



METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

October 9, 2015

As Chair of the Metropolitan Atlanta HIV Health Services Planning Council, I am writing on behalf of the Council to inform you that the FY 2015 Formula, Supplemental, and MAI funds awarded to the Atlanta EMA are being expended according to the HIV service priorities established and approved by the full Planning Council on June 17, 18, and 19, 2015.

All of the FY 2015 Conditions of Award (FY2015 final allocations and FY 2016 rankings and allocation; FY 2014 Carryover; FY 2015 Final Progress Report) for Formula and Supplemental relative to the Planning Council have been addressed.

Using the process approved by the Planning Council, the Priorities Committee, consisting of unaligned Planning Council members and un-aligned Consumers, determined the FY 2015 priorities based on the review of available information resources, including but not limited to: reference materials on priority-setting and resource allocation, AIDS Surveillance data, AIDS prevalence data, HIV prevalence data, HIV Consumer Needs Assessment Survey, data from the Atlanta Unmet Need Project, Ryan White Data Reports (RDR), Utilization Data, Service Cost Data, and information on the availability of other Federal, State, and local funds.

In an effort to address the need to request additional funding the Executive Committee and Planning Council met on September 17, 2015 to discuss additional Priority and Resource Allocation recommendations. Proposed additions were based on the fact that the Planning Council had set Priority Allocations for FY16 based upon the same funding as FY15. As a result, it was not possible to request greater funding in the FY16 HRSA grant application.

Given this constraint the Priorities Committee reviewed and adopted the following recommendations and funding ranges:

1. **Access to Health Insurance (Insurance Navigation Services):** The first \$150,000 in additional funding in FY16 funding will be allocated to the Case Management Non-medical priority category to assist with connecting clients with medical benefits under the Affordable Care Act.

2. **Rapid Entry to Care:** Any additional FY16 funds in excess of the \$150,000 allocated for “Access to Health Insurance” up to \$2 million will be allocated to Outpatient Ambulatory Medical Care for rapid entry to care.
3. **Health Insurance Premium and Cost Sharing Assistance:** Funding up to \$600,000 in additional FY16 funding in excess of the \$150,000 allocated for Access to Health Insurance and the \$2 million allocated for Rapid Entry to Care will be allocated to the Health Insurance Premium and Cost Sharing Assistance priority category for premium payments and/or co-pay assistance.

The annual membership training will be held on October 30, 2015. A refresher workshop for all members will take place during the 2nd quarter of 2016. There will be additional Consumer leadership development training throughout the year.

The 2015-2016 Council is reflective of the Atlanta EMA’s epidemic; is representative and satisfies all mandated membership categories. There are 55 Voting members, of these members 32 (58%) are PLWH/A; and 25 (45%) non-aligned Consumers).

Sincerely,



Ken Lazarus, Chair
MAHSPC