Greater Hampton Roads HIV Health Services Planning Council

Quality Improvement & Strategic Planning Committee Meeting

Norfolk Department of Human Services, 741 Monticello Avenue

Thursday, February 16, 2017: 4:00 p.m.

Call to Order: The meeting was called to order at 4:00 p.m.

Moment of Silent Reflection: A moment of silent reflection was observed for those affected and infected by HIV and AIDS.

Welcome/Introductions/Roll Call: Attendance was called as follows:

Present:

Gwendolyn Ellis-Wilson
Rachael Artise
Robert Bailey
Tanya Kearney
Doris McNeill
Todd England
Ashley Veal
Michael Singleton

Members Excused:
Catherine Derber

Members Absent:
None

Staff:
Jacquelyne Wiggins-Grantee Staff
Marsha Butler-Grantee Staff
Thomas Schucker-P.C. Support

Review of Minutes:
The committee reviewed minutes from the last meeting. A motion was moved by Rachael and properly seconded by Tanya to approve the minutes as written. The motion passed.

Old Business:

The committee's agenda for the month of February included the following:

- Review Implementation of Health Care Reform/National HIV/AIDS Strategy Impact to Ryan White
- Define Needs Assessment
- Provide Input to Annual Quality Improvement Plan
- Refine Standards of Care
- Compile Unresolved Issues in Parking Lot
- Review Scope of Work for next year (P-CAT)

In response to the question of why the committee was reviewing Care Standards that were revised only last year, specifically the Medical Case Management Standard of care, the chair stated that the committee was reviewing the Service Standards in order for the TGA to be in line with the HRSA/HAB Performance Measures by setting guidelines on how to meet outcomes and benchmarks.

Refine Standards of Care:

The committee was, therefore, meeting to review the following Service Standards:

1. Medical Case Management Service Standard
2. Non-Medical Case Management Service Standard
3. Emergency Financial Assistance Service Standard

Copies of the above-mentioned documents were sent to the committee for review prior to the meeting. Also included was the Medical and Non-Medical Case Management Service Delivery Policy and Procedure document. Last year, the committee agreed to adopt the VDH model for providing Medical and Non-Medical Case Management Services.

Medical Case Management Service Standard: The committee reviewed the Medical Case Management Service Standard and made some revisions to the:

- *Personnel Qualifications requirements*:
  It was noted that the required qualifications were adopted from the VDH Medical Case Management Service Standard. However, after extensive discussion, the committee agreed to keep the requirement as is, until the next committee review, because there has not yet been any measurement from the service standard.
- *Care and Quality Improvement Outcome Goals*:
  The committee reviewed the Care and Quality Improvement Outcome Goals and agreed to use 80% as the threshold while moving towards the 90/90/90.
- *Service Standards, Measures and Goals*:
  From a reporting perspective, the Grantee will monitor or audit the following HRSA/HAB Measures:
  - Services are provided by trained professionals
  - Clients have a completed comprehensive individual care plan
  - New medical case management clients receive an initial assessment of service needs
  - Clients will have an acuity scale completed and documented, reflecting their current acuity level
  - Clients receive coordinated referrals and information for services required to implement the care plan
  - Clients have their individual care plans updated two or more times, at least, three months apart
  - Clients are continuously monitored to assess the efficacy of their individual care plan
  - Clients are linked to medical care
  - Clients are retained in medical care
  - Clients have no gaps in medical care
  - Clients are on Antiretroviral Therapy (ART)
  - A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.
  - Clients lost to care have documented attempts of contact prior to discharge
  - Clients are virally suppressed
  - The committee also reviewed:
  - Clients Rights and Responsibilities
  - Client Records, Privacy, and Confidentiality
  - Cultural and Linguistic Competency
  - Client Grievance Process and
  - Case Closure Protocol

Non-Medical Case Management (NMCM) Service Standard: The committee reviewed:

- *The Service Category Definition*:
  After discussion, the committee agreed to add "the Affordable Care Act" to the list of community resources.
- *Personnel Qualifications*: The committee proposed some revisions to align with the State of Virginia model for delivering Non-Medical Case Management service. The committee decided to align with exact verbiage in the Virginia model.
- *Care and Quality Improvement Outcome Goals*: The committee proposed some revisions to align with the State of Virginia model for delivering Non-Medical Case Management service. The committee decided to align with exact verbiage in the Virginia model.

Emergency Financial Assistance (EFA) Service Standard: The committee discussed:

- *Housing Assistance*:
  Housing Assistance is currently capped at $800.00. The committee recommended a cap of $1,000.00 per client per measurement year.
- *Utility Assistance*:
  Utilities were capped at $500.00. The committee did not recommend a new cap on Utilities. It will, therefore, remain at $500 per measurement year.

  Requests for exceptions should be submitted to the Recipient; Norfolk Part A Ryan White Program.

  Personnel Qualifications for EFA will be exactly the same as the Non-Medical Case Management Service Standard.

- *Care and Quality Improvement Outcome Goals*:
  The Care and quality improvement outcome goals were left the same as those for the Non-Medical Case Management Service Standard including the five hours of continuing education in HIV/AIDS annually.
- *Service Standards, Measures and Goals*:
  The committee recommended the following Standards, Measures and Goals:
  - Services are provided by trained professionals
  - Client file includes an assessment of presenting problem/need requiring EFA services
  - Client file includes a description of the date and type of EFA provided
  - Client file includes documentation that a third party application was completed and is pending approval
  - Client did not receive EFA services that exceeded the allowable limit per client per service
  - Clients are linked to medical care
  - Clients are on Antiretroviral Therapy (ART)
  - Clients are virally suppressed.

Needs Assessment Update: The chair noted that she will email to committee members for review, copies of the draft Needs Assessment which is being conducted by ToXcel. She requested that feedback should be sent back to her by Wednesday, February 22nd.

Any Other Business:

Planning Council Training: Support Staff stated that the Planning Council training schedule has been completed and will be discussed at the Planning Council meeting. The training will be conducted at the Membership and Nominations Committee meetings; the third Thursday of every month from 2:00 p.m. to 3:00 p.m. Committee business will be from 3:00 p.m. to 4:00 p.m. before the Quality Improvement and Strategic Planning Committee meeting at 4:00 p.m. The trainings are not mandatory. In order to accommodate Planning Council members' schedule, Support Staff will change the format, including trying out different time schedules and training via the webinar.
A much needed Support Group on the Peninsula was formed by Earl and Todd. The first meeting was held in December, 2016.

The website is up now. Tweaks and improvements have been made and all the Planning Council documents and data are available on the website: www.ghrplanningcouncil.org.

Date of Next Meeting/Adjournment: The next committee meeting will be on Thursday, March 16th at 4:00 p.m. With no further business, a motion was moved by Gwendolyn and was properly seconded to adjourn the meeting. The motion passed.

Respectfully submitted:

Doris McNeill-Committee Chair