Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
Tel: 954-561-9681 / Fax: 954-561-9685

JOINT PRIORITIES COMMITTEE
Meeting Agenda
August 15, 2012 at 12:30 p.m.

Carla Taylor-Bennett, Part A Co-Chair **Lisa Agate, Part B Co-Chair**

1. **CALL TO ORDER** (*Please sign-in)*
2. **WELCOME AND INTRODUCTIONS**
   a. Review Meeting Ground Rules, Sunshine and Public Comment Requirements
   b. Committee Member and Guest Introductions
   c. Moment of Silence
3. **APPROVALS**
   a. Agenda 8/15/12
   b. Meeting Minutes 7/18/12
4. **NEW BUSINESS**
   a. 2012-13 Sweeps for Part A - **(HANDOUT A)**
      ACTION ITEM: Discuss and approve the first set of Part A sweeps for FY 2012-13 as proposed by the Part A Grantee.
   b. 2012-13 Sweeps for MAI - **(HANDOUT A)**
      ACTION ITEM: Discuss and approve the first set of MAI sweeps for FY 2012-13 as proposed by the Part A Grantee.
   c. Monroe County Pilot Program (Pre-Existing Condition Insurance Plan) - **(HANDOUT B)**
      ACTION ITEM: Review informal progress report of the Monroe County pilot program on PCIP, and whether Broward should consider it.
5. **OTHER BUSINESS**
   a. Process for Evaluating Eligibility for Food Vouchers
      ACTION ITEM: Resume discussion of whether to re-evaluate the eligibility guidelines for emergency food vouchers.
   b. Minority AIDS Initiative (MAI)
      ACTION ITEM: Resume discussion of whether the HIVPC needs to re-evaluate its approach to allocating funds within the MAI program.
6. **GRANTEE REPORTS**
   a. Part A
   b. Part B - **(HANDOUT C)**
   c. ADAP - **(HANDOUTS D1 – D2)**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS FOR NEXT MEETING:** 9/20/12 at 12:30 p.m. **VENUE:** BRHPC
9. **ADJOURNMENT**

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JOINT PRIORITIES COMMITTEE
July 18, 2012 at 12:30 p.m.
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020
MEETING MINUTES

ATTENDANCE						
#	**Members**		**Present**	**Absent**		**Guests**
1	Taylor-Bennett, C.	Part A Co-Chair	X			Colin, H.
2	Agate, L.	Part B Co-Chair	X			Hernandez, G.
3	Bush, A.			A		Majcher, B.
4	Ferrer, M.		X			Schickowski, K.
5	Gammell, B.		X			
6	Grant, C.		X			
7	Hayes, M.		X			**Grantee Staff**
8	Jackson, R.			**A**		Clarke, V. (Part A)
9	Katz, H. B.		X			Jones, L. (Part A)
10	Lefevre, R.			A		Mercer, A. (Part B)
11	Moore, P		X			
12	Pryor, J.		X			
13	Reed, Y.		X			
14	Siclari, R		X			**HIVPC Support Staff**
15	Starkey , J.			E		Hosein, F.
16	Wynn, J		X			LaMendola, B
		Quorum = 9	**12**	**4**		Rosiere, M.

1. CALL TO ORDER (*Please sign-in)*
The Part A Co-Chair called the meeting to order at 12:45 p.m.

2. WELCOME, INTRODUCTIONS & MOMENT OF SILENCE
The Part A Co-Chair welcomed everyone. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Member, staff and guest introductions were made.

A moment of silence was observed.

3. APPROVALS
a. Approval of Today's Agenda

Motion #1:	To Approve the 07/18/12 Meeting Agenda
Proposed by:	Joey Wynn
Seconded by:	Paul Moore
Action:	Passed Unanimously

b. Approval of 5/16/12 Meeting Minutes

Motion #2:	To Approve the 06/20/12 Meeting Minutes
Proposed by:	Yolonda Reed
Seconded by:	Paul Moore
Action:	Passed Unanimously

4. OTHER BUSINESS

a. Motions from LPAC (Local Pharmacy Advisory Committee)

Consent Item # 1	To "move generic Lipitor from Tier 3 to Tier 1".
Justification:	Lipitor has become generic and PAP is no longer available, therefore movement from Tier 3 to Tier 1 is necessary.
Indication:	Cholesterol lowering agent
Financial Impact	Projections are difficult to obtain since we haven't had utilization data in the past year, however based on historic ADAP utilization and Medical Network estimation of their clients need for this drug, we estimate 200 clients a month at approximately $60,000 annually.
Proposed by:	**Local Pharmacy Advisory Committee**

Member of the LPAC along with the Grantee walked the committee through the justification for the changes. After considerable the following motion was made:

Motion # 3	To "move generic Lipitor from Tier 3 to Tier 1" (LPAC)
Proposed by:	Marie Hayes
Seconded by:	Rick Siclari
Action:	Passed Unanimously

Consent Item # 3	To "remove Actos and Fungizone from the Formulary".
Justification:	Per request of Medical Network
Indication:	Actos: Risk of serious adverse events and PAP available Fungizone: The drug is intended for use in an inpatient setting and should be administered intravenously under clinical supervision
Proposed by:	**Local Pharmacy Advisory Committee**

Member of the LPAC along with the Grantee walked the committee through the justification for the change. After discussion the following motion was made:

Motion #4	To "remove Actos and Fungizone from the Formulary" (LPAC)
Proposed by:	Marie Hayes
Seconded by:	Claudette Grant
Action:	Passed Unanimously

5. NEW BUSINESS

a. <u>2013-14 Allocations for Part A</u>

Support Staff described for the committee the Allocation Recommendations spreadsheet created by Support and Grantee Staff. The main basis for the Part A allocations was an estimate that 1,000 new clients would enter the Ryan White care system in 2013-14. The figures were developed from data showing an increase of new clients in 2012-13 and also from projections regarding increased testing initiatives and addressing unmet need. The estimated 1,000 clients were apportioned to each service category based on what percentage of clients has used each service in the past. There was discussion on each item. The committee increased the allocations for Oral Health and Medical Case Management service categories both of which are expecting a rising demand. Food Bank/Food Vouchers were discussed in great detail. A Member who is a Food Bank client stated that the box of food is not sufficient to feed her family of three (1 adult, 2 children) for more than a week. Food Vouchers are given for emergency situations and while they give the recipients more leeway in terms of choices, were still insufficient in what they could purchase. The committee discussed whether distribution of food vouchers rather than food boxes would cut costs. Eligibility for food vouchers will be discussed at the next meeting. The following recommendations (by staff and grantee) were made for FY 13/14 Part A allocations:

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FY 13/14 Rank	Service Category	FY 11/12 Clients Served	% of Total Undup Client Utilizatio	Part A FY 11/12 Expenditures	Part A FY 12/13 Allocation	FY 12/13 % Allocation	FY 11/12 Avg Cost per Client	FY 13/14 Est. # New Clients**	**Note	FY 13/14 Est. % New Clients**	Est. FY 13/14 clients	Factors to Consider ACA=Affordable Care Act	% Allocation Increase Due to Factors	Allocation Increase Due to Factors	13/14 Request Based on Client Increase	% Funding Change due to Client Increase	13/14 Funding Request Based on Client & Factor Incr.
1	Medical	3,503	49.89%	$5,482,813	$6,504,282	53.9%	$1,565	499	**Est. new clients = 1,000 * % Category Utilization - Increase from growth, increased testing & unmet need	14.24%	4,002	Expanded testing will link more clients to care. ACA impact . Expected Medicare reimbursement increase 3% ($195,128). Offset FY 11/12 underutilization due to late grant award ($800,000)	15%	$995,128	$6,263,618	-4%	$7,258,747
2	Pharmacy	2,061	29.35%	$400,827	$411,109	3.4%	$194	294		14.24%	2,355	Expanded testing will link more clients to care. Decreased PAP access. LPAC formulary changes. ACA Impact	0%	$0	$457,909	11%	$457,909
3	Oral Health	2,768	39.42%	$2,635,854	$2,623,653	21.8%	$952	394		14.24%	3,162	Other funding $234,747. Overutilization past 4 years. Difficulty accessing. Prevention issue.	0%	$0	$3,011,225	15%	$3,011,225
4	Medical Case Mgt	3,530	50.27%	$1,088,560	$1,134,105	9.4%	$308	503		14.24%	4,033	Expanded testing will link more clients to care	0%	$0	$1,243,581	10%	$1,243,581
5	Mental Health	326	4.64%	$257,238	$274,099	2.3%	$789	46		14.24%	372	Expanded testing will link more clients to care. New entity chosen to manage service countywide. ACA Impact	0%	$0	$293,871	7%	$293,871
6	Substance Abuse	107	1.52%	$357,755	$355,389	3.0%	$3,344	15		14.24%	122	Expanded testing will link more clients to care. New entity chosen to manage service countywide. ACA Impact	0%	$0	$408,703	15%	$408,703
1	Eligibility	4,306	61.32%	$329,542	$300,000	2.5%	$77	613	**Est. new clients = 1,000 * % Category Utiliz. - Increase from growth, increased testing & unmet need	14.24%	4,919	As of 7/1/12 clients must be recertified every 6 months instead of 12 months (increase costs 33%)	33%	$99,000	$376,472	25%	$475,472
2	Food Bank	2,019	28.75%	$894,790	$277,111	2.3%	$443	288		14.24%	2,307	No other significant funding sources identified. Clients , providers rank as highest priority support service. Includes FY 11/12 bulk purchase $537K.	0%	$0	$1,022,217	269%	$1,022,217
	Food Bank			*$672,328*	*$168,103*												
	Vouchers			*$222,462*	*$109,008*												
3	Legal Services	164	2.34%	$114,444	$112,426	0.9%	$698	23		14.24%	187	No other funding identified. SSI appeals process	0%	$0	$130,742	16%	$130,742
4	Outreach	118	1.68%	$51,402	$67,000	0.6%	$436	17		14.24%	135	No other funding identified. Expanded testing will link more clients to care. Offset for underutilization due to lack of provider in part of FY 11-12 ($15,598)	0%	$15,598	$58,722	-12%	$74,320
Total	**Core & Support**	**7,022**		**$11,969,454**	**$12,059,174**										**$13,267,059**		**$14,376,786**

The following motions were made for FY 13/14 Allocations:
MEDICAL:

Motion #5	To allocate $7,258,747 to Medical (OAMC)
Proposed by:	Jeri Pryor
Seconded by:	Joey Wynn
Action:	Passed (2 opposed)

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PHARMACY

Motion #6	To allocate $457,909 to Pharmacy (Local AIDS Pharmacy)
Proposed by:	Jeri Pryor
Seconded by:	Joey Wynn
Action:	Passed (1 opposed)

ORAL HEALTH

Motion #7	To allocate $3,211,225 to Oral Health (Dental)
Proposed by:	Jeri Pryor
Seconded by:	Brad Gammell
Action:	Passed (2 abstentions)

MEDICAL CASE MANAGEMENT

Motion #8	To allocate $1,413,697 to Medical Case Management (MCM)
Proposed by:	Jeri Pryor
Seconded by:	Mauricio Ferrer
Action:	Passed (1 opposed)

MENTAL HEALTH

Motion #9	To allocate $293,871 to Mental Health (MH)
Proposed by:	Jeri Pryor
Seconded by:	Marie Hayes
Action:	Passed Unanimously

SUBSTANCE ABUSE

Motion #10	To allocate $408,703 to Substance Abuse (SA)
Proposed by:	Jeri Pryor
Seconded by:	Claudette Grant
Action:	Passed (1 abstention)

ELIGIBILITY (CIED)

Motion #11	To allocate $475,472 to Eligibility (CIED)
Proposed by:	Jeri Pryor
Seconded by:	H. Bradley Katz
Action:	Passed Unanimously

FOOD BANK - First Motion

Motion #12	To allocate $168,103 to Food Bank
Proposed by:	Jeri Pryor
Seconded by:	Joey Wynn
Action:	Passed (1 Opposition)

FOOD BANK - Rescinded Motion:

Motion #13	To rescind the Food Bank allocation for $168,103
Proposed by:	Yolonda Reed
Seconded by:	Rick Siclari
Action:	Passed (1 Opposition)

FOOD BANK - Final Motion

Motion #14	To allocate $1,022,217 to Food Bank (Split: 70% Food Bank; 30% Food Voucher)
Proposed by:	Paul Moore
Seconded by:	Yolonda Reed
Action:	Passed (5 opposed)

LEGAL SERVICES

Motion #15	To allocate $130,742 to Legal Services
Proposed by:	Jeri Pryor
Seconded by:	Joey Wynn
Action:	Passed Unanimously

OUTREACH

Motion #16	To allocate $74,320 to Outreach
Proposed by:	Jeri Pryor
Seconded by:	Joey Wynn
Action:	Passed (1 opposed; 1 abstention)

b. 2013-14 Allocations for MAI

Fiscal Year 2013-2014 Allocations for Minority AIDS Initiative (MAI) were also conducted. There was discussion on how much of eligibility costs should be funded by MAI and Part A. Also, new HRSA rules require two eligibility certifications per year, thus extra staff are needed for eligibility in Part A and MAI alike. The following recommendations (staff and grantee) were made for FY 13/14 MAI Allocations:

FY 13/14 Rank	MAI Service	FY 11/12 Clients Served	FY 11/12 $ Expenditures	FY 12/13 Allocation ($)	FY 12/13 %	FY 11/12 Avg $ per Client	FY 13/14 Est. # New Clients	FY 13/14 Est. % New Clients	Est. FY 13/14 clients	Factors to Consider*	Notes*	% Allocation Increase Due to Factors	$ Allocation Increase Due to	$ Allocation Increase due to Client	% Allocation Increase due to	13/14 Funding Request Based on Client & Factor Increase
MAI	**Core**															
1	Medical	316	$99,993	$100,000	9.4%	$316	0	0%	316	Expanded testing will link more clients to care. ACA Impact	Recomend current FY 12/13 allocation plus 10% increase	10%	$10,000	$0	0%	$110,000
2	Medical Case Mgt	238	$29,943	$176,644	17.1%	$126	0	0%	238	Expanded testing will link more clients to care. ACA Impact		10%	$17,664	$0	0%	$194,308
3	Mental Health	100	$88,814	$95,368	8.9%	$888	0	0%	100	Expanded testing will link more clients to care. New entity chosen to manage service on countywide basis. ACA impact		10%	$9,537	$0	0%	$104,905
4	Substance Abuse	57	$374,931	$400,624	37.5%	$6,578	0	0%	57	Expanded testing will link more clients to care. New entity will manage service on countywide basis. ACA		10%	$40,062	$0	0%	$440,686
MAI	**Support**															
1	Eligibility	3,338	$290,957	$290,957	27.2%	$87	387	12%	3,725	As of 7/12 clients recertified every 6 months (increase $=33%)		33%	$96,016	$324,690	12%	$711,663
			$884,638	**$1,063,593**										**$324,690**		**$1,561,562**

The committee made FY 13/14 allocation recommendations for MAI as shown in the following motions:

MAI MEDICAL:

Motion #17	To allocate $110,000 to MAI Medical
Proposed by:	Jeri Pryor
Seconded by:	Joey Wynn
Action:	Passed (1 abstention)

MAI MEDICAL CASE MANAGEMENT

Motion #18	To allocate $211,973 to MAI Medical Case Management
Proposed by:	Jeri Pryor
Seconded by:	Marie Hayes
Action:	Passed (2 abstentions)

MAI MENTAL HEALTH

Motion #19	To allocate $104,905 to MAI Mental Health
Proposed by:	Jeri Pryor
Seconded by:	Yolonda Reed
Action:	Passed (2 abstentions)

MAI SUBSTANCE ABUSE

Motion #20	To allocate $460,718 to MAI Substance Abuse
Proposed by:	Jeri Pryor
Seconded by:	H. Bradley Katz
Action:	Passed (1 opposed; 1 abstention)

MAI ELIGIBILITY

At this juncture eligibility for both MAI and Part A was reviewed. As HRSA now mandates that clients are recertified every six (6) months, extra staff is needed for eligibility in Part A and MAI alike. The original motion for Part A eligibility was rescinded as shown below:

Motion # 21	To rescind the Part A eligibility category allocation
Proposed by:	Paul Moore
Seconded by:	Brad Gammell
Action:	Passed Unanimously

The following new motions were made to recommend more funds to Part A eligibility as Part A staff will be conducting eligibility for all clients:

Motion #22	To allocate $505,073 to Eligibility (CIED)
Proposed by:	Jeri Pryor
Seconded by:	Rick Siclari
Action:	Passed Unanimously

Motion #23	To allocate $386,973 to MAI Eligibility
Proposed by:	Jeri Pryor
Seconded by:	H. Bradley Katz
Action:	Passed Unanimously

6. GRANTEE REPORTS

a. **Part A**

The Part A Grantee reported the Grant Application was released 7/16/12.

b. **Part B**

The Part B Grantee report was provided on expenditures up to May 31, 2012: Non-Medical Case Management conducted 568 eligibility interviews in May, 104 of which were new clients. Medication co-payment served 305 clients, of which 11 were new to the program. There were 292 clients served in May for Med Co-Pay and 13 clients served for mail orders. Cost avoidance for Med Co-Pay program for May is $15,386. Total cost avoidance is $35,397.
Medical Transportation for May 2012:
Part A Bus Passes: There were 153 (31 day) and 154 (10 ride) distributed in May 2012.
Part B Bus Passes: There were 110 (31 day) and 43 (10 ride) distributed in May 2012.
Total combined Bus Passes distributed in May 2012 for both Parts: 263 (31 day) and 197 (10 ride).

c. **ADAP Update**

The ADAP report through June 27, 2012 was provided: The total ADAP "open" enrollment was 2,694 with 1,716 total ADAP clients being served in the last 30 days. The ADAP Waitlist enrolled 75 clients and the total ADAP/Medicare Part D Enrollment was 176. There were 840 appointments, of which 239 (28%) were missed. *Clients Served* is defined as clients who had at least one "pickup" in the period. The category definitions are as follows:

Category A Clients Served = 15 (CD4 < 200 cells/mm3 and/or CD4% < 14%: A diagnosis of AIDS and/or diagnosis of active opportunistic infection and/or diagnosis of HIV-associated nephropathy.)
Category B Clients Served = **28** (CD4 cell count between 201-350 cells/ mm3: Persons currently on ARV therapy, persons previously on ARV therapy but therapy was interrupted and treatment naïve clients)
Category C Clients Served = 32 (Treatment naïve clients with CD4 cell count > 350 cells/mm3)
Category D Clients Served = **0** (Unknown/Other)
Clients are removed from the Wait List by medical category in the order of earliest enrollment. This serves as a reminder that clients MUST recertify every 6 months or they will lose their position on the Wait List.

7. PUBLIC COMMENT

There was no public comment.

8. AGENDA ITEMS FOR NEXT MEETING: 8/15/12 at 12:30.**Venue:** BRHPC

- Sweeps (FY 12/13)
- Eligibility for Food Vouchers

9. ADJOURNMENT

Without objection, the meeting was adjourned at 4:15 p.m.

Joint Priorities Attendance CY 2012

Member	1/19/12	2/15/12	3/21/12	4/18/12	5/16/12	6/13/12	6/20/12	7/18/12
Part A								
Bennett-Taylor, C., **Part A Chair**	√	√	√	√	√	√	√	√
Agate, L, **Part B Chair**	*Interim Chair from 6/13/12*					√	√	√
Bush, A.	√	√	√	√	A	√	√	A
Gammell, B.	√	√	√	√	√	√	√	√
Grant, C.	√	√	√	√	√	√	√	√
Hayes, M.	√	√	√	√	√	A	√	√
Jackson, R.	*Appointed 6/21/12*							A
Katz, H. B.	√	**E**	√	√	√	√	**E**	√
Pryor, J.	√	√	√	√	√	√	A	√
Reed, Y.	√	√	√	√	**E**	√	√	√
Siclari, R.	√	√	√	√	√	√	√	√
Starkey, J.	**E**	√	√	A	√	A	A	**E**
Part B								
Ferrer, M.	*Guest*		√	√	√	√	√	√
Lefevre, R.	√	A	√	√	√	A	A	A
Wynn, J.	√	A	**E**	A	√	√	√	√
Moore, P.	√	A	**E**	√	√	√	√	√
Quorum=9	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 12 - 13 1st Reallocation

HANDOUT A

Service Category	Contracted or Allotted Amount	Expended Amount	Average Monthly Expenditures	FY 12-13 Projected Expenditures	Potential Reallocation Dollars	Providers' Request	Providers' Return	Grantee Recommended Sweep Amount	Recommended Sweep TO	Recommended Sweep FROM
Ambulatory (5)	$6,504,282	$1,952,665	$405,745	$4,868,935	$1,246,867	$343,029	$0	($155,685)	$343,029	($498,714)
MAI Ambulatory (1)	$100,000	$49,981	$16,660	$199,925	($99,925)	$0	$0	$0	$0	$0
Pharmaceuticals (3)	$411,109	$143,856	$35,169	$422,024	($10,915)	$13,000	$0	$13,000	$13,000	$0
Dental (2)	$2,623,653	$977,129	$195,426	$2,345,109	$278,544	$0	$0	$0	$0	$0
Case Management (7)	$1,134,105	$428,076	$85,948	$1,031,382	$102,723	$11,005	$0	$11,005	$11,005	$0
MAI Case Management (2)	$176,644	$0	$0	$0	$176,644	$0	$0	$0	$0	$0
Mental Health (3)	$274,099	$162,890	$32,578	$390,937	($116,838)	$62,888	$0	$62,888	$62,888	$0
MAI Mental Health (2)	$95,368	$14,553	$2,911	$34,928	$60,440	$0	$0	$0	$0	$0
Substance Abuse (2)	$355,389	$159,497	$31,899	$382,792	($27,403)	$2,500	$0	$2,500	$2,500	$0
MAI Substance Abuse (1)	$400,624	$74,543	$24,848	$298,173	$102,451	$0	$0	$0	$0	$0
Food Bank (1)	$168,103	$41,080	$41,080	$492,954	($324,851)	$0	$0	($100,000)	$0	($100,000)
Food Voucher (1)	$109,008	$0	$0	$0	$0	$0	$0	($21,221)	$0	($21,221)
Centralized Intake and Referral (1)	$300,000	$99,304	$19,861	$238,329	$0	$175,513	$0	$175,513	$175,513	$0
MAI Centralized Intake and Referral (1)	$290,957	$195,422	$39,084	$469,012	$0	$0	$0	$0	$0	$0
Outreach (1)	$67,000	$33,511	$8,378	$100,533	$61,671	$0	$0	$0	$0	$0
Legal Assistance (1)	$112,426	$63,360	$12,672	$152,064	$61,671	$12,000	$0	$12,000	$12,000	$0
Total Part A Funds	**$12,059,174**	**$4,061,366**	**$868,755**	**$10,425,058**	**$1,271,471**	**$619,935**	**$0**	**$0**	**$619,935**	**($619,935)**
Total MAI Funds	**$1,063,593**	**$334,500**	**$83,503**	**$1,002,038**	**$239,609**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Funds	**$13,122,767**	**$4,395,866**	**$952,258**	**$11,427,096**	**$1,511,080**	**$619,935**	**$0**	**$0**	**$619,935**	**($619,935)**
Food Bank Bulk Purchase	$1,038,164	182,177	$45,544	$546,530						

Projections are based on reimbursement requests submitted by service providers for the months of March through July. These figures represent expenditures or reimbursements for services funded in FY 12-13.

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HANDOUT B

MONROE COUNTY PILOT PROGRAM OF PCIP COVERAGE

Monroe County is conducting a pilot program that enrolls HIV/AIDS clients in the federal Pre-Existing Condition Insurance Plan (PCIP) started by the Affordable Care Act.

The pilot program aims to find out if PCIP policies from private insurers through the federal government offer good coverage at a lower cost than enrolling people in Ryan White.

Eligibility is the same as for AICP: HIV+, income under 300% of federal poverty level, maximum $12,000 in assets.

1. FEEDBACK FROM AIDS HELP IN KEY WEST

Patrice Sanders, PCIP director at AIDS Help, based on results from January through July 2012:

- **Clients enrolled on PCIP coverage**: Over 35 clients. 31 remain on, with 2 pending.
- **Average monthly premium:** $343, which would be $4,116 per year.
- **Average out-of-pocket cost:** $671 total per client for 7 months, which would be $1,150 per year.
- **Projected annual cost per client:** $5,266
- **Supplier:** Clients order their meds from Medco (required).
- **Insurer:** "We recently received notice that United is taking over the policies. This has caused us a slight problem finding providers here, but the Keys have that problem anyway."

Observation: "The process takes longer than it should to get people enrolled, and follow up is frequently required. Clients who are responsive are the best candidates, as notices are mailed to the clients."

2. FEEDBACK FROM AIDS INSURANCE CONTINUATION PROGRAM (AICP)

AICP Director Robert Sandrock said in August 2012 he expects to file an interim report on the pilot program in a month or so. Here are highlights from his April 9 update to the Florida HIV/AIDS Advocacy Network:

- Program is like private insurance coverage, with comprehensive services.
- Expect to make report on pilot in July 2012 with a cost-benefit analysis for FDOH.
- 2 options for coverage.
- $325 average monthly premium so far.
- Anticipate average of $9,000 per client per year.
- No lifetime benefit cap on this plan.
- Prescription drug program very comprehensive. All ADAP formulary drugs covered in mail order program through Medco. $75 for a 90-day supply.
- Initial RX can be with local pharmacist at retail.
- Clients should have a case manager for guidance.
- If physicians change RX, patient can begin with 1st fill at pharmacy, and then switch to mail order.
- If not covered, brand name drugs are offered as generic.
- $5,950 / year deductible. Still studying.

HANDOUT C

Ryan White Part B
Expenditure Report
June 2012

Service Category	Part B 2012-2013 Allocated	Part B 2012-2013 June / Encumbered	Part B 2012-2013 Monthly Average Left June	Part B 2012-2013 YTD Spent/ Encumbered	Part B 2012-2013 % Encumbered	Part B 2012-2013 (% Left)	Part B 2012-2013 (Balance)
Home Delivered Meals	$2,479	$420	$217	$525	21.2%	78.8%	$ 1,954
Medication Co-Pay	$610,000	$27,415	$60,793	$62,863	10.3%	89.7%	$ 547,137
Case Management (non-medical)	$228,287	$15,673	$20,427	$44,440	19.5%	80.5%	$ 183,847
Medical Transportation	$150,971	$0	$15,097	$0	0.0%	100.0%	$ 150,971
Administration	$110,192	$7,034	$9,261	$26,847	24.4%	75.6%	$ 83,345
TOTALS	$1,101,929	$50,542	$107,473	$134,675	12.2%	87.8%	$ 967,254
					87.8%		

Home Delivered Meals Served 1 client

Medication Co Payment served 279 clients in June in which 11 were new to the program.
272 Clients served in June Medication Co Payment.
7 Clients served in June Mail Order
Cost Avoidance for Medication Co-Payment Program for June is $37,097.24
Actual savings as a result of using co-pay cards is $ 29,171 thru June 2012

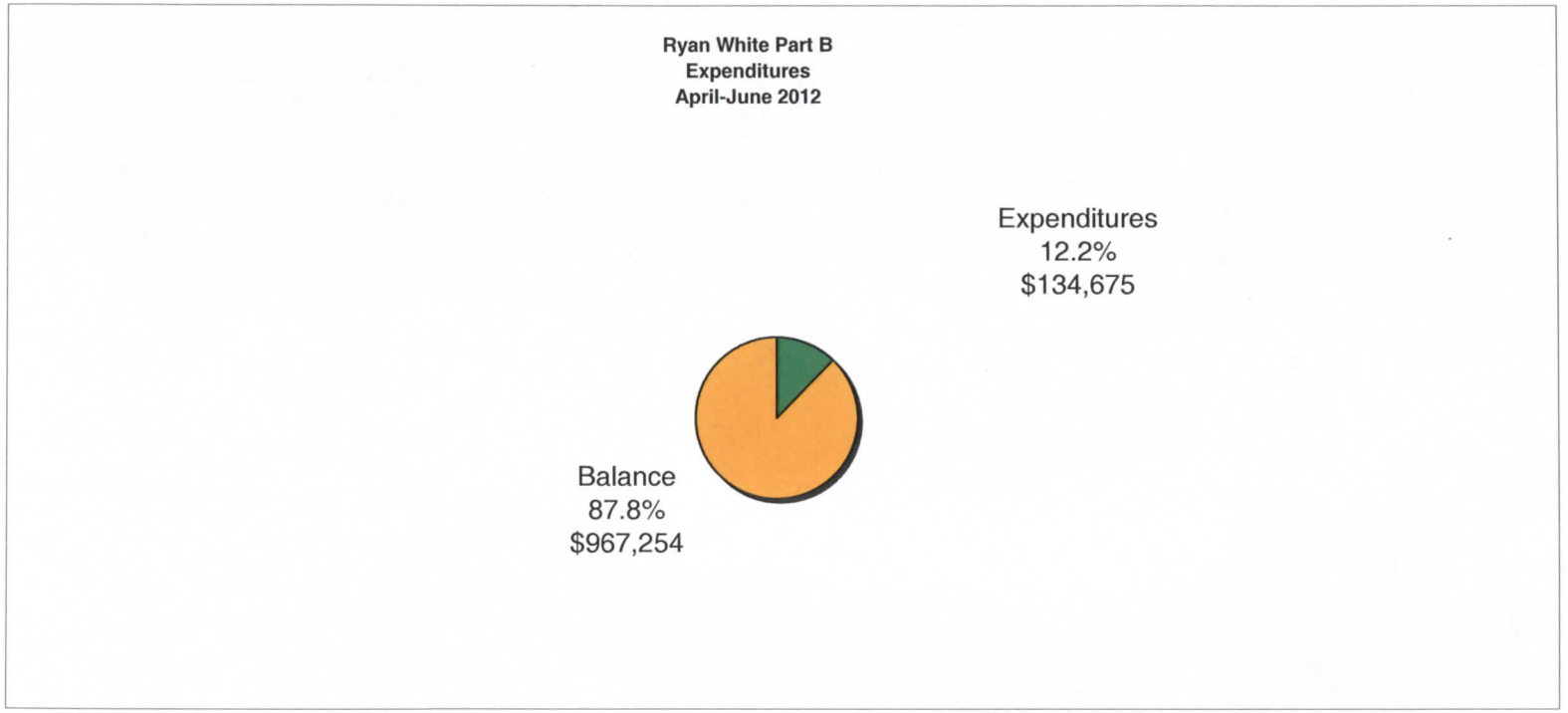
Non-Medical Case Management conducted 419 eligibility interviews in June of which 81 were new clients.

Medical Transportation Part B Bus Passes: 53 (31 day) and 38 (10 ride) were distributed in June.
Medical Transportation Part A Bus Passes: 150 (31 day) and 110 (10 ride) were distributed in June
The passes distributed is a partial number as not every agency pickups each month

This report reflects all invoices received and paid as of 6/30/2012

HANDOUT C

Ryan White Part B
Expenditure Report
June 2012



Report for Fiscal Year April 2012 thru March2013

ADAP Report July 31 2012

Total ADAP "Open" Enrollment		**2,696**
Total ADAP Clients Served in Last 30 Days*		**1,683**
Total ADAP Waitlist Enrollment**		**41**
	Category A	8
	Category B	14
	Category C	19
Total ADAP/Medicare Part D Enrollment		**176**
Number of Appointments in July		**634**
Number of Missed Appointment in July		**165**
Percentage of July Appointments Missed		**26%**

*"Clients Served" defined as having at least one "pickup" in the period.

**** CATEGORY DEFINITIONS:**

CATEGORY A

Diagnosis of AIDS and/or CD4 < 200 cells/mm3 and/or CD4% < 14%
Diagnosis of active opportunistic infection
Diagnosis of HIV-associated nephropathy (HIVAN)

CATEGORY B

Persons who are currently on ARV therapy
Persons who were previously on ARV therapy but therapy was interrupted
Treatment naïve clients with CD4 cell count between 201-350 cells/ mm3

CATEGORY C

Treatment naïve clients with CD4 cell count > 350 cells/mm3

CATEGORY D

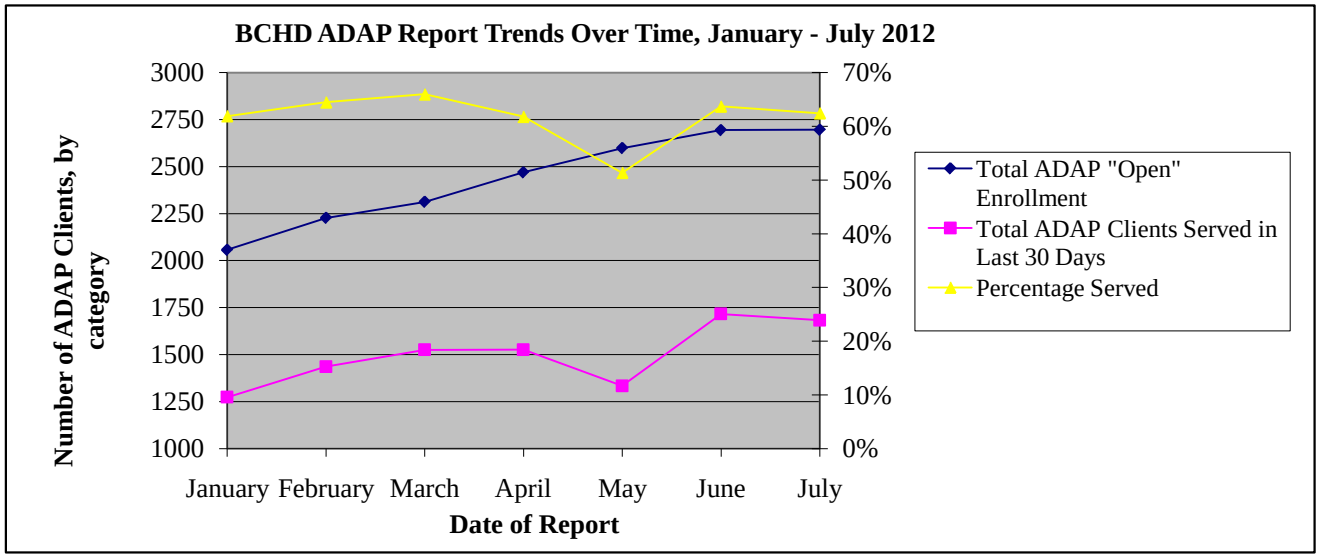
Unknown/Other

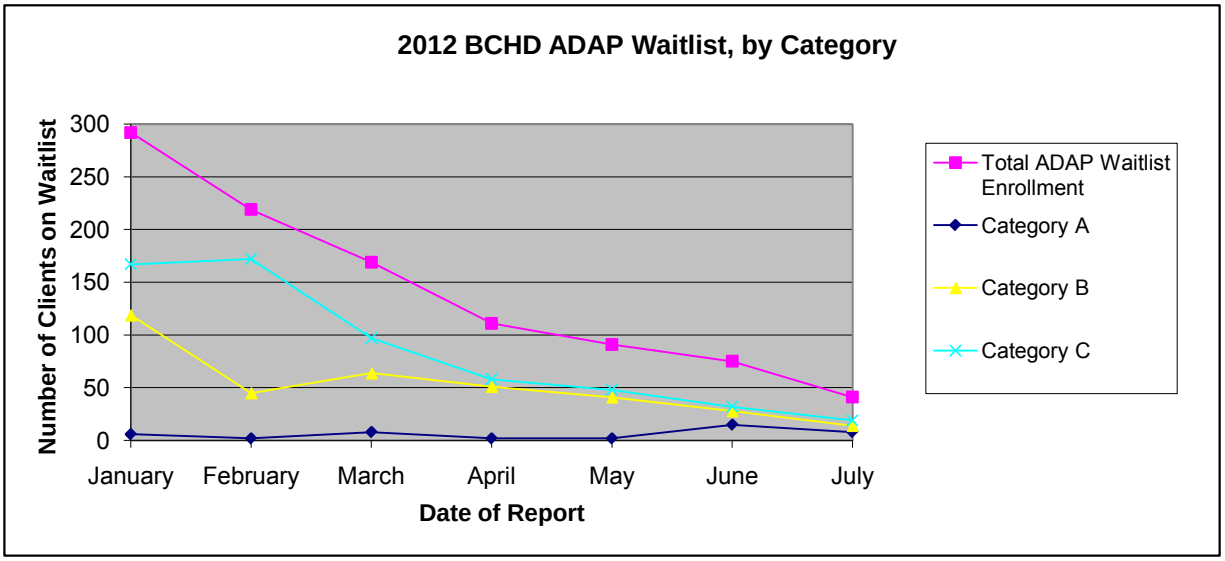
Clients are removed from the Wait List **by medical category** in the order they were placed on it.
This serves as a reminder to people that if they are on the wait list they MUST recertify at 6 months or they will loose their position on the Wait List.

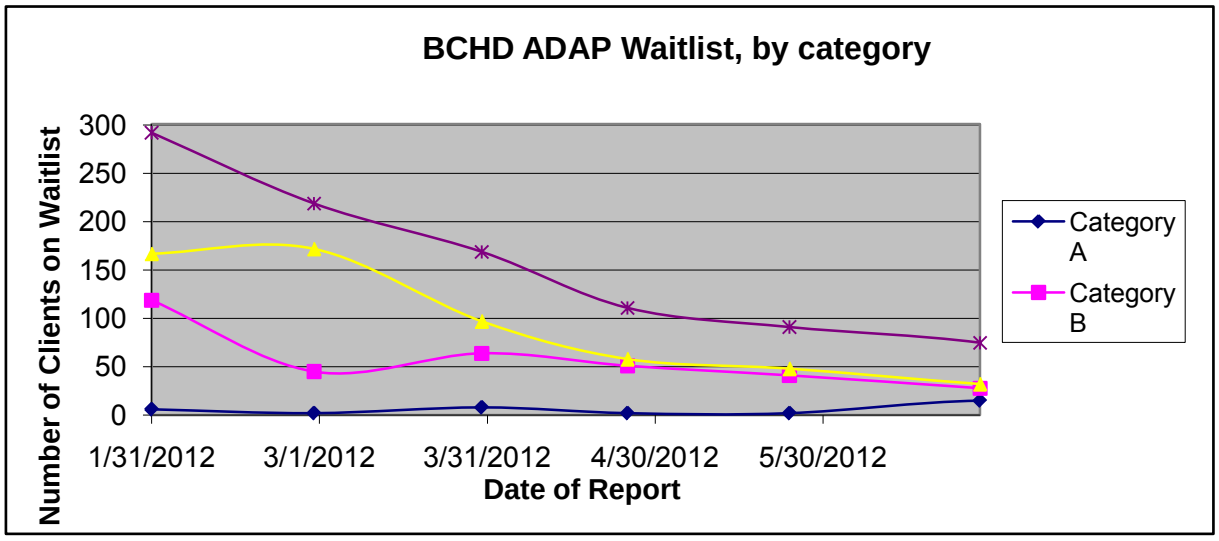
Broward County Health Department ADAP Reports January-June 2012

Category, by # of clients	January **1/31/2012**	February **2/29/2012**	March **3/30/2012**	April **4/25/2012**	May **5/24/2012**	June **6/27/2012**	July **7/31/2012**
Total ADAP "Open" Enrollment	2057	2227	2312	2469	2598	2694	2696
Total ADAP Clients Served in Last 30 Days	1273	1436	1525	1526	1334	1716	1683
Percentage Served	62%	64%	66%	62%	51%	64%	62%
Total ADAP Waitlist Enrollment	292	219	169	111	91	75	41
Category A	6	2	8	2	2	15	8
Category B	119	45	64	51	41	28	14
Category C	167	172	97	58	48	32	19

*Category D was removed from January - March, which decreased the total number of waitlist by 9 each of those months






BCHD ADAP Waitlist, by category
Number of Clients on Waitlist
300
250
200
150
100
50
0
1/31/2012
3/1/2012
3/31/2012
4/30/2012
5/30/2012
Date of Report
Category A
Category B