



MEETING:	<b>Regional HIV/AIDS Council</b>			DATE:	<b>March 23, 2005</b>
LOCATION:	Terry Park, Fort Myers, Florida				
III.A.2. RWII 05-06	<ul style="list-style-type: none"> <li>▶ The New Model bullet points and graphs were reviewed. Dr. Hartner wanted clarification on the Title III factor. G. Price stated this was included because agencies getting Title III should not be compensated for something they are already being paid to do. Dr. Hartner suggested there be \$0 for primary care and some factor case management. S. Craig said the methodology would be applied equally to all RWII agencies. B. Little agreed there should be a title III factor and that there shouldn't be duplication of RWIII and RWII. Dr. Hartner state in theory that worked but we need to look at whether RWIII is sufficient to cover the costs. S. Terry stated that is the next step – determining the balance. The committee has representation of all counties an agencies, including a RWIII agency.</li> <li>▶ Dr. Hartner expressed her concern about the role of the case manager. She is worried the social issues won't be addressed. S. Craig stated that was not the intent of the new model. The new model shifts the responsibility to the provider. S. Terry supported that in stating the primary care provider becomes the central figure with the client instead of the case manager. The primary care provider utilizes the case manager to deal with the client's social issues. While this is a big shift in the way Area 8 utilizes case managers, it will free case managers up to do real case management. Many are not doing it now. It is clearer under this model that case management is support to the medical practice and primary care.</li> <li>▶ N. Richardson stated her concern that case managers will be used for CAREWare data entry and accounts payable. She stated this would not be cutting back on her caseload. She feels that we should look at the scope of case management. S. Craig stated that</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ A subcommittee of the new model committee specific to Lee County would decide how to configure the new model approach for Lee County.</li> <li>▪ Roxanne Smith re-assigned to the New Model Committee to represent case managers.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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	<p>how agencies utilize case managers is up to them. However, that is not what HPC will be contracting with the agencies to do under case management. It is not intended that accounts payable be the case managers responsibility. Dr. Hartner stated that two non-profits in her area would have this added burden of fiscal accountability. G. Price pointed out that HPC would still be paying the bills. S. Craig stated someone needs to be responsible. Dr. Hartner stated that Lee County is unique – there are three small non-profits, 1 does not provide medical care. She didn't think the new model would work in Lee County. S. Craig asked what would work for Lee? B. Little said it sounded like there might be issues for Lee, DeSoto and Charlotte. R. Pinkerton explained that she is the person who works for all the HIV programs in DeSoto and asking her to now be accounts payable would be a burden. It was again explained that that was not the intent and that the agencies would make the decisions on how they accomplished the roles in their contracts. J. McCloud stated that the agencies get a significant amount of funding, and that they should be able to pull it together and make it work. He said he would like to see why an agency thinks it could not do the job with the amount of money provided. Dr. Harter said ICAN would get no money because they do not provide medical care. S. Murphy said they could make arrangements to subcontract but that it would be a Lee County decision. S. Craig said the reason medical and case management is together under the new model is because it is split now. Putting them together helps the patients. Dr. Hartner wanted to know about RWII eligible patients going to non-RWII providers. Patients have the choice to go to any of the contracted RWII agencies.</p>			

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	<p>In Lee, there are a few (&lt;12) that get copays paid by RWII at non-RWII primary care providers. The patients would still be able to get those services, and wouldn't have to be case managed to do it. Only determined eligible. Simpler and less of a barrier for patients under the new model. A. Gallagher said the prospect of increasing administrative costs to agencies is not comfortable for clients. B. Little stated that the new model shifts the responsibility of managing medical dollars (at the client and agency level) and how they are utilized for patient care from HPC to the primary care providers. This model is much like the RWIII model. There needs to be a certain amount of trust with the agencies, plus monitoring and consequences for poor management of resources. S. Craig stated this model accomplishes that. That was the intent.</p> <ul style="list-style-type: none"> <li>▶ N. Richardson's concern is the impact on case managers. B. Little stated the provider takes the responsibility – the agency – not everything to be left to the case manager. HPC is not contracting with the agency for case management for the case managers to do all administrative functions. J. Lauren expressed her feeling that case managers are challenged to identify the role of the case manager in the current system. It is the responsibility of the agency to take this off the case manager. If the new model fixes the system, it would be great. B. Little asked if the new model frees up case managers? Dr. Hartner stated that for large agencies with infrastructure, it would be ok. However small agencies without infrastructure will wither shift the responsibilities to the case managers or find another way to deal with it. J. McCloud stated that if agencies cannot accept the responsibilities that will be clearly</li> </ul>			

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	<p>defined in this new model, perhaps other agencies should be allowed to bid on it.</p> <ul style="list-style-type: none"> <li>▶ The new model committee would have a separate committee for Lee County to decide how to make the model work in Lee. And someone representing case managers will be on the committee. R. Smith was appointed to the committee.</li> <li>▶ S. Terry stated that early in the first meeting, boundaries for the lead agency and providers were established. And she stated that the process of implementing the new model would take place over time. Someone asked if the RHAC needed to meet monthly. S. Terry suggested keeping the work at the committee level and a special meeting of the RHAC members be convened if anything needs to move forward before the next meeting.</li> </ul>			
III.A.3. HOPWA Financial Report	<ul style="list-style-type: none"> <li>▶ M. Waite reported HOPWA is approximately \$200,000 underspent. Transitional housing ran over and a budget adjustment was made. It is estimated \$300,000 will be unspent for this contract period.</li> <li>▶ S. Terry asked if the funding rolled over. C. Kirby reported no.</li> <li>▶ C. Kirby stated for the next contract period, the funding would be \$850,000 (\$150-175,000 less).</li> <li>▶ C. Kirby reported we do have permission to go over the Fair Market Rent Value by exception.</li> <li>▶ S. Terry stated her concerns for the HOPWA program overall and for the long term.</li> </ul>	▪	▪	▪
III.B. Open Action Items	▶ See Attached Open Action Items as reported.	▪	▪	▪
III.C.1. Client Satisfaction	▶ Response rates for CSAT were distributed.	▪	▪	
III.C.2.a. Needs Assessment Update	▶ The Planning Committee and RHAC had a chance to review the Needs Assessment Update for the 04-05 contract period. All changes were incorporated. This	▪	▪	▪

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	<p>document will be used as part of the comprehensive planning process with the plan guidance to be completed in July/August 2005.</p> <ul style="list-style-type: none"> <li>▶ The portions specifically related to the effects of the 2004 hurricanes were separated out into a document for easy reference. G. Counts pointed out that some of the suggestions were good – like being able to get a couple months worth of medications at a time.</li> </ul>			
IV.A. Clinical Committee	<ul style="list-style-type: none"> <li>▶ S. Murphy reported for the committee. The Clinical Committee has been contributing to the New Model Committee in providing feedback and selecting measures for monitoring clinical outcomes. The selected measures include: (1) # and % of clients hospitalized in the previous 4 months, (2) # and % of clients with CD4 test in the last 3 to 4 months, (3) # and % of clients with viral load test in last 3 to 4 months, (4) # and % of clients with TB test or xray in last 4 months, (5) # and % of clients with completed specialty referrals in the past 12 months, and (6) # and % of clients with a flu shot in the last 12 months.</li> </ul>	▪	▪	▪
IV.B. Case Management Committee	<ul style="list-style-type: none"> <li>▶ R. Pinkerton gave a report on the Case Management Committee. At the last meeting, the discussion was the New Model. Discussion focused on CAREWare and changes to the current system.</li> <li>▶ It was reiterated that CAREWare is not a case management software and will be in the primary care provider's contracts under Medical Care not case management.</li> <li>▶ There was brief discussion about CAREWare and the state's HCMS system. The issue the state has with CAREWare is for health departments and version 4.0. S. Terry stated the issue is still at the new model committee.</li> </ul>	▪	▪	▪
IV.C. Planning Committee	<ul style="list-style-type: none"> <li>▶ D. Larson reported for the Planning Committee. The committee has met a couple times. They are waiting</li> </ul>	▪	▪	▪

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	for data from the Needs Assessment survey collected by the state, updated epidemiological data, and resource inventory information. Those pieces, plus the focus group feedback (cumulatively the Needs Assessment) is scheduled to be presented to the RHAC at the May meeting.			
IV.D. Prevention	<ul style="list-style-type: none"> <li>▶ The CPP is updating working on increasing membership and have regular speakers. The CPP conducted a Prevention for Positives survey. Results will be presented at the CPP meeting May 9 in Collier County.</li> </ul>	▪	▪	▪
V. HAPC	<ul style="list-style-type: none"> <li>▶ The Case Manager Focus Groups consisted of a survey by FGCU and three focus groups. The final report will be given to HPC/S. Mitchell to send out.</li> </ul>	▪	▪	▪
VI. Local Groups	<ul style="list-style-type: none"> <li>▶ A. Gallagher reported on the quilting project at CAB (Hendry / Glades County consumer group).</li> <li>▶ J. McCloud stated Charlotte County clients are attending the Sarasota meeting. This has created good synergy.</li> <li>▶ DeSoto County Health Department and CHAN will be doing Cinco de Mayo outreach. The dental clinic is open in DeSoto.</li> <li>▶ E. Cordoba stated from her local advisory group at CHSI, affordable housing is a problem in Immokalee. Recovering drug addicts or others with criminal history are having problems finding housing.</li> </ul>	▪	▪	▪