

**GREATER HAMPTON ROADS HIV HEALTH SERVICES
PLANNING COUNCIL
Priorities, Allocations & Policies Committee Minutes
Norfolk Department of Human Services
Thursday, February 28, 2019 – 3:00 p.m.**

Call to Order: The meeting was called to order at 3:07 p.m.

Roll Call:

The following members were in attendance:

Present:

Jerome Cuffee	Gwendolyn Ellis-Wilson
Deryk M. Jackson	Ashley Brown
Gloria Robinson-PC Member	Lisa P. Laurier
Rachael Artise-PC Member	

Absent:

Devon White

Staff in attendance:

Jacquelyne Wiggins-Grantee Staff	Christine Carroll-Grantee Staff
Thomas Schucker-PC Support	Michael Koran-PC Support
Teresa-PC Support Staff	Robert Hargett-Grantee Staff

Moment of Silent Reflection:

A moment of silence and reflection was observed for those infected and affected by HIV and AIDS.

Reading and approval of the Minutes:

After review of the minutes, a motion was approved to accept the minutes as written.

Reports of Officers, Boards, Standing Committees:

Grantee's Report:

- Review Expenditures by Service Category: The committee reviewed the expenditure summary report for the period ending December 31, 2018 dated February 26, 2019. For the period, the target expenditure rate was at 83%, and was at 77% overall. Some categories were over the target, such as:
 - EFA-Housing Assistance at 96%
 - Medical Case Management at 85%.

Some service categories are within range:

- EIS at 82%
- Oral Health at 81%
- Drug Reimbursement is on target at 83%

It was noted that HIPCSA, currently at 38%, will not pick up as earlier anticipated. On the January report, there will be a reallocation of funds from HIPCSA to other services.

The committee discussed extensively the expenditure summary report, and noted that from the Recipient's perspective, the Planning Council has excised prudence in terms of allocating the awarded funds. There has been some foresight in trying to foresee the impact of the ACA and Medicaid Expansion. However, it will be

difficult for the Planning Council, during the upcoming PSRA Process, to foresee what Medicaid Expansion will look like. In this regard, it was recommended to cut Outpatient Ambulatory Health Services by small percentages and bring it down to what was expended.

The committee discussed the EIS Service Category extensively. The discussion was mainly in relation to funding in both MAI-EIS, and EIS Regular and the outcome thereof. In order to address these concerns, the Quality Improvement & Strategic Planning Committee leadership should be asked to set up a task force to have a discussion with VDH to see how the committee can implement some of the recommendations.

Special Orders:

There were no Special Orders.

Unfinished Business and General Orders:

- PSRA–Develop Directives to the Recipient: The committee will finalize development of Directives at the April 18th meeting.

Compile Unresolved Issues in Parking Lot:

There were no unresolved issues in parking lot.

New Business:

Referral for Health Care and Support Services: A recommendation was presented to reallocate all funding from Non-Medical Case Management to Referral for Health Care and Support Services.

It was noted that if the TGA continues to fund the Non-Medical Case Management Service Category, everybody will need to have a comprehensive ISP. Funds reallocated from Non-Medical Case Management to Referral for Health Care and Support Services, will continue to be used for the same services. The ISP will not be a requirement under Referral for Health Care and Support Services category.

At their committee meeting, the Quality Improvement & Strategic Planning Committee made the changes to the Non-Medical Case Management Service Standard and changed the name to *Referral for Health Care and Support Services*. Support Staff discussed the changes that were made to the approved Service Standard via a PowerPoint presentation. A motion was presented by Gwendolyn and properly seconded by Ashley to reallocate funding from Non-Medical Case Management to Referral for Health Care and Support Services service category effective March 1. The motion passed.

Federal Poverty Level (FPL): At the last Quality Improvement & Strategic Planning Committee meeting, the committee voted to increase FPL from 400% to 500% across all services. The Recipient expressed concern regarding the decision to raise the FPL across all services, even though only about eleven (11) clients were identified to be above the 400% FPL.

Emergency Financial Assistance (EFA): The Quality Improvement & Strategic Planning Committee at the last meeting discussed the recommendation to raise the cap for EFA-Rental Assistance to \$5,000.00 and EFA-Utilities to \$2,000.00 per year. Currently, the caps are set at \$1,000.00 for rental assistance and \$500.00 for utilities. The recommendation to raise the caps was one of the responses to the issue of how the TGA can spend the awarded funding as a result of Medicaid Expansion and the ACA. The

Quality Improvement & Strategic Planning Committee presented the recommendation to the Priorities, Allocations and Policies Committee for a discussion.

- The committee discussed the difference between short term housing assistance and emergency rental assistance. Cindy, the HOPWA Representative will attend the April 18th Quality Improvement & Strategic Planning Committee meeting, to discuss her recommendations on how the Short-term Housing Assistance approach would help to increase services.

Next Meeting Date:

The next meeting will be Thursday, April 18th, at 3:00 p.m.

Adjournment:

With no further business to discuss, a motion was accepted to adjourn the meeting.

Respectfully submitted,

Lisa P. Laurier – Co-Chair

Deryk M. Jackson – Co-Chair