

Allocations Committee



Jared Vega, Chair

Wednesday, November 4, 2009
4:00 pm to 6:00 pm
Public Health
4041 North Central Avenue, Phoenix
14th Floor, Training Room

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Meeting Minutes

Attendance

Committee Members *AT: Attended* *AB: Absent* *EX: Excused* *ALT: Alternate Present*

AT	Cheri Tomlinson	AT	Debby Elliott <i>alt: Philip Seeger</i>	AT	Jared Vega	AT	Larry Stähli
EX	Maclovia Morales	AT	Mark Kezios	EX	Mary Rose Wilcox <i>alt: Terri Leija</i>	AT	Randall Furrow
EX	Stephen O'Dell						

Guests

Judy White Michael Luck Daniel Ruacho Seema Sewell

Administrative Agent Staff

Jen Hawkins Rose Conner

Support Staff: John Sapero

Welcome, introductions and declarations of any conflicts-of-interest

Jared Vega called the meeting to order and welcomed the attendees. Everyone introduced him/her self and declared any conflicts-of-interest.

Funding is provided by the United States Department of Health and Human Services, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Maricopa County Department of Public Health.

All of the documents discussed may be requested from Planning Council Support.

MEETING MINUTES *continued*

Determination of quorum

Jared Vega determined that quorum was established with five of nine members present at approximately 5:05 pm.

Review of minutes and action items

Participants silently reviewed the summary minutes for the October 7, 2009 meeting. Phil Seeger noted he should be listed in attendance as an alternate for Debbie Elliott. Jen Hawkins noted Jennifer Lewis should be listed in attendance.

Administrative Agent update

Rose Conner referred to the utilization report and discussed that there will be recommendations for reallocations. The AA will work with providers to determine potential year-end spend-down and then approach the Allocations Committee with recommendations for reallocations. If the current spending patterns are maintained, there could be \$1 million left unspent (not including any funds reallocated to ADAP). Close monitoring will be needed to ensure the Council meets HRSA grant requirements for unspent funds.

Rose also discussed:

- The two new Primary Medical Care providers have completed training needs assessments, have scheduled training with U of A in November, and are scheduling preceptorships in December for their providers prior to beginning services. The AA's Office will begin training the providers' administrative staff for CAREWare in November. Expected date to begin providing client services is January 2010.
- The is requesting Planning Council approval for \$25,000 of Primary Care funds to be used as capacity building funds to assist the new providers as they begin providing services to Ryan White Part A clients. These capacity building funds can be used for training, outreach, equipment, supplies, and other expenses incurred as these providers prepare to transition clients. These funds are already allocated to Primary Care Services and do not require a reallocation of funds. However, the Planning Council needs to approve a change in the use of these funds from direct service to capacity building.
- The AA and ADHS are finalizing IGA language to allow transfer of funds to ADAP. It is expected that the IGA will be in place by mid-December.

MEETING MINUTES *continued*

Reallocations

- The AA requests Planning Council approval for a reallocation of \$21,253 from Primary Medical Care to Part B Pharmaceuticals to bring the total allocation to Part B up to the Planning Council directive of \$240,000.
- The AA requests Planning Council approval for a reallocation of \$225,000 from Primary Medical Care, and \$100,000 from Medical Case Management for a total of \$325,000 to Oral Health Services, to be allocated for Direct Dental Services. As Part D is ending oral health services, this will allow individuals to finish their care plans.

Mark Kezios asked if any men will be served under the direct dental program (Part D funds services for women, children and youth). Rose Conner replied that there are 80 clients in the Part A oral health program that have exceeded their benefit cap, and these clients may also benefit from direct dental services. Case managers may be able to identify additional eligible clients as well.

- The AA requests Planning Council approval for a reallocation of \$4500 from Outreach to Supportive Case Management to cover expected contract expenditure needs.

Phil Seeger asked how the \$240,000 ADAP allocation and \$325,000 Direct Dental Program allocations affect the potential \$1 million of available funds discussed earlier. Rose Conner replied the use of these funds would decrease the available funding.

Debby Elliott asked if utilization for Non-Medical and Medical Case Management was grouped together, or being reviewed separately. Rose Conner replied they were being reviewed separately.

MAI Update

HRSA has notified the AA that there will be a change in MAI funding in 2010. MAI funding will no longer require a competitive grant application. Funding will be formula-based. How MAI funding will be awarded is still being determined, and there will no longer be separate MAI contracting. Rose provided an overview of why the MAI program was revised.

Revised Eligibility Requirements

At the AA's Provider Meeting, it was announced that the change to a one-year Part A eligibility will take effect in January and March.

ADAP Update

The issue regarding payer of last resort is still being reviewed and no decisions have been made. Meetings between MIHS, Part A and ADAP are scheduled for later in the month.

Phil Seeger asked if a determination of how many people will be impacted, and the expense that they face has been made. Rose Conner replied that this analysis has been completed.

Ryan White Part B ADAP Update

Rose Conner discussed that a request was submitted to ADAP to provide an estimate of their potential funding shortfall. This report was provided in the meeting materials, as was a reformatted version of the document created by Planning Council Support to enlarge the text and reorganize the sections for greater clarity.

John Sapero provided an overview of the original and reformatted documents. John also discussed he had added a calculation of costs per client, based on the information provided. Mark Kezios asked if ADAP was aware of these additions to the document. John Sapero related that ADAP was aware the document would be reformatted, but was not aware of his additional analysis. John related that he determined that Part A costs were based on the average cost per client for ADAP clients, as opposed to an estimation of the actual Part A expenditures.

Mark Kezios questioned why Part A expenditures were detailed separately, as ADAP covered all of the state of Arizona and there should not be any separation of Part A from the expenditures. Rose Conner replied that she had asked for this information to be detailed separately.

Mark then discussed that ADAP had decreased their formulary earlier in the year. He questioned why ADAP was asking for more money than they originally requested when their reduced formulary should mean less expenditures. Mark expressed concern that no representatives of ADAP had attended Council meetings; concern about Copa Care; that the issue was not good government policy; and that ADAP was going to give the community 15 days to react to any guidelines changes. He also expressed concern that HRSA will challenge Part A regarding our costs, and that Michael Bryson discussed, multiple times, that ADAP would not need any additional funding at the Part A Priority Setting and Resource Allocations meeting. Additionally, ADAP did not apply for MAI funding because "it was not worth the money," as formally stated at a previous Council meeting. Mark related he was worried that if the Planning Council provided any funding, it would not know how it was spent. Mark discussed that when ADAP wait lists had been implemented by other states, they were usually resolved very quickly due to public outcry.

Mark added that he felt the Council was given misinformation from ADAP.

Larry Stähli discussed that if the guideline change related to Copa Care went into effect, ADAP would gain 81 percent of their funding back.

Debbie Elliott related that if the Copa Care guideline went into effect, there was no need for an ADAP program, as there were multiple pharmaceutical discount programs that could be accessed by everyone.

Phil Seeger discussed that Part A may need to help clients pay for medications if the ADAP Copa Care decision was upheld.

John Sapero continued to provide an overview of the ADAP deficit scenarios. John related ADAP had requested the Council consider Scenario 3 as the foundation for any decision-making.

Mark Kezios asked if ADAP had provided information regarding price increases (Scenario 3 predicted a 1% cost increase), and if there was an explanation as to why no client increase was considered. John

MEETING MINUTES *continued*

Sapero speculated that there was no change in clients due to the balance of enrollments and disenrollments the program experiences.

There were additional general questions regarding how costs and clients were calculated. John Sapero related he was not provided specific information. He had requested Alfonso Urquidi to attend the full Planning Council to provide these answers.

Debby Elliott requested that the amount that was spent by ADAP in May (pre-formulary change) and October (post-formulary change) be provided at the Council meeting. Mark discussed he has seen ADAP expenditure reports and it was unclear how costs were calculated.

Committee Chair Update

Jared Vega discussed that President Obama signed the Ryan White HIV/AIDS Treatment Extension Act of 2009 on October 30, 2009. Jeanne White-Ginder, Ryan White's mother was in attendance. Additionally, the HIV entry ban was eliminated. Jared discussed that these actions were due in part to the hard work of Ryan White Planning Councils.

GY 2010 Part A grant application/reauthorization update

The Phoenix EMA's grant was submitted on October 15th. A request for a 7.48% increase was included. Rose acknowledged the efforts of everyone involved in developing the grant.

Changes to the Ryan White legislation will be provided from HRSA shortly.

Reallocations

MOTION: Larry Stahli moved to allow the AA's office to utilize \$25, 000 from Outpatient Ambulatory Medical Care to capacity building in this same category.

DISCUSSION: Phil Seeger noted that equipment and supplies was included in the capacity development request. Historically, the Council did not allow these items to be provided.

FRIENDLY AMENDMENT: Phil Seeger requested the provision of equipment and supplies be removed from the request. Larry Stähli accepted to the amendment.

DISCUSSION: Mark Kezios asked Seema Sewell if there were testing services in the East Valley. Seema replied that testing in the area was limited.

Mark Kezios seconded the motion.

OUTCOME: The motion passed.

MEETING MINUTES *continued*

MOTION: Larry Stähli moved to reallocate \$21,253 from Outpatient Ambulatory Medical Care to Pharmaceutical Assistance – Part B. Additionally, reallocate \$225,000 from Outpatient Ambulatory Medical Care and \$100,000 from Medical Case Management to Oral Health Services for Direct Dental Services. Finally, reallocate \$4,500 from Outreach Services to Supportive Case Management.

DISCUSSION: Mark Kezios discussed that he believed money could not be allocated to Pharmaceuticals – Part B until the Copa Care issue was resolved. He expressed it was challenging for him to support any reallocations to Part B as they had not met any of the criteria the Council had set (fiscal responsibility, demonstrated need, and parity of access to meds maintained throughout the state). He felt allocating any funds to ADAP will cause the Council financial harm, as Part A will not be able to expend all of its funding and will incur a severe penalty. Mark questioned whether ADAP would be able to spend funds after December, which only provided them with two months to spend any Part A funds. He suggested waiting to provide funding until the next Part A grant year, the beginning of which overlapped Part B's grant year.

OUTCOME: The motion failed, as no one seconded it.

MOTION: Mark Kezios moved for a directive to the Administrative Agent, upon full Council approval, to retract the existing \$240,000 Pharmaceuticals – Part B allocation that was to be disbursed in December. These funds would then be reallocated to Part A needs.

DISCUSSION: Rose Conner noted that \$100,000 of these funds was from a carryover request specifically approved by HRSA to provide assistance to the ADAP program.

AMENDED MOTION: Mark Kezios amended his motion to retract all funds of the pending allocation in excess of the \$100,000 carryover funding.

DISCUSSION: There was general discussion regarding how to inform the Planning Council of the reasons for this motion.

Randall Furrow seconded the motion.

OUTCOME: The motion passed.

MOTION: Mark Kezios moved to reallocate \$225,000 from Outpatient Ambulatory Medical Care and \$100,000 from Medical Case Management to Oral Health Services for Direct Dental Services for all eligible clients in the EMA. Randall Furrow seconded.

DISCUSSION: None.

OUTCOME: The motion passed.

MEETING MINUTES *continued*

MOTION: Randall Furrow moved to reallocate \$4,500 from Outreach Services to Supportive Case Management to cover expected needs. Larry Stähli seconded.

DISCUSSION: None.

OUTCOME: The motion passed.

MOTION: Debby Elliott moved to hold any reallocation of funds from Pharmaceuticals – Part B until the AA provided information at the December Allocations Committee meeting. Randall Furrow seconded.

DISCUSSION: Cheri Tomlinson questioned whether there would be enough time to utilize funds after December. Rose Conner replied that there were no providers that currently were requesting additional funding due to increase utilization. As such, the AA had no recommendations for reallocation of these funds.

Phil Seeger discussed these funds may be needed in the future to provide assistance to clients to obtain medications. Phil asked if funds could be spent after February on clients who began Direct Dental Services before February. Rose Conner replied the funds had to be actually expended by the end of February.

Mark Kezios noted the Executive Committee or Allocations Committee could call emergency meetings to reallocate the funds.

OUTCOME: The motion passed.

There was general discussion additional Direct Dental Services could be provided if needed, and guidelines for any service could be revised to open access to care for clients.

There was general discussion regarding the current economic climate and the challenge to spend funds.

Cheri Tomlinson requested that Part B present their contingency plans should Part A not provide funding, or if there was excess utilization that exceeded the funding the Council provided. What would happen if the Council covers services for Part A clients, but not services for the rest of the clients throughout Arizona?

The committee asked Planning Council Support to formally request that Michael Bryson, Part B representative on the Council, become a member of the Allocations Committee.

Determination of agenda items for the next meeting

In addition to recurring agenda items, the following agenda items were added:

Agenda Items

MEETING MINUTES *continued*

Anticipated utilization/Reallocations

Part B/ADAP Update

State agency cuts at ADHS and how they will affect public health services

Oral Health Services

Action Items to be completed by the next meeting:

Task	Assigned To
Request Michael Bryson join the committee	John Sapero

Current Event Summaries

Cheri Tomlinson discussed that MIHS is moving to electronic medical records. To make this transition, there will be temporary schedule changes beginning in February to allow for training and other transition issues. Additionally, the consumer computer/internet training program will open a second site in January.

Debby Elliott discussed that on December 30 and November 1, 12-15 hair salons will participate in Caring Styles, a fundraising event for Care Directions. The agency is also selling Entertainment books to raise funds.

Phil Seeger discussed a health fair targeting older GLBT individuals.

Call to Public

Seema Sewell discussed the new HIV counseling and testing initiative, "Everyone Has An HIV Status – Know, Ask and Tell."

Adjourn

The meeting adjourned at 6:35 p.m.