



LETTER OF ASSURANCE

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 that the 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.

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:

FY17 base allocation percentages remained the same as FY16.

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.

The following FY17 Directives were established:

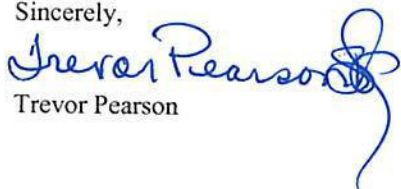
1. Outpatient Ambulatory Medical Care: Increase access to care through the implementation of co-locations of agencies and for expanded hours for areas with disparate health outcomes as identified by the Assessment Committee.
2. Oral Health Care (Capacity): To the greatest extent possible expand oral 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.

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 will be additional Planning Council and consumer leadership development training throughout the year.

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,

A handwritten signature in blue ink that reads "Trevor Pearson". The signature is stylized with a large, looping flourish at the end of the name.

Trevor Pearson