the restrictions. Mr. Kahn stated that New York City has more restrictions on the RW services allowed and that the legal services providers have followed up with DOHMH and Public Health Solutions and are waiting for final guidelines from HRSA (due in 4-6 weeks). He stated that the legal services providers expect that Ryan White clients in New York will have access to the full scope of legal services provided in other jurisdictions. Jan Carl Park noted that DOHMH is in possession of the letter sent to Public Health Solutions by legal services providers and is waiting for written clarification from HRSA.

Scenario Planning – Base Funds: The 2010 Ryan White awards are delayed this year. Thus far, the New York EMA has received a one-time supplemental award of \$452,092. Committee members examined the scenario plan showing a proposed 2% cut to the Base award.

Members reviewed an analysis showing how ADAP and ADAP+ will be funded in 2010 through base and MAI funds. The EMA's total commitment to ADAP is \$17,019,911. ADAP+ will be transitioned to an electronic claims processing system that will reduce the time for payment of claims. This will limit the State's ability to use Part A funds late in the grant year. As a result the Planning Council may need to reconsider how it allocates funds to ADAP and ADAP+ by limiting the up-front reduction in the annual allocation that has traditionally been "made whole" through reprogramming and carryover later in the year. Members discussed a \$2 million upfront reduction to ADAP this year instead of the \$3 million reduction in previous years.

Christine Rivera discussed ADAP, noting that she plans 18-36 months in advance to ensure access to the services. New York doesn't have a wait list for ADAP. Seventy-two percent of ADAP clients State-wide are from the EMA. Ms. Rivera also noted that she has seen an increase in the number of people enrolling in ADAP. For the first time since 2002, there have been more than 3,000 new enrollees, and enrollment will probably continue to increase. Currently, ADAP spends \$6-\$7 million per week. In response to a question from Tom Petro, Ms. Rivera stated that there are no new drugs imminently planned for the formulary. Jan Park noted that at the federal level, a letter is circulating seeking \$126 million in additional funding for ADAP, but Ms.

Rivera noted that New York will not receive any of that money because it will be used for states with waiting lists, or for states with smaller formularies or more stringent eligibility requirements. In some states, she noted, PLWHAs who have Medicare are not eligible for ADAP at all. Rachel Miller noted that the EMA has been using money from reprogramming for ADAP and that Public Health Solutions is anticipating having identified unspent funds earlier this year so that the money can be used to enhance the allocation to ADAP. .

The EMA has exceeded the planned funding allocation to ADAP for the past few years and has already exceeded the FY09 commitment to ADAP by 1% as shown on a spreadsheet reviewed by the committee. Ms. Gilborn asked Committee members if based on the information provided, they agree with reducing the ADAP allocation by \$2 million at the beginning of the year, with restoration later in the year through reprogramming, or whether they would prefer to be more conservative and not reduce the initial allocation to ADAP. When more money is committed to ADAP, less remains for other programs.

Victor Benadava asked whether any problems are anticipated with case management spending. Ms. Miller responded that start-up reimbursement was designed to minimize under-spending and that the case management/care coordination contracts will probably not have much under-spending. Mr. Petro noted that fee-for-service payment helped bring under-spending down to less than 1%. Mr. Benadava asked whether any programs have performed particularly well and whether we may want to allocate more to those service categories. Dena Rakower said it was difficult to provide additional services in a fee-for-service environment if there's no expectation that they will be reimbursed, or not reimbursed until after close-out. Sharen Duke said that with fee-for-service programs, the implicit assumption is that if you provide additional services during the year, you deficit-fund them and that late-arriving funds are, in fact, useful.

Mr. Park noted that \$2.37 mil of the \$2.7 mil allocated to outpatient medical care for bridge care services (located in care coordination programs) was used to fund care coordination contracts since the demand for bridge care funding was much less than anticipated. Ms. Miller noted that many of the services supported in the old outpatient medical care contracts were wrap-around services that included treatment adherence and case management as well as payment for same-day visits that were not reimbursable. Mr. Petro proposed collapsing outpatient medical care into ADAP+ (to be discussed at a future date).

Mr. Park noted that the Integration of Care Committee approved transitional care coordination services for homeless and unstably housed individuals which includes bridge care services. After new programs are in place, the allocation for OMC may need to increase.

Ms. Gilborn reminded the Committee that their task is to approve the goal-seeking methodology for scenario planning that will be implemented by the grantee when the award is received and to decide if there should be targeted cuts to any service categories or if any categories should be held harmless. Committee members voted unanimously to accept the scenario planning methodology as proposed, with a \$2 million reduction to ADAP to be restored later. There will be no targeted cuts, and no categories will be held harmless.

Scenario Planning – MAI Funds: Since the overall allocation for QM is capped at \$3 mil for the combined base and MAI award, the \$477,633 previously allocated to QM will be split between ADAP+ (\$377,633) and medical case management (\$100,000). The FY2010 allocation to Tri-County is reduced to 4.9% based on the number of living HIV/AIDS cases reported by NYS. Members voted unanimously in favor of Mr. Benadava’s motion to follow the same plan with MAI as with Base – namely, to approve a spending plan methodology with no targeted cuts, no categories held harmless, using the goal-seeking formula.

Adjournment: The meeting was adjourned.