

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
PLANNING COUNCIL
Priorities, Allocations & Policies Committee Minutes
Working Session on Directives
Norfolk Department of Human Services
Thursday, September 24, 2015 – 2:00-4:00 P.M.**

Call to Order: The meeting was called to order at 2:07 p.m.

Roll Call:

The following were in attendance:

Jerome Cuffee; Charmaine Brown, Todd England, Gloria Anderson, Kimberly Sparrow, Anthony L. Ruffin, Andre B. Christian, Kanedra Nwajei, Jeff Daniel-PC Support, and Teresa-PC Support Staff.

Other Planning Council Members in Attendance were: Devina George, Pierre Diaz, Gregory Fordham, and Gwendolyn Ellis-Wilson.

The following Grantee Staff attended during the normal Committee business: Christine Carroll, Robert Hargett, and Jackie Wiggins.

Moment of Silence: A moment of silence was observed for people who are infected and affected by HIV/AIDS.

Review of Minutes: Minutes of the August 27 meeting were reviewed. A motion was moved by Anthony and seconded by Todd to approve the minutes as written. The motion passed.

New Business:

Review Planning Council Activity Timeline (P-CAT): For the month of September, the committee will:

- Review Expenditures by Service Category
- Compile Carryover Request Supporting Documentation
- Discuss Directives to the Grantee
- Review Framework for PSRA.

Discuss Planning Council Directives to the Grantee: The committee agreed at the last meeting to meet for two hours in order to discuss Directives to the Grantee. Directives from the following TGAs were presented for review by the Committee:

- Las Vegas TGA – FY 2014 Directives to the Grantee
- Cleveland TGA – FY 2014 Directives to the Grantee
- Norfolk TGA - FY 2015 Directives to the Grantee
- New Haven and Fairfield Counties – FY 2014 Directives to the Ryan White Office

From the Las Vegas TGA, the committee discussed Directive 3.1-Enhance the TGA's Medical Case Management Model. After extensive discussion, the committee agreed to put forth a Medical Case Management Directive which instructs the Grantee to:

- Further develop the TGA's Case Management Model which consists of Medical Case Management and Non-Medical Case Management that fully complies with HRSA's Case Management Definitions.

The Norfolk TGA's Case Management needs some oversight, training should be done, possibly by someone from the National Quality Management Center on medical case management. Someone also needs to come in and look at the charts. The committee agreed that the acuity scale should be part of the model. Support Staff will submit the Case Management acuity scale from San Antonio for the committee's review at the next meeting.

- When a new service category is added/funded by the Planning Council, the Grantee will provide training to all awarded providers on the delivery of the new service category within a specified timeframe.

Some committee members expressed concern that the four Early Intervention Service agencies were each following different EIS models. This was apparent in March, after the chart review, when a report was being presented, that each of the four agencies was doing something different. After extensive discussion, and before a model is perceived not to be working accordingly, the committee agreed to, first of all, find out what the current outcomes are for the three populations; that is, the new to care, the return to care, and the out of care.

- The EIS data, therefore, should be part of the annual PSRA Process with a breakdown of the new to care, out of care and return to care.

The committee expressed concern that advertisements for RFPs are not covered in all the Cities in the TGA. The Grantee encouraged Council and Committee members to help disseminate the information to interested parties when an RFP is put out. She also stated that the Purchasing Department can be requested to include other Cities in the area.

The committee will continue to review and/or discuss the Directives to the Grantee at the October meeting.

The committee discussed transportation for Community Access Committee members. There was concern that consumers are not able to participate on other Planning Council sub-committees because of lack of transportation. Currently, one agency provides transportation as a courtesy for consumers to attend the Community Access Committee meetings. However, attendance to the meetings is low because of transportation concerns. The committee discussed different options including, carpooling, bus tickets, provision of teleconference facility, and case managers providing transportation to their clients to attend consumer meetings. The committee was reminded that consumers are eligible for mileage reimbursement from the Planning Council Support Budget if they are:

- Planning Council members; and
- Ryan White consumers

Committee Business:

Old Business:

Review Expenditures by Service Category: The committee reviewed the expenditure summary report for the period ending July 31, dated September 21, 2015. The report included the full award. The total award for FY 2015 was \$5,899,419 including the MAI funding. The target expenditure was at 42%. Primary Medical Care was at 39%, and there were no funds in ADAP. The following services were underspending and need to be focused on:

- Drug Reimbursement at 20%
- HIPCSA at 19%

- Medication Co-Payment at 24%
- Mental Health at 24%
- Non-Medical Case Management at 22%

However, Oral Health was at 52%. It was noted that some funds need to be reallocated from the underspending services, such as those at 19%, 20%, 22%, and 24% into Oral Health. Christine noted that there was also a request for a carryover in the amount of \$185,000 and the Council was requested to think of creative ways of spending the funds. The Grantee will come back with a reallocation recommendation at the next committee meeting.

There was some discussion regarding Case Management managers who, according to concerns from the Consumers on the Community Access Committee, might be overburdened with the number of clients they have to attend to. The Grantee noted that there are Standards of Care in place which providers follow, as well as the Planning Council put additional resources this year in Case Management to alleviate such concerns. In this regard, the Council might consider the following Directive to the Grantee:

- *If the variance is over or under 5%, the Grantee must come back to the Planning Council the following month and explain why.*

This will provide a tool to the Grantee to find out from Case Management Providers why funds are not being spent. However, it was noted that this could be that the agencies were not hiring.

Compile Carryover Request Supporting Documentation: The Planning Council Chair signed the carryover request per HRSA requirement.

Discuss Committee Chair: At the August meeting, the vote for a committee's chair was deferred to the September meeting. Please note that the chair of the Priorities, Allocations and Policies committee should not be a Part A Provider or officer of the Planning Council. André indicated that he would be interested in filling the position. However, the committee agreed to defer the nomination and election of the committee's chair to the October meeting when Robert was expected to be in attendance. The decision was taken in order to make the process more transparent.

Other Business:

The committee will continue discussion of the Planning Council Directives to the Grantee at the October 29th meeting from 3:00 p.m. to 4:00 p.m.

Adjournment/Next Meeting: With no further business to discuss, it was moved by Gregg to adjourn the meeting and was properly seconded by Gloria. Motion passed. The next meeting will be Thursday, October 29th from 3:00 to 4:00 p.m.

Respectfully submitted,

Jerome Cuffee – Planning Council Chair