



LETTER OF CONCURRENCE

September 8, 2017

As Chair of the Metropolitan Atlanta HIV Health Services Planning Council, I am writing on behalf of the Metropolitan Atlanta HIV Health Services Planning Council to inform you of the following:

FY2017 Expenditures

FY 2017 Formula, Supplemental, and MAI funds awarded to the Atlanta EMA are being expended according to the HIV service priorities established and approved by the Planning Council. I further concur with the attached allocations report as presented by the Ryan White Part A Recipient.

FY2017 Conditions of Award

All of the FY 2017 Conditions of Award 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 2017 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.

The Priorities Committee reviewed and adopted the following FY2017 recommendations, funding ranges, and directives:

1. An amount of \$1 to \$2,229,815 allocation percentages remain the same as the base.
2. An amount of \$2,229,816 to \$4,459,630 even allocations among OAHS, ADAP Formulary Stop-Gap Medications, Rapid Entry Clinics, and Oral Health.
3. A decrease up to \$250,000 will be applied according to the percent allocations in the base.
4. A decrease of >\$250,000 the Priorities Committee will convene to reconsider allocations.

Note: MAI dollars were allocated to Outpatient Ambulatory Health Services.

1. Outpatient Ambulatory Medical Care: Increase access to care through the implementation of co-locations of agencies and for expanded hours for areas with disparate health outcomes as identified by the Assessment Committee.
2. Oral Health Care (Capacity): To the greatest extent possible expand oral health care options within the EMA by contracting with an oral health provider who will accept referrals from all Ryan White Part A agencies.
3. Medical Transportation: Provide greater access to care by funding additional forms of medical transportation including non-traditional methods such as gas cards, Uber, etc.
4. Patient Navigation (Care and Retention of Key Population): Through the Patient Navigation Program increase care and retention of those living with HIV Disease; explore ways to expand Patient Navigation to include Rapid Entry.
5. AIDS Pharmaceutical Assistance: Any unallocated dollars remaining in this category during the Outside Review Process may be moved to the Primary Care category for Primary Care medications.
6. Mental/Health Substance Abuse: Due to the inter-relationship between MH and SA, funds may be moved between categories, If all approved services have been funded at some level under the Priority Category.

Example: if all initiatives under MH have been at least partially funded, remaining MH funds may be moved to fund SA initiatives.

7. Individual SS Categories: Must be funded at a level no less than 50%; if funding remains above 50% and Outside Review Committee did not approve additional applicants/services; then funding may be moved to other SS categories.
8. Continuum of Care: Expand access to care to include areas outside of the urban core and within the Eligible Metropolitan Area. Continue to explore ways in which to integrate Rapid Entry to Care.

FY2018 Project Period Priorities Process

The Atlanta EMA followed an inclusive, systematic, multi-faceted, evidence-driven, representative, and inclusive planning process to prioritize services and allocate resources for FY2018 that is consistent with legislative mandates and local operating procedures. The Priorities Committee finished its deliberations for FY2018 priority setting and resource allocations process with full approval of the Planning Council. During this year's process the PC accomplished the following: 1) Utilized a data-driven planning tool to develop service priorities and determined funding allocations based on up-to-date information regarding PLWH needs, service utilization and gaps; 2) Established Core and Support Services reflective of the needs of the Atlanta EMA with greater than 75% being allocated for Outpatient Ambulatory Health Services.

The requests included: 1) An increase in FY2018 Resource Allocations by 5%, totaling \$1,190,636.13; 2) with justification being based on prior years funding and the increase in the number of individuals entering the care system through Rapid Entry as well as Prevention efforts in linking clients to care. 3) Core Service funding is being requested at not less than 88.7% of the final award. This decision is based on service utilization analysis data which supports the need for additional resources in Core Services. 4) FY18 funding ranges were established at base allocation percentages to remain the same as FY17. 5) Outpatient Ambulatory Health Services continues to demonstrate the greatest need among people of color; therefore, MAI funding was allocated to OAHS with the intent of increasing treatment capacity for MAI clients.

During the FY18 allocations process there were several directives issued to the Recipient:

- OAHS: To the greatest extent possible increase access to care through the implementation of co-locations of agencies and for the expansion of hours for areas with disparate health outcomes as identified by the Assessment Committee;
- Oral Health Care (Capacity): To the greatest extent possible, expand oral health care options within the EMA by contracting with an oral healthcare provider who will accept referrals from all Ryan White Part A agencies;
- Medical Transportation: Provide greater access to care by funding additional forms of medical transportation including non-traditional methods such as gas cards, Uber, etc.;
- Patient Navigation (Care and Retention of Key Population): Through the Patient Navigation Program, increase care and retention of persons living with HIV; explore ways to expand Patient Navigation to include Rapid Entry to care to the greatest extent possible;
- ADAP Pharmaceutical Formulary Stop Gap: Any unallocated dollars remaining in this category during the Outside Review Committee Process may be moved to the Outpatient Ambulatory Health Services (OAHS) category for OAHS medications;
- Mental Health/Substance Abuse: Due to the inter-relationship between Mental Health and Substance Abuse, funds may be moved between categories if all approved services have been funded at some level under the Priority Category. Example: if all initiatives under Mental Health have been at least partially funded, remaining Mental Health funds may be moved to fund SA initiatives;
- Support Services Funding: Individual Support Services categories must be funded at a level no less than 50%; if funding remains above 50% and Outside Review Committee did not approve additional applicants/services; then funding may be moved to other Support Services categories;
- Continuum of Care: Expand access to care to include areas outside of the urban core and within the Eligible Metropolitan Area. Continue to explore ways in which to integrate Rapid Entry to Care to the greatest extent possible;
- Professional Services: Utilize "Other Professional Services" category, Priority Ranking #16, specifically for legal services as identified in the FY16 definition of legal services; provision of services to an HIV positive individual to address legal matters directly necessitated by the individual's HIV status. This provision excludes criminal defense, class action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program;
- Atlanta Area Outreach Initiative: Continue to fund AAOI during Fiscal Year 2018

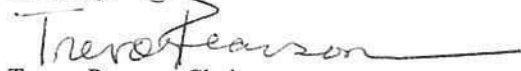
Ongoing Annual Membership Training

The Planning Council year was changed to align with the grant year resulting in the annual membership training and new member orientation was held on April 28, 2017. A refresher workshop for all members will take place on November 16, 2017. There is additional Planning Council and consumer leadership development training throughout the year.

Planning Council Reflection and Reflectiveness

The FY2017 Council is reflective (+ or - of the Atlanta EMA's epidemic; is representative and satisfies all mandated membership categories with the exception of the "State Medicaid Agency". The Planning Council is actively seeking to identify someone to fill this mandate. Per the Bylaws the Planning Council has 55 Voting members, in the absence of the State Medicaid Representative there are 54 and of the 54 active members 23 (41%) are non-aligned Consumers which exceeds the mandatory 33%.

Sincerely,



Trevor Pearson, Chair

Metropolitan Atlanta HIV Health Services Planning Council