

FY 2012/13 Scorecard: Part A & MAI Outpatient/Ambulatory Health											ELIGIBILITY: HIV+, Broward Resident, <=400% FPL	
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank		
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	Rank		
2012	\$6,504,282	\$100,000	\$6,604,282	\$5,743,196	\$99,936	\$5,843,132	5%	\$15,390,658	38%	1		
2011	\$5,920,360	\$234,473	\$6,154,833	\$5,482,813	\$99,993	\$5,580,806	-9%	\$15,006,261	37%	1		
2010	\$5,944,675	\$120,035	\$6,064,710	\$5,876,974	\$263,344	\$6,140,318	-1%	\$15,395,252	40%	1		
2009	\$4,534,544	\$176,185	\$4,710,729	\$5,833,076	\$344,635	\$6,177,711	24%	\$15,188,452	41%	1		
2008	\$4,271,208	\$120,079	\$4,391,287	\$4,639,829	\$331,075	\$4,970,904		\$15,171,291	33%	2		
Health Insurance Exchange Cost Estimate-Silver Plan											(does not include smoking surcharge <=50% premium full cost)	
Federal Poverty Level (FPL)	PART A/MAI Medical Clients by FPL Range		Annual Premium w/ Subsidy Applied		Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion				
	#	%	Cost as % of Income	FPL Range		Min	Max					
0%-99%	2,258	58%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>						Eligible			
100%-138%	728	19%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281				
139%-150%	119	3%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653	Not Eligible			
151%-200%	379	10%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412				
201%-250%	246	6%	4%-6.3%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273				
251%-285%	117	3%	6.3%-8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595				
286%-299%	21	1%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067				
300%-349%	23	1%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797				
350%-400%	15	0.4%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353				
401% & over	4	0.1%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>									
Part A/MAI Medical Cost Ranges			ACA Impact on Ryan White Part A Medical Services									
Cost Range	Avg Cost	Clients	* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance									
\$0-\$1,000	\$597	1,380	* Premium subsidy reduces premium cost based on % of income (100% FPL=2% of income)									
\$1,001-\$2,000	\$1,428	1,715	* Long transition period may require Part A medical to be fully funded, at least initially, in FY 14									
\$2,001-\$3,500	\$2,507	550	* ADAP medical deductible, copay and premium assistance funding will likely be greatly expanded									
\$3,501-\$5,500	\$4,226	123	* Potential need for Part A emergency deductible, copay and premium assistance									
\$5,501-\$9,326	\$6,654	22	* Undocumented & lawfully present immigrant w/in 5 years of residency barred from federal benefits									
\$0-\$9,326	\$1,403	3,790	* PLWHA out of/ or never in care may need assistance while being reconnected or connected									
FY 2012/13 Part A/MAI Demographics						FY 2012/2013 Other Medical Funding						
Total Clients	# New	% New	Gender	Male	Female	Transgender	Source	Clients	Amount			
3,790	997	26%	Gender	72%	28%	1%	Ryan White Part C	182	\$143,437			
				Black	White	Other	Ryan White Part D	1,329	\$369,969			
Ryan White Part A & MAI Providers			Race	53%	46%	1%	RW Part B AICP	712	\$3,782,640			
Type	Part A	MAI	Ethnicity	Hispanic	non-Hispanic	Haitian	Veterans (VA)	377	\$660,609			
Number	5	1	Ethnicity	19%	81%	14%		2,600	\$4,956,655			

FY 2012/13 Scorecard: Part A & MAI Outpatient/Ambulatory Health

ELIGIBILITY: HIV+, Broward Resident, <=400% FPL

HAB HRSA HIV Performance Measures							
HAB Performance Measure	Numerator	Denominator	Achieved	HAB Performance Measure	Numerator	Denominator	Achieved
CD4 T-Cell Count	2,559	3,291	78%	Chlamydia Screening	549	808	68%
HAART	316	329	96%	Gonorrhea Screening	547	808	68%
Medical Visits	2,765	3,291	84%	Syphilis Screening	3,018	3,922	77%
Oral Exam	1,647	3,922	42%	Cervical Cancer Screening	404	1,083	37%
Lipid Screening	2605	3,310	79%	Hepatitis B Screening	3,281	3,922	84%
TB Screening	2,545	3,915	65%	Hepatitis C Screening	2,985	3,922	76%

Fort Lauderdale/Broward EMA Medical Outcome				
Outcome	Slow/prevent clients HIV disease progression	Numerator	Denominator	Percent
Indicator 1:	80% of clients with a CD4 <500 are on HAART	1,660	1,938	86%
Indicator 2:	70% of clients on HAART over 6 months will have a VL <400	2,748	3,264	84%

National Quality Center (NQC) inCARE Retention Measures for Part A/MAI Medical Patients				
NQC Retention Measure #1: Gap Measure		Numerator	Denominator	Percent
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	23	1,572	1%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		Numerator	Denominator	Percent
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	1,070	1,134	94%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		Numerator	Denominator	Percent
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	97	128	76%
Denominator:	Patients newly enrolled w/ medical provider & >=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		Numerator	Denominator	Percent
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	1,386	1,803	77%
Denominator:	Patients with at least one medical visit in the measurement year			

Grantee Comments

1. Enhance the emphasis on adherence and retention in medical care with a focus on those sub-populations that are not achieving virologic success.
2. Review ability to establish and integrate a patient centered medical home model of care for all core medical services.

FY 2012/13 Scorecard: Part A Local AIDS Drug Assistance							ELIGIBILITY: HIV+, Broward Resident, <=400%				
Fiscal Year		Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total		
2012	\$411,109	\$0	\$411,109	\$655,486	\$0	\$655,486	64%	\$15,390,658	4.3%	2	
2011	\$622,385	\$0	\$622,385	\$400,827	\$0	\$400,827	-49%	\$15,006,261	2.7%	2	
2010	\$926,000	\$0	\$926,000	\$780,125	\$0	\$780,125	-15%	\$15,395,252	5.1%	2	
2009	\$1,652,500	\$40,000	\$1,692,500	\$921,396	\$0	\$921,396	-53%	\$15,188,452	6.1%	2	
2008	\$4,361,410	\$40,000	\$4,401,410	\$1,932,285	\$39,998	\$1,972,283		\$15,171,291	13.0%	1	
Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge <=50% premium full cos)											
Federal Poverty Level (FPL) Range	PART A/MAI Medical Clients by FPL Range		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion		
	#	%	Cost as % of Income	FPL Range			Min	Max			
0%-99%	1,555	61%	Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy							Eligible	
100%-138%	427	17%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281			
139%-150%	59	2%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653	Not Eligible		
151%-200%	229	9%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412			
201%-250%	169	7%	6.3%-8%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273			
251%-285%	73	3%	8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595			
286%-299%	10	0%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067			
300%-349%	20	1%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797			
350%-400%	6	0%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353	NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid		
401%+	3	0%									
2,551		100%									
Part A Cost Ranges			ACA Impact on Ryan White Part A Medical Services								
Cost Range	Avg Cost	Clients	* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance								
\$0-\$100	\$41	1,372	* Assistance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)								
\$101-\$300	\$181	720	* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits								
\$301-\$500	\$387	238	* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement								
\$501-\$4,691	\$975	274	* ADAP funding for copay assistance will likely be greatly expanded								
\$1-\$4,691	\$210	2,604	* Potential need for Part A emergency deductible, copay and premium assistance								
FY 12/13 Pharmacy Client Demographics							FY 12/13 Other Funding				
Total Clients	# New	% New	Black	White	Other	Hispanic	Haitian	Source	Clients	Amount	
2,551	679	27%	57%	42%	1%	18%	16%	ADAP	3,321	\$19,783,108	
				Male	Female			Med CoPay	553	\$456,503	
Part A Pharmacy Providers		3	68%		32%					\$20,239,611	

FY 2012/13 Scorecard: Part A Local AIDS Drug Assistance**ELIGIBILITY: HIV+, Broward Resident, <=400% FPL****National Quality Center (NQC) in CARE Retention Measures****NQC Retention Measure #1: Gap Measure**

	<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with no medical visits in the last 180 days of the measurement year	50	802	6%
Denominator: Patients with one or more medical visits in the first six months of measurement year			

NQC Retention Measure #2: Medical Visit Frequency

	<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	622	692	90%
Denominator: Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			

NQC Retention Measure #3: Patients Newly Enrolled in Medical Care

	<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	19	29	66%
Denominator: Patients newly enrolled w/ medical provider & >=1 visit in 1st 4 mos. of measurement year			

NQC Retention Measure #4: Viral Load Suppression

	<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	700	852	82%
Denominator: Patients with at least one medical visit in the measurement year			

FY 2012/13 Scorecard: Part A & MAI Medical Case Management								ELIGIBILITY: HIV+, Broward Resident, <= 300% FPL			
Fiscal Year Part A & MAI Service Allocations			Final Part A & MAI Expenditures					EMA Award		Priority Rank	
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	Rank	
2012	\$1,134,105	\$176,644	\$1,310,749	\$1,097,100	\$23,544	\$1,120,644	0.2%	\$15,390,658	7.3%	5	
2011	\$1,090,105	\$29,953	\$1,120,058	\$1,088,560	\$29,943	\$1,118,503	-9%	\$15,006,261	7.5%	3	
2010	\$1,282,612	\$29,953	\$1,312,565	\$1,174,211	\$58,835	\$1,233,046	-3%	\$15,395,252	8.0%	4	
2009	\$1,400,201	\$29,953	\$1,430,154	\$1,243,500	\$29,761	\$1,273,261	5%	\$15,188,452	8.4%	3	
2008	\$1,154,840	\$29,953	\$1,184,793	\$1,184,341	\$29,924	\$1,214,265		\$15,171,291	8.0%	4	
Part A/MAI Utilization & Demographics						Funded Providers		FY 2012 -13 Other Funding			
Total Clients	# New	% New	Male	Female	Trans.	RW Providers	Source	Funding	Clients		
3,509	951	27%	74%	26%	1.0%	Part A	MAI	Part C	\$173,099	1,072	
Black	White	Other	Hispanic	non-Hispanic	Haitian	7	2	Part D	\$365,805	1,114	
55%	44%	1%	17%	83%	11%			PAC Waiver	\$606,200	659	
Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge <=50% premium full cost)											
Federal Poverty Level (FPL)	RW PART A and MAI		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion		
	# of MCM Clients	% of MCM Clients	Cost as % of Income	FPL Range Min Max			Min	Max			
0%-99%	2,188	62%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>								Eligible
100%-138%	608	17%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281			
139%-150%	100	3%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653		Not Eligible	
151%-200%	313	9%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412			
201%-250%	175	5%	4%-6.3%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273			
251%-285%	89	3%	6.3%-8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595			
286%-299%	18	1%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067			
300%-349%	10	0%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797			
350%-400%	5	0%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353			
401%+	4	0%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>								
	3,510	100%									
Part A/MAI MCM Cost Range			ACA Impact on Ryan White Part A Medical Services								
Cost Range	Avg Cost	# Clients	* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance								
\$0-\$300	\$135	2,223	* Assistance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)								
\$301-\$600	\$417	910	* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits								
\$601-\$1,500	\$831	354	* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014								
\$1,501-\$6519	\$2,053	22	* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement								
\$0-\$6,519	\$290	3,509	* PLWHA out of/or never in care may need assistance while being reconnected or connected								
			* Potential need for Part A emergency deductible, copay and premium assistance								
			* ADAP medical deductible, copay and premium assistance will likely be greatly expanded								

FY 2012/13 Scorecard: Part A & MAI Medical Case Management		ELIGIBILITY: HIV+, Broward Resident, <= 300% FPL		
FY 2012/2013 Clinical Quality Management Indicators Data Summary				
<i>EMA Outcomes:</i>		<i>Numerator</i>	<i>Denominator</i>	<i>Achieved</i>
Indicator 1.1: 100% of clients receive information regarding available services & corresponding eligibility		1,716	1,725	99%
Indicator 1.2: 80% of new clients achieve initial POC goals by designated target dates		1,475	2,573	57%
Indicator 2.1: 80% of clients self-report adherence with their prescribing medication regimen		3,136	3,248	97%
Indicator 2.2: 80% of new client have outpatient medical visits scheduled to occur within 2 weeks of intake		1,590	1,725	92%
Indicator 2.3: 80% of clients remain enrolled in Medical at time of discharge or episodic status		861	1,314	66%
National Quality Center (NQC) inCARE Retention Measures				
NQC Retention Measure #1: Gap Measure		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with no medical visits in the last 180 days of the measurement year		109	1,559	7%
Denominator Patients with one or more medical visits in the first six months of the measurement year				
NQC Retention Measure #2: Medical Visit Frequency		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period		770	1,028	75%
Denominator Patients with one or more medical visits in FIRST 6 month period of the 24-mos period				
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year		135	205	66%
Denominator Patients newly enrolled w/ medical provider & >=1 visit in 1st 4 mos. of measurement year				
NQC Retention Measure #4: Viral Load Suppression		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year		1,400	2,095	67%
Denominator Patients with at least one medical visit in the measurement year				
HAB HRSA HIV Performance Measures				
<i>HAB Performance Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>%</i>	
MCM Care Plans	298	2,292	13%	
MCM Medical Visits	2,292	2,292	100%	
Grantee Comments				
Enhance the emphasis on adherence and retention in medical care with a focus on those sub-populations that are not achieving virologic success				

FY 2012/13 Scorecard: Part A Oral Health Care

ELIGIBILITY: HIV+, Broward Resident, <=300%

Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Rank
	FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	
2012	\$2,623,653	\$0	\$2,623,653	\$2,641,484	\$0	\$2,641,484	0%	\$15,390,658	17.2%	3
2011	\$2,155,150	\$0	\$2,155,150	\$2,635,854	\$0	\$2,635,854	15%	\$15,006,261	17.6%	4
2010	\$2,183,022	\$0	\$2,183,022	\$2,293,381	\$0	\$2,293,381	7%	\$15,395,252	14.9%	3
2009	\$1,455,187	\$0	\$1,455,187	\$2,152,430	\$0	\$2,152,430	47%	\$15,188,452	14.2%	4
2008	\$1,040,526	\$0	\$1,040,526	\$1,463,896	\$0	\$1,463,896		\$15,171,291	9.6%	3

Part A Cost Ranges			Funded Providers		Utilization Demographics		
Cost Range	Avg Cost	Clients	Part A	2	Total Clients	# New	% New
\$0-\$1,000	\$428	1,945	Part F Funding	Part F Clients	2,751	676	25%
\$1,001-\$2,000	\$1,350	540	\$234,747	212	Male	Female	Trans.
\$2,001-\$3,000	\$2,448	174			71%	28%	1%
\$3,001-\$7,181	\$4,059	102			Black	White	Other
\$167-\$7,181	\$870	2,761			49%	51%	0%
					Hispanic		Haitian
					17%		11%

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge <=50% premium full cost)

Federal Poverty Level (FPL)	PART A OHC Clients by FPL Range		Annual Premium w/ Subsidy Applied		Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion	
	#	%	Cost as % of Income	FPL Range Min Max		Min	Max		
	0%-99%	1,491	54%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>					
100%-138%	583	21%	2%	\$230 \$317	\$1,964	\$2,194	\$2,281		
139%-150%	84	3%	3%-4%	\$479 \$689	\$1,964	\$2,443	\$2,653	Not Eligible	
151%-200%	317	12%	4%-6.3%	\$694 \$1,448	\$1,964	\$2,658	\$3,412		
201%-250%	164	6%	4%-6.3%	\$1,455 \$2,298	\$2,975	\$4,430	\$5,273		
251%-285%	81	3%	6.3%-8%	\$2,307 \$2,620	\$2,975	\$5,282	\$5,595		
286%-299%	15	1%	9%	\$2,958 \$3,092	\$2,975	\$5,933	\$6,067		
300%-349%	10	0%	9.5%	\$3,275 \$3,810	\$3,987	\$7,262	\$7,797		
350%-400%	3	0.1%	9.5%	\$3,820 \$4,366	\$3,987	\$7,807	\$8,353	Not Eligible	
401% & over	3	0.1%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>						
Total	2,751	100%							

FY 2012/2013 Clinical Quality Management Indicators Data Summary				
EMA Outcome:		<i>Numerator</i>	<i>Denominator</i>	<i>Achieved</i>
Indicator 1:	90% of caries identified in the initial treatment plan restored upon completion of initial treatment plan	257	262	98%
Indicator 2:	90% of patients free of recurrent caries on restorations placed in the initial treatment plan upon exam 6 or 12 months after completion of initial treatment plan	32	61	52%
National Quality Center (NQC) inCARE Retention Measures				
NQC Retention Measure #1: Gap Measure		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with no medical visit in the last 180 days of the measurement year	91	741	12%
Denominator:	Patients with one or more medical visit in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	412	545	76%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care				
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	45	89	51%
Denominator:	Patients newly enrolled w/ medical provider & >=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	652	834	78%
Denominator:	Patients with at least one medical visit in the measurement year			
Grantee Comments				
Review the feasibility of establishing a patient navigator component to promote access to, and retention in, oral health care.				

Fort Lauderdale/Broward County EMA FY 2011/2012 PSRA Process Scorecard: Health Insurance Continuation Program (HICP)

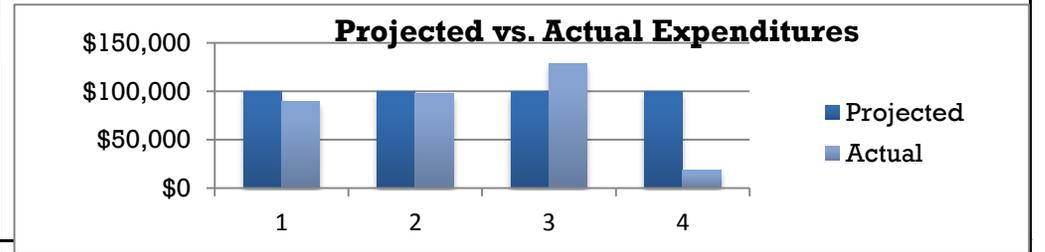
HICP - PART A

ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 300% FPL

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Allocation (Final)	Expenditure (To Date)	% of Award (Final)	Proj. Clients	Actual Clients	Difference
5	FY2011	\$14,447,827	\$400,000	2.77%	-\$400,000	\$0	\$333,128	2.31%	102	137	35
5	FY2010	\$14,323,522	\$70,745	0.49%	\$69,897	\$140,642	\$384,043	2.68%			

FY 2011/2012 Quarterly Service Category Expenditures (\$ Spent)

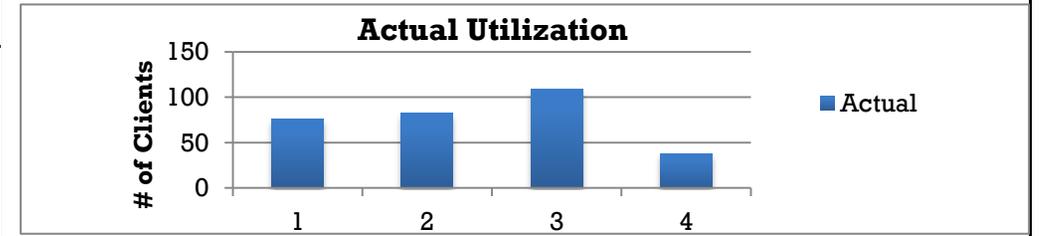
	Quarter 1 3/11 - 5/11	Quarter 2 6/11 - 8/11	Quarter 3 9/11 - 11/11	Quarter 4 12/11 - 2/12
Projected	\$100,000	\$100,000	\$100,000	\$100,000
% Allocation	25%	25%	25%	25%
Actual	\$89,352	\$97,350	\$128,324	\$18,102
% Allocation	22%	24%	32%	5%
Difference	\$10,648	\$2,650	-\$28,324	\$81,898



Average Annual Cost Per Client = \$2,432

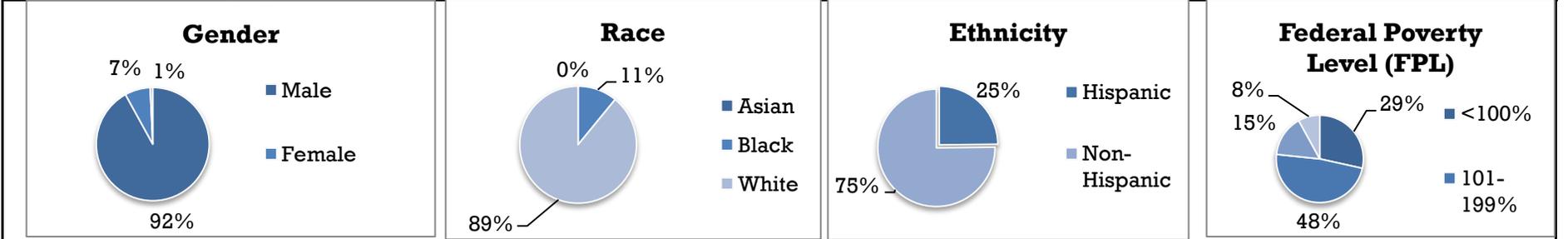
FY 2011/2012 Quarterly Client Service Utilization (# of Clients)

	Quarter 1 3/11 - 5/11	Quarter 2 6/11 - 8/11	Quarter 3 9/11 - 11/11	Quarter 4 12/11 - 2/12
Actual	76	82	109	38



Total Annual Unduplicated Clients = 137

FY 2011/2012 Demographic Utilization Data - Part A (Pie Charts Represent TOTAL UNDUPLICATED)



Gender	Male	Female	Transgender M - F	Race	Asian	Black	White	> 1 Race	Other
#	126	10	1	#	0	15	122	0	0
Federal Poverty Level (FPL)	<100%	101-199%	200-299%	300-399%	Ethnicity	Haitian	Hispanic	Non-Hispanic	
#	39	66	21	11	#	3	34	103	

FY 2011/2012 Needs Assessment Results

9% of respondents reported that they were enrolled in the FL AICP and 43% either reported that they did not know if they were enrolled or left this item blank.

92 clients (12%) reported needing but not getting the service within 6 months before the survey. (Didn't know where to find help: 60.9%; No transportation: 10.9%)

Provider's report ease/difficulty in making referrals for legal assistance: Very Easy = 11%; Easy = 56%; Hard = 22%; Very Hard = 11%

Consumer Ranking = 3; Provider Ranking = 4

Number of Part A-funded Providers = 1

Other Funding Sources for HIV-Related Services (Expenditures for most recently completed year)

HIV-Related Medical Services	\$	# Clients	
Medication Co Payment Program (Ryan White Part B)	\$621,548	513	AIDS Insurance Contin. Program- (Part B & State GR)
AIDS Insurance Contin. Program- (Part B & State GR)	\$3,611,060	678	Medication Co Payment Program (Ryan White Part B)
TOTAL	\$4,232,608		

Grantee and Fiscal Comments/Questions to Consider

FY 2012/13 Scorecard: Part A & MAI Mental Health				ELIGIBILITY: HIV+, Broward Resident, <= 300% FPL							
Fiscal Year		Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Core Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total		
2012	\$274,099	\$95,368	\$369,467	\$332,746	\$84,003	\$416,749	20%	\$15,390,658	2.7%	6	
2011	\$229,098	\$95,000	\$324,098	\$257,238	\$88,814	\$346,052	8%	\$15,006,261	2.3%	7	
2010	\$259,168	\$95,000	\$354,168	\$239,685	\$79,579	\$319,264	-16%	\$15,395,252	2.1%	5	
2009	\$171,168	\$112,408	\$283,576	\$251,035	\$129,476	\$380,511	40%	\$15,188,452	2.5%	6	
2008	\$110,238	\$112,408	\$222,646	\$159,392	\$112,121	\$271,513		\$15,171,291	1.8%	6	
Part A/MAI Utilization by FPL			Health Insurance Exchange Cost Estimate for Silver Plan								
Federal Poverty Level (FPL)	RW PART A and MAI		Annual Premium w/ Subsidy Applied		Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion			
	# of MH Clients	% of MH Clients	Cost as % of Income	FPL Range		Min	Max				
0%-99%	338	67%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>						Eligible		
100%-138%	72	14%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281			
139%-150%	11	2%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653	Not Eligible		
151%-200%	36	7%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412			
201%-250%	28	6%	4%-6.3%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273			
251%-285%	13	3%	6.3%-8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595			
286%-299%	7	1%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067			
300%-349%	0	0%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797			
350%-400%	1	0%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353			
401%+	2	0%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>								
	508	100%									
Part A/MAI Cost Ranges			ACA Impact on Ryan White Part A Medical Services								
<i>Cost Range</i>	<i>Avg Cost</i>	<i>Clients</i>	* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance								
\$0-\$500	\$231	242	* Assistance= Premium subsidy reduces cost based on a % of income (100% FPL=2% of income)								
\$501-\$1,000	\$709	121									
\$1,001-\$2,000	\$1,431	116	* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014								
\$2,001-\$3452	\$2,452	29	* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement								
\$0-\$3,452	\$746	508	* PLWHA out of/or never in care may need assistance while being reconnected or connected								
Other Funders			* Potential need for Part A emergency deductible, copay and premium assistance								
Source	Funding	Clients	* ADAP funding for medical deductible, copay and premium assistance will likely be expanded								
Part C	\$16,886	197	RW Part A Funded Providers		Part A/MAI Utilization & Demographics						
Part D	\$115,574	793	Part A = 3	MAI = 2	Total Clients	# New	% New	Black	White	Other	
					508	157	31%	37%	62%	1%	
					Male	Female	Transgender	Hispanic	Haitian		
					82%	17%	1%	24%	7%		

FY 2012/13 Scorecard: Part A & MAI Mental Health

ELIGIBILITY: HIV+, Broward Resident, <= 300% FPL

National Quality Center (NQC) inCARE Retention Measures			
NQC Retention Measure #1: Gap Measure			
Numerator: Patients with no medical visits in the last 180 days of the measurement year	7	228	3%
Denominator: Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency			
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	122	141	87%
Denominator: Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care			
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	23	28	82%
Denominator: Patients newly enrolled w/ medical provider & >=1 visit in 1st 4 mos. of measurement year			
NQC Retention Measure #4: Viral Load Suppression			
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	191	297	64%
Denominator: Patients with at least one medical visit in the measurement year			

Mental Health Parity and Addiction Equity Act

This new Federal law requires group health insurance plans (with >50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan. The Mental Health Parity and Addiction Equity Act does not require group health plans to cover mental health (MH) and substance use disorder (SUD) benefits but, when plans do cover these benefits, MH and SUD benefits must be covered at levels that are no lower and with treatment limitations that are no more restrictive than would be the case for the other medical and surgical benefits offered by the plan.

Why is the Federal parity law important?

Eliminates unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension.

How does the Federal parity law work?

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

FY 2012/13 Scorecard: Part A and MAI Substance Abuse				ELIGIBILITY: HIV+, Broward Resident, <= 300% FPL						
FY	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	Rank
FY 12	\$355,389	\$400,624	\$756,013	\$319,631	\$399,986	\$719,617	-2%	\$15,390,658	4.7%	7
FY 11	\$355,389	\$375,000	\$730,389	\$360,060	\$374,931	\$734,991	7%	\$15,006,261	4.9%	8
FY 10	\$359,861	\$375,000	\$734,861	\$350,277	\$334,750	\$685,027	4%	\$15,395,252	4.4%	6
FY 09	\$418,861	\$215,268	\$634,129	\$359,824	\$296,393	\$656,217	2%	\$15,188,452	4.3%	5
FY 08	\$225,861	\$215,268	\$441,129	\$427,801	\$215,193	\$642,994		\$15,171,291	4.2%	9
FY 2012 Part A and MAI Utilization & Demographics						Funded Providers		FY 2012 Other HIV Funders		
Total Clients	# New	% New	Male	Female	Trans	Part A	MAI	Funder	Amount	Clients
126	44	35%	75%	25%	0.0%	#	#	Part D	\$20,609	27
Black	White	Other	Hispanic	Haitian		2	1	PAC Waiver	\$0	0
53%	45%	2%	11%	2%					\$ 20,609	27
Part A/MAI Utilization by FPL										
Federal Poverty Level (FPL)	RW PART A and MAI		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion	
	# of Clients	% of Clients	Cost as % of Income	FPL Range			Min	Max		
0%-99%	109	87%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>							Eligible
100%-138%	10	8%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281		
139%-150%	1	1%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653		
151%-200%	4	3%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412	Not Eligible	
201%-250%	2	2%	4%-6.3%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273		
251%-285%	0	0%	6.3%-8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595		
286%-299%	0	0%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067		
300%-349%	0	0%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797		
350%-400%	0	0%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353		
401%+	0	0%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>							
	126	100%								
Part A/MAI Cost Ranges			ACA Impact on Ryan White Part A Medical Services							
Cost Range	Avg Cost	Clients	* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance							
\$1-\$1,000	\$334	27	* Assitance= Premium subsidy reduces premium cost based on % of income (100% FPL=2% of income)							
\$1,001-\$5,000	\$2,559	46	* Undocumented & lawfully present immigrant w/in 5 years of residency barred from Fed benefits							
\$5,001-\$10k	\$6,917	23	* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014							
\$10,001-\$14,901	\$12,280	30	* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement							
\$0-\$14,901	5,192	126	* PLWHA out of/ or never in care may need assistance while being reconnected or connected							
			* Potential need for Part A emergency deductible, copay and premium assistance							
			* ADAP funding for medical deductible, copay and premium assistance will likely be greatly expanded							

National Quality Center (NQC) inCARE Retention Measures

NQC Retention Measure #1: Gap Measure		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with no medical visits in the last 180 days of the measurement year	3	34	9%
Denominator:	Patients with one or more medical visits in the first six months of the measurement year			
NQC Retention Measure #2: Medical Visit Frequency		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with one or more medical visits in EACH 6 month period of the 24-mos period	16	21	76%
Denominator:	Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			
NQC Retention Measure #3: Patients Newly Enrolled in Medical Care		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with one or more medical visits in each 4-month period in the measurement year	4	7	57%
Denominator:	Patients newly enrolled w/ medical provider & >/=1 visit in 1st 4 mos. measurement year			
NQC Retention Measure #4: Viral Load Suppression		<i>Numerator</i>	<i>Denominator</i>	<i>Percent</i>
Numerator:	Patients with a viral load <200 at last Viral Load test in the measurement year	41	49	84%
Denominator:	Patients with at least one medical visit in the measurement year			

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Why is the Federal parity law important?

Eliminates unequal health treatment. This practice has kept individuals with untreated substance use and mental health disorders from receiving critically important treatment services. Providing parity provides insurance coverage for substance use and mental health disorders equally to other chronic health conditions like diabetes, asthma, and hypertension.

How does the Federal parity law work?

Improves access to much needed mental health and substance use disorder treatment services through more equitable coverage. Millions of Americans with mental health (MH) and/or substance use disorders (SUD) fail to receive the treatment they need to get and stay well. The lack of health insurance coverage for MH and SUD treatment has contributed to a large gap in treatment services. Improving coverage of MH and SUD services will help more people get the care they need.

FY 2012/13 Scorecard: Part A and MAI Centralized Intake and Eligibility Determination (CIED) ELIGIBILITY: HIV+, Broward Resident

FY	CIED Service Allocations			CIED Final Expenditures				EMA Award		Support Rank
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% Total	
FY 12	\$300,000	\$290,957	\$590,957	\$467,438	\$290,943	\$758,381	22%	\$15,390,658	5%	2
FY 11	\$300,000	\$290,957	\$590,957	\$329,542	\$290,957	\$620,499	137%	\$15,006,261	4%	5
FY 10	\$384,043	\$290,957	\$675,000	\$87,765	\$174,354	\$262,119	N/A	\$15,395,252	2%	2

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge <=50% premium full cost)										
Federal Poverty Level (FPL)	PART A/MAI CIED Clients by FPL Range		Annual Premium w/ Subsidy Applied		Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion		
	#	%	Cost as % of Income	FPL Range		Min	Max			
	Min	Max								
0%-99%	3,850	58%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>							Eligible
100%-138%	1,217	18%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281		
139%-150%	235	4%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653	Not Eligible	
151%-200%	649	10%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412		
201%-250%	371	6%	4%-6.3%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273		
251%-285%	184	3%	6.3%-8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595		
286%-299%	44	1%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067		
300%-349%	42	1%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797		
350%-400%	24	0.4%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353		
401% & over	14	0.2%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>							
Total	6,629	100.0%								

Part A/MAI CIED Cost Ranges			ACA Impact on Ryan White Part A Medical Services						
Cost Range	Avg Cost	Clients	Medical Services Coverage						
\$0-\$100	\$67	3,880	* Medical services will be covered for most if FL fully implements ACA * However, If Medicaid is not expanded clients < 100% FPL will not be eligible for ACA * Most legal residents with income >100% FPL required to purchase insurance or pay a penalty * Undocumented & lawfully present immigrant w/in 5 years of residency barred from Fed benefits						
\$101-\$200	\$133	2,467							
\$201-\$300	\$225	261							
\$301-\$408	\$322	20							
\$0-\$408	\$99	6,629							

Utilization & Demographics									
Race	2009	2010	2011	2012	Gender	2009	2010	2011	2012
Other	226	214	249	82	Transgender	22	23	28	32
White	2,933	3,169	3,117	3,028	Female	1,998	2,110	2,076	1,962
Black	3,457	3,733	3,656	3,520	Male	4,596	4,983	4,918	4,635
Total	6,616	7,116	7,022	6,630	Total	6,616	7,116	7,022	6,629
Ethnicity	2009	2010	2011	2012					
Hispanic	876	997	1,014	1,034					
Haitian	598	651	696	687					

FY 2012/13 Scorecard: Part A/MAI Centralized Intake and Eligibility Determination (CIED)

CIED Referrals	Part A	Other	Total		Enrolled	Applied	Approved	
Medical	326	16	342	Medicaid	2,413	20	9	
Pharmaceutical	165		165	Medicare	1,486			
Oral Health	780		780	Private Insurance	454			
MCM	777		777	Food Stamps	2,851	120	98	
Mental Health	125		125	Cash Assistance		2		
Substance Abuse	14		14	Total Duplicated	7,204	132	102	
Food Bank	774	4	778					
Legal Assistance	447		447					
Outreach	33		33					
AICP	250		250					
Medication Copay		23	23					
Transportation		3	3					
Housing		94	94					
Other Services		54	54					
Total	3691	194	3885					

FY 2012/13 Scorecard: Part A ELIGIBILITY: Food Bank <= 150% FPL, Emergency Provision (Food Vouchers/Box) <= 151%-300% FPL											
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Support Rank	
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Award	% of Total		
2012	\$277,111	\$0	\$277,111	\$695,995	\$0	\$695,995	-22%	\$15,390,658	4.5%	1	
2011	\$363,360	\$0	\$363,360	\$894,790	\$0	\$894,790	-17%	\$15,006,261	6.0%	1	
2010	\$273,035	\$0	\$273,035	\$1,077,795	\$0	\$1,077,795	17%	\$15,395,252	7.0%	1	
2009	\$801,154	\$0	\$801,154	\$921,003	\$0	\$921,003	-29%	\$15,188,452	6.1%	1	
2008	\$583,615	\$0	\$583,615	\$1,301,154	\$0	\$1,301,154		\$15,171,291	8.6%	1	
Part A Utilization & Demographics											
Total Clients	# New	% New	Male	Female	Transgender	Black	White	Other	Hispanic	Haitian	
2,188	577	26%	69%	31%	1%	52%	47%	1%	14%	5%	
Part A Utilization by FPL			Part A Cost Ranges			FY 12/13 Other Public Funding			Part A Providers		
Federal Poverty Level (FPL)	RW PART A # of Clients	% of Clients	Cost Range	Avg Cost	Clients	Source	Funding	Clients	/		
0%-99%	1,487	68%	\$0-\$100	\$49	400	Part B*	\$1,050	5			
100%-138%	525	24%	\$101-\$250	\$171	751	PAC Waiver*	\$113,515	77			
139%-150%	68	3%	\$251-\$400	\$339	679	Total	\$114,565	82			
151%-200%	62	3%	\$401-\$630	\$429	358	<i>*Home Delivered Meals</i>					
201%-250%	30	1%	\$0-\$630	\$243	2,188						
251%-285%	11	1%	FY 2012/2013 Clinical Quality Management Indicators Data Summary								
286%-299%	1	0%	<i>EMA Outcome:</i>								
300%-349%	1	0%	Indicator 1:								
350%-400%	1	0%	80% of clients report an improved ability to take medications when food is required								
401%+	2	0%	<i>Numerator</i>	<i>Denominator</i>	<i>Achieved</i>						
	2,188	100%	1,507	1,524	99%						
			Indicator 2:								
			100% of clients will receive food handling information as indicated by client signature								
			<i>Numerator</i>	<i>Denominator</i>	<i>Achieved</i>						
			1,839	2,280	81%						

FY 2012/13 Scorecard: Part A Legal Services							ELIGIBILITY: HIV+, Broward Resident, <= 300% FPL			
FY	Part A & MAI Service Allocations			Final Part A Expenditures				EMA Award		Support Priority
Year	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total	
FY 12	\$112,426	\$0	\$112,426	\$131,423	\$0	\$131,423	15%	\$15,390,658	0.9%	5
FY 11	\$112,426	\$0	\$112,426	\$114,444	\$0	\$114,444	3%	\$15,006,261	0.8%	3
FY 10	\$96,426	\$0	\$96,426	\$111,375	\$0	\$111,375	16%	\$15,395,252	0.7%	5
FY 09	\$146,596	\$0	\$146,596	\$96,427	\$0	\$96,427	-6%	\$15,188,452	0.6%	3
FY 08	\$80,360	\$0	\$80,360	\$102,685	\$0	\$102,685		\$15,171,291	0.7%	3
Part A Utilization by FPL			Part A Cost Ranges			Part A Demographics			Funded Providers	
Federal Poverty Level (FPL) Range	RW PART A		Cost Range	Avg Cost	Clients	Total Clients	# New	% New	Part A = 1	
0%-99%	# of Clients	% of Clients	\$0-\$300	\$170	108	214	116	54%		
100%-138%	124	58%	\$301-\$600	\$453	52	Male	Female	Transgender		
139%-150%	42	20%	\$601-\$1,000	\$755	26	77%	23%	0%		
151%-200%	7	3%	\$1,001-\$4433	\$2,071	28	Black	White	Other		
201%-250%	24	11%	\$23-\$4,433	\$558	214	42%	57%	1%		
251%-285%	10	5%				Hispanic		Haitian		
286%-299%	3	1%				21%		4%		
300%-349%	1	0%								
350%-400%	1	0%								
401%+	0	0%								
	2	1%								
	214	100%								
FY 2012/2013 Clinical Quality Management Indicators Data Summary										
<i>EMA Outcome: Increased access to benefits for which the clients is eligible</i>							<i>Numerator</i>	<i>Denominator</i>	<i>Achieved</i>	
1.1 70% of clients whose cases are accepted for representation at SS admin Law Judge hearing will win approval of case benefits and/or medical benefits & improving their financial stability							15	15	100%	

FY 2012/13 Scorecard: Part A Outreach ELIGIBILITY: HIV+, Broward Resident, At Risk Populations HIV+ and not in Medical Care

Fiscal Year			Part A & MAI Service Allocations				Final Part A & MAI Expenditures				EMA Award		Support Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total Part A/MAI	% of Total				
2012	\$67,000	\$0	\$67,000	\$46,846	\$0	\$46,846	-9%	\$15,390,658	0.3%	4			
2011	\$67,000	\$0	\$67,000	\$51,402	\$0	\$51,402	-38%	\$15,006,261	0.3%	4			
2010	\$221,345	\$0	\$221,345	\$82,945	\$0	\$82,945	-63%	\$15,395,252	0.5%	4			
2009	\$414,359	\$382,720	\$797,079	\$221,342	\$0	\$221,342	-68%	\$15,188,452	1.5%	4			
2008	\$244,250	\$382,720	\$626,970	\$468,479	\$232,118	\$700,597		\$15,171,291	4.6%	4			

Part A Outreach Services Utilization & Demographics

Total Clients	# New	% New	Male	Female	Transgender	Black	White	Other	Hispanic	Haitian
182	172	95%	85%	14%	2.0%	27%	33%	40%	10%	3%

Health Insurance Exchange Cost Estimate-Silver Plan (does not include smoking surcharge <=50% premium full cost)Part A Utilization by FPL

Federal Poverty Level (FPL)	RW PART A		Annual Premium w/ Subsidy Applied			Out-of-Pocket Cost w/ Subsidy	Total Annual Cost (Premium & Out of Pocket)		Medicaid Expansion
	# Clients	% Clients	Cost as % of Income	FPL Range			Min	Max	
				Min	Max		Min	Max	
0%-99%	140	77%	<i>Not Eligible for Premium Subsidy or Out-of-Pocket Subsidy</i>						Eligible
100%-138%	20	11%	2%	\$230	\$317	\$1,964	\$2,194	\$2,281	Not Eligible
139%-150%	2	1%	3%-4%	\$479	\$689	\$1,964	\$2,443	\$2,653	
151%-200%	7	4%	4%-6.3%	\$694	\$1,448	\$1,964	\$2,658	\$3,412	
201%-250%	7	4%	4%-6.3%	\$1,455	\$2,298	\$2,975	\$4,430	\$5,273	
251%-285%	3	2%	6.3%-8%	\$2,307	\$2,620	\$2,975	\$5,282	\$5,595	
286%-299%	1	1%	9%	\$2,958	\$3,092	\$2,975	\$5,933	\$6,067	
300%-349%	1	1%	9.5%	\$3,275	\$3,810	\$3,987	\$7,262	\$7,797	
350%-400%	1	1%	9.5%	\$3,820	\$4,366	\$3,987	\$7,807	\$8,353	
401%+	0	0%	<i>NOT Eligible for Health Exchange Premium Subsidy, Out-of-Pocket Subsidy or Medicaid</i>						
	182	100%							

Part A Cost Ranges

ACA Impact on Ryan White Part A Medical Services

Cost Range	Avg Cost	Clients	
\$0-\$20	\$13	92	* Exchange: 100-400% FPL*, ineligible for Medicaid & employer insurance can receive assistance
\$21-\$30	\$26	63	* Assitance= Premium subsidy reduces premium cost based on a % of income (100% FPL=2% of income)
\$31-\$50	\$39	16	* Undocumented & lawfully present immigrant w/in 5 years of residency barred from fed benefits
\$51-\$124	\$76	10	* Long transitional period may require Part A medical to be fully funded ,at least initially, in FY 2014
\$0-\$124	\$23	182	* Part A medical needed for Undocumented & those not meeting 5-year legal residency requirement
			* PLWHA out of/or never in care may need assistance while being reconnected or connected
			* Potential need for Part A emergency deductible, copay and premium assistance
			* ADAP funding for medical deductible, copay and premium assistance will likely be greatly expanded

FY 2012/13 Scorecard: Part A Outreach ELIGIBILITY: HIV+, Broward Resident, At Risk Populations HIV+ and not in Medical Care

FY 2012/2013 Clinical Quality Management Indicators Data Summary

EMA Outcome: Facilitate client access to medical care and/or MCM	Numerator	Denominator	Achieved
Indicator 1: 80% of new/lost to care clients have Medical or MCM visit w/in 2 weeks of eligibility	8	88	9%

National Quality Center (NQC) inCARE Retention Measures

NQC Retention Measure #1: Gap Measure

	Numerator	Denominator	Percent
Numerator: Patients with no medical visits in the last 180 days of the measurement year	6	25	24%
Denominator: Patients with one or more medical visits in the first six months of the measurement year			

NQC Retention Measure #2: Medical Visit Frequency

	Numerator	Denominator	Percent
Numerator: Patients with one or more medical visits in EACH 6 month period of the 24-mos period	4	15	27%
Denominator: Patients with one or more medical visits in FIRST 6 month period of the 24-mos period			

NQC Retention Measure #3: Patients Newly Enrolled in Medical Care

	Numerator	Denominator	Percent
Numerator: Patients with one or more medical visits in each 4-month period in the measurement year	8	10	80%
Denominator: Patients newly enrolled w/ medical provider & >=1 visit in 1st 4 mos. of measurement year			

NQC Retention Measure #4: Viral Load Suppression

	Numerator	Denominator	Percent
Numerator: Patients with a viral load <200 at last Viral Load test in the measurement year	19	63	30%
Denominator: Patients with at least one medical visit in the measurement year			

Fort Lauderdale/Broward County EMA FY 2012/13 PSRA Process Scorecard:Part B Non-Medical Case Management - Core Eligibility

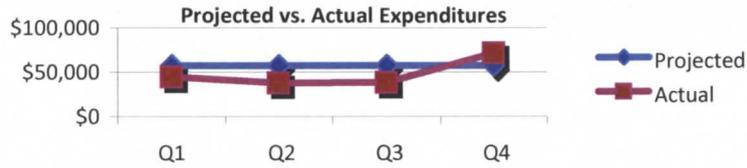
Non-Medical Case Management - Core Eligibility Support Service

ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Final Allocation	Final Expenditure	% of Award (Final)	Proj. Clients	Actual Clients	Difference
	FY2012	\$1,101,929	\$228,287	20.72%	\$9,107	\$228,287	\$237,394	22%	3300	4465	1165
	FY2011	\$1,101,929	\$157,395	14.28%	\$21,606	\$179,001	\$143,682	13%	1,800	2407	607
	FY2010	\$1,101,929	\$133,526	12.12%	\$4,496	\$138,022	\$138,022	13%	900	n/a	n/a
	FY 2009	\$1,101,929	\$67,504	6.13%	\$975	\$68,479	\$68,479	6%	650	n/a	n/a

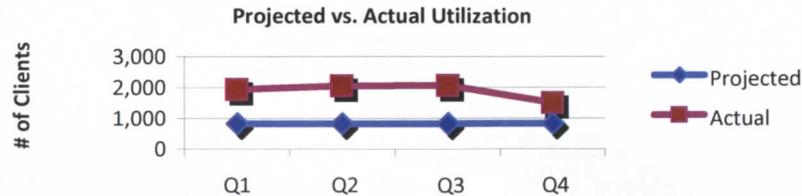
FY 2012-13 Quarterly Service Category Expenditures (\$ Spent)

Allocation =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
\$237,394	4/12-6/12	7/12-9/12	10/12-12/12	1/13-3/13
Projected	\$57,072	\$57,072	\$57,072	\$57,072
%	25%	25%	25%	25%
Actual	\$44,439	\$37,894	\$38,249	\$71,107
%	19%	16%	16%	30%
Difference	-\$12,633	-\$19,178	-\$18,823	\$14,035
Average Annual Cost Per Client = \$53				



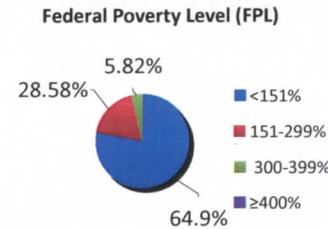
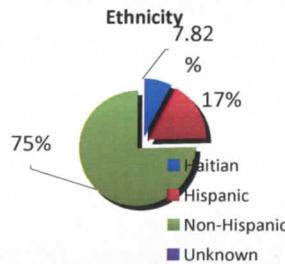
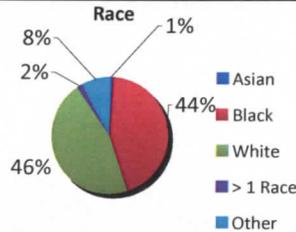
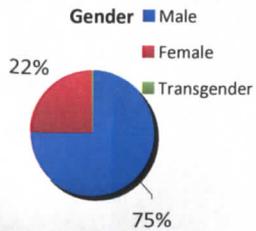
FY 2012/2013 Quarterly Client Service Utilization (# of Clients)

Clients =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4,465	4/12-6/13	7/12-9/13	10/12-12/13	1/12-3/13
Projected	825	825	825	825
Actual	1,940	2,055	2,057	1,491
Difference	1115	1230	1232	666



4465 unduplicated clients from April 1, 2011 thru March 31, 2012

FY 2012-2013 Demographic Utilization Data



Gender	Male	Female	n	Race	Asian	Black	White	> 1 Race	Other
#	3,333	1,123	9	#	31	1,981	2,032	71	345
Federal Poverty Level (FPL)	<151%	151-299%	300-399%	>=400%	Ethnicity	Haitian	Hispanic	Non-Hispanic	Unknown
#	2,898	687	126	3	#	349	751	3,365	
	64.90%	28.58%	5.82%	0.69%		7.82	16.82	75.36	

Fort Lauderdale/Broward County EMA FY 2012/13 PSRA Process Scorecard: Medical Transportation

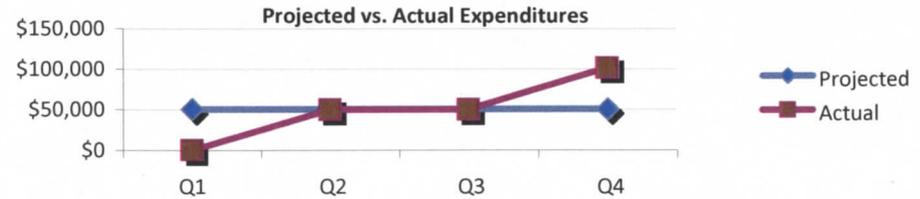
Medical Transportation

ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Final Allocation	Final Expenditure	% of Award (Final)	Proj. Clients	Actual Clients	Difference
Funded Part B	FY2012	\$1,102,929	\$150,971	13.69%	\$49,883	\$200,854	\$200,854	18.21%	412	1,229	817
Funded Part B starting Dec 2011	FY2011	\$1,101,929.00	\$100,021.00	9.08%	\$149,930	\$149,930	\$149,930	14%	387		
Funded Part B	FY2008	\$1,218,925	\$109,829	9.01%	-\$109,829	\$0	\$0	0%	0	0	
Funded Part B	FY2007	\$998,230	\$72,162	7.23%	\$0	\$72,162	\$72,162	7%	836	836	

FY 2012-13 Quarterly Service Category Expenditures (\$ Spent)

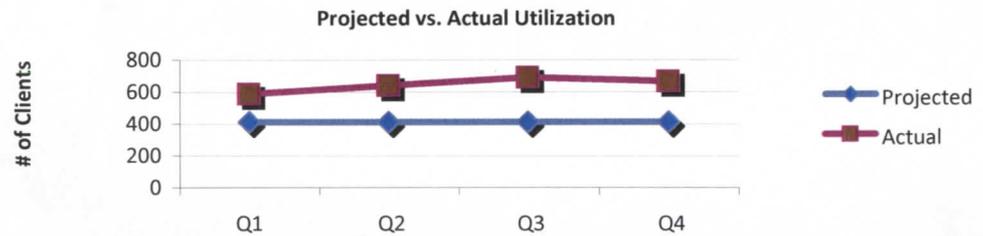
Allocation =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
\$200,854	4/12-6/13	7/12-9/13	10/12-12/13	1/13-3/13
Projected	\$50,212	\$50,214	\$50,214	\$50,214
%	25%	25%	25%	25%
Actual	\$0	\$49,909	\$49,909	\$101,036
%	0%	25%	25%	50%
Difference	-\$50,212	-\$305	-\$305	\$50,822



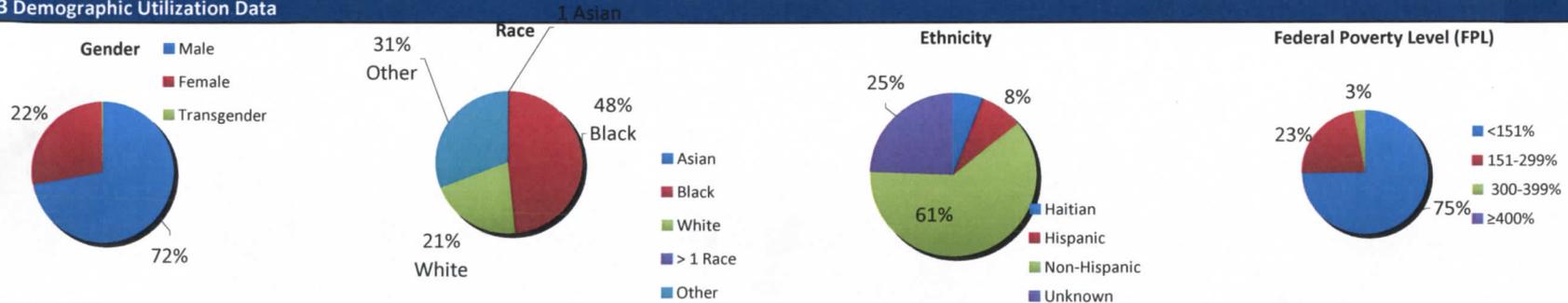
FY 2012-13 Quarterly Service Category Expenditures (\$ Spent)

Clients =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
412	4/12-6/13	7/12-9/13	10/12-12/13	1/13-3/13
Projected	412	412	412	412
Actual	588	639	689	665
Difference	176	227	277	253

1229 unduplicated clients from April 1, 2012 thru March 31, 2013



FY 2012-13 Demographic Utilization Data



Gender	Male	Female	Transgender	Race	Asian	Black	White	> 1 Race	Other
#	885	340	4	#	1	591	257		379
Federal Poverty Level (FPL)	<151%	151-299%	300-399%	>=400%	Ethnicity	Haitian	Hispanic	Non-Hispanic	Unknown
#	918	277	34	0	#	70	103	754	302
	75%	23%	3%						

3056 (31) day passes distributed 2,157 (10) ride passes distributed

Fort Lauderdale/Broward County EMA FY 2012/2013 PSRA Process Scorecard: Part B Medication Co Payment/AICP Program

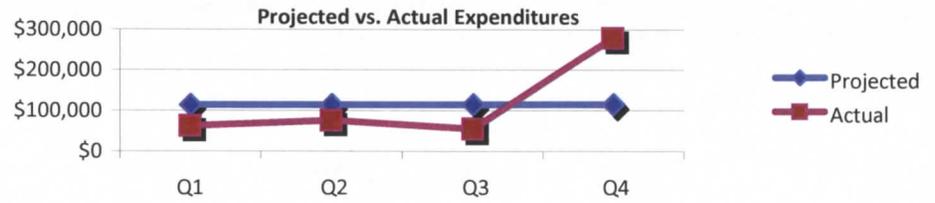
MEDICATION CO PAYMENT/AICP

ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Final Allocation	Final Expenditure	% of Award (Final)	Proj. Clients	Actual Clients	Difference
	FY2012	\$1,101,929	\$610,000	55.36%	\$58,990	\$551,010	\$456,503	41.43%	400	553	153
	FY2011	\$1,101,929	\$812,894	73.77%	\$165,585	\$647,309	\$621,548	56%	350	513	163
	FY2010	\$1,159,925	\$892,161	76.92%	\$32,100	\$887,700	\$939,611	81%	400	411	11
	FY 2009	\$1,159,925	\$802,320	69.17%	\$42,217	\$844,537	\$844,537	73%	400	398	-2
	FY 2008	\$1,218,925	\$728,310	59.75%	\$52,953	\$761,537	\$761,537	62%	400	350	-50
	FY 2007	\$998,230	\$559,592	56.06%	\$38,218	\$597,810	\$597,810	60%	400	300	-100

FY 2012-13 Quarterly Service Category Expenditures (\$ Spent)

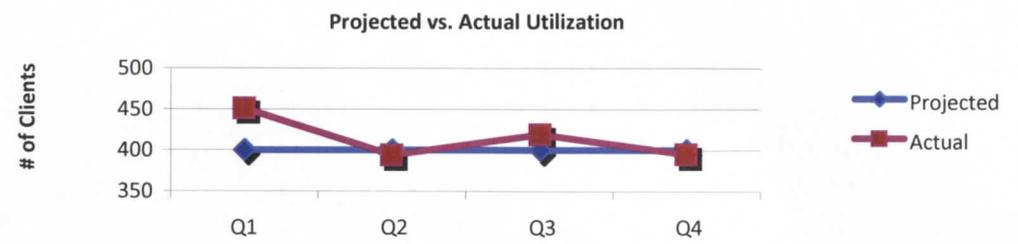
Allocation =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
\$456,503	4/12-6/12	7/12-9/12	10/12-12/12	1/13-3/13
Projected	\$114,126	\$114,126	\$114,126	\$114,126
%	25%	25%	25%	25%
Actual	\$62,863	\$75,590	\$54,744	\$278,601
%	14%	17%	12%	61%
Difference	-\$51,263	-\$38,536	-\$59,382	\$164,475



Average Annual Cost Per Client = \$826

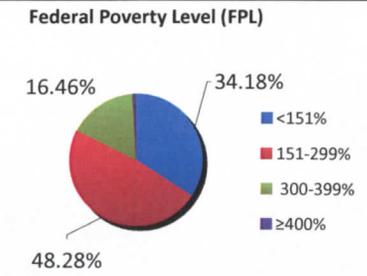
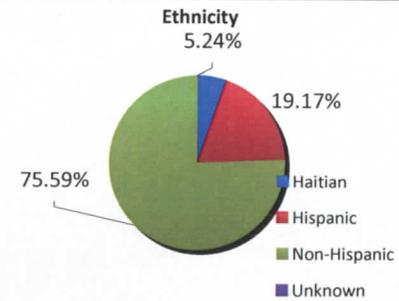
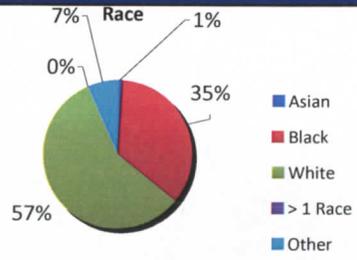
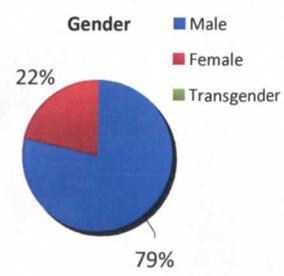
FY 2012/2013 Quarterly Client Service Utilization (# of Clients)

Clients =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
553	4/12-6/12	7/12-9/12	10/12-12/12	1/13-3/13
Projected	400	400	400	400
Udup Svd Per Qtr	451	394	419	395
Difference	51	-6	19	-5
Served 553	unduplicated clients from April 1, 2012 thru March 31, 2013			



Decline due to clients losing insurance and use of co pay cards,

FY 2012-13 Demographic Utilization Data



Gender	Male	Female	Transgender	Race	Asian	Black	White	> 1 Race	Other
#	435	118	0	#	5	196	320	0	38
Federal Poverty Level (FPL)	<151%	151-299%	300-399%	≥400%	Ethnicity	Haitian	Hispanic	Non-Hispanic	Unknown
#	189	267	91	6	#	29	106	418	0
	34.18%	48.28%	16.46%	1.08%		5.24%	19.17%	75.59%	0.00%

Fort Lauderdale/Broward County EMA FY 2012/2013 PSRA Process Scorecard: Part B Home Delivered Meals

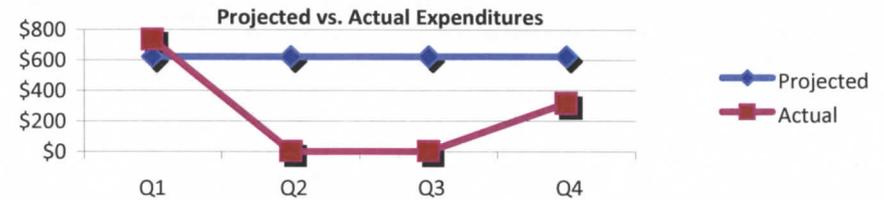
Home Delivered Meals

ELIGIBILITY: HIV+, Broward County Resident, Proof of Income, 400% FPL

Rank	Fiscal Year	EMA Award	Service Allocation	% of Award	Sweeps	Final Allocation	Final Expenditure	% of Award (Final)	Proj. Clients	Actual Clients	Difference
	FY2012	\$1,101,929	\$2,479	0.22%	0	\$2,479	\$1,050	0.1%	6	5	-1
	FY2011	\$1,101,929	\$5,000	0.45%	\$2,521	\$2,479	\$1,050	0.1%	6	3	-3
	FY2010	\$1,159,925	\$16,616	1.43%	\$0	\$16,616	\$16,616	1%	17	14	-3

FY 2012-13 Quarterly Service Category Expenditures (\$ Spent)

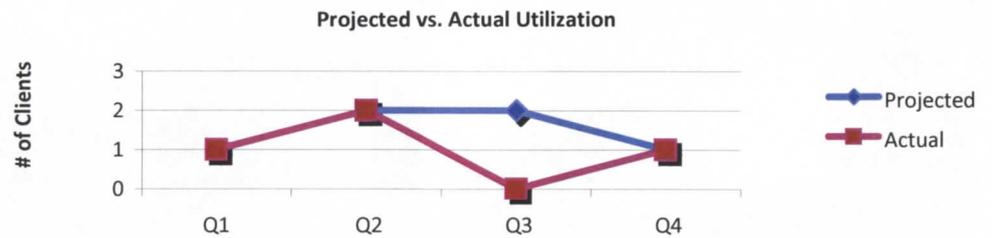
Allocation =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
\$1,050	4/12-6/12	7/12-9/12	10/12-12/12	1/13-3/13
Projected	\$620	\$620	\$620	\$620
%	59%	59%	59%	59%
Actual	\$735	\$0	\$0	\$315
%	70%	0%	0%	30%
Difference	\$115	-\$620	-\$620	-\$305



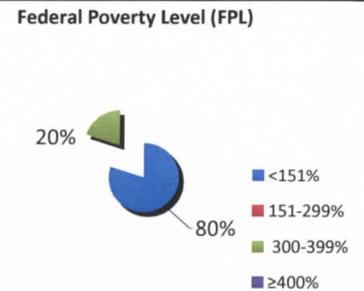
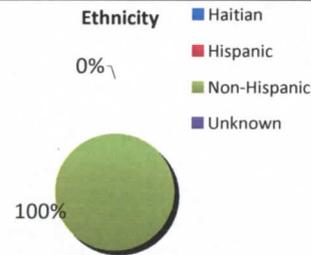
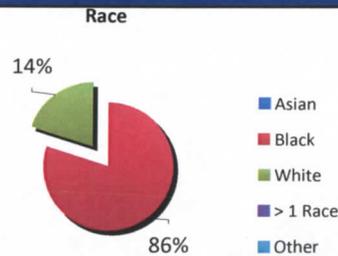
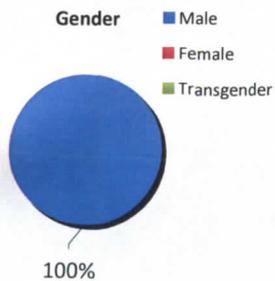
Average Annual Cost Per Client = \$262.50

FY 2012/2013 Quarterly Client Service Utilization (# of Clients)

Clients =	Quarter 1	Quarter 2	Quarter 3	Quarter 4
6	4/12-6/12	7/12-9/12	10/12-12/12	1/13-3/13
Projected	1	2	2	1
Average Svd Per Qtr	1	2	0	1
Difference	0	0	-2	0
Served 5	unduplicated clients from April 1, 2012 thru March 31, 2013			



FY 2012-13 Demographic Utilization Data



Gender	Male	Female	Transgender	Race	Asian	Black	White	> 1 Race	Other
#	5	0	0	#	0	4	1	0	
Federal Poverty Level (FPL)	<151%	151-299%	300-399%	≥400%	Ethnicity	Haitian	Hispanic	Non-Hispanic	Unknown
#	4		1	0	#	0	0	5	0