

# SOUTHWEST FLORIDA REGIONAL HIV/AIDS COUNCIL

MEETING:	Regional HIV/AIDS Council		DATE:	May 25, 2005	
LOCATION:	Riverside Community Center, Fort Myers, Florida				
ATTENDEES:	RHAC Members – CHD Directors		RHAC Members – Community		Non-RHAC Present
	X	Joseph Goggin, M.D. Charlotte CHD		Bruce Taylor, Charlotte County	X Clarke Kriby, RWII Contract Mgr
	X	Susan Craig for Joan Colfer, MD, Collier County		Ellen Cordoba, Collier Community Rep	X Ruth Pinkerton, DCHD
	X	Penny Guarneri, for Mary Kay Burns, DeSoto CHD		[DeSoto Community Representative]	X Marion Putman, SCHD
	X	Martha Valiant, Glades CHD	X	Art Gallagher, Glades County Rep	X Roxanne Smith, ICAN
	X	Glenn Price, Hendry CHD	X	Joan Bloomster, Hendry County Rep	X Susan Terry, CCC
	X	Renay Hunter for Judith Hartner, Lee CHD	X	Jeff Trout, Lee Community Rep	X Gail Counts, Area 8 HAPC
	X	Bill Little, Sarasota CHD (RHAC Chair)	X	Jim McCloud, Sarasota Community Rep	X Carolyn Moore, ICAN
					X Bill Rankin, LCHD
					X Susan Craig, CoCHD
					X Sharon Murphy, McGregor Clinic
					X Marie Boisbel, McGregor Clinic
					X Sean McIntosh
					X Janette Capaci
RHAC At-Large		HPCSWF Staff			
X	Dillard Larson, Patient Care Rep	X	Ed Houck		
	Harold Young, Prevention Rep	X	Susan Mitchell		
		X	Mike Waite		
		X	Kim White		
		X	Stan Dratler, MD		
TOPIC	ISSUE(S)		CONTACT	DECISION / ACTION	DUE DATE
I. Welcome & Introductions	▶ Attendees introduced themselves.		▪	▪	▪
II. Minutes	▶ The minutes were approved (motion by Dr. Goggin, second by D. Larson, all in favor).		▪	▪ Minutes from March 23, 2005 approved	▪
III. A.1. RWII 04-05 End of Year	▶ M. Waite reported the 04-05 contract ended with less than 0.20% of the total funding left unspent. C. Kirby stated this was a result of collaboration and cooperation between the HPC and the contract manager and providers. Great		▪	▪	▪

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	job.				
III.A.2. RWII 05-06	<ul style="list-style-type: none"> <li>▶ Financial reports were reviewed. M. Waite reported the current fiscal year is on target with last years spending.</li> </ul>	▪	▪	▪	
III.A.3. HOPWA Financial Report	<ul style="list-style-type: none"> <li>▶ HOPWA financial reports were reviewed. M. Waite estimates the program will underspend by \$305,000 to \$330,000.</li> </ul>	▪	▪	▪	
III.B.3. New Model Update	<ul style="list-style-type: none"> <li>▶ S. Mitchell presented the program proposal and gave an update on the progress since the last meeting: New Model Committee met and developed a proposal. New Model Committee reviewed and revised the proposal. Final draft went to the RHAC members. A special RHAC meeting was held via conference call on 5/10/05. The members approved the proposal and instructed HPC and DOH staff to move ahead and contact Tallahassee to get the process in motion for implementation July 1, 2005. The proposal is presented today for final community approval. R. Hunter stated that Dr. Hartner is in support of the new model as long as the Lee County component includes ICAN. A. Gallagher asked how the outcomes data would be used – to compare agency to agency? S. Mitchell stated the outcomes data would be used to monitor agencies in compliance with their contracts and to assure that under a more flexible spending model, that clients are receiving appropriate care. It was asked when the providers would get a look at their new contracts. S. Mitchell stated she is working toward getting something out to everyone June 1. The motion was made by D. Larson to approve the new model, Dr. Goggin seconded. All approved.</li> </ul>	▪	▪	▪	<ul style="list-style-type: none"> <li>▪ New Model proposal approved.</li> </ul>
III.B.4. CAREWare	<ul style="list-style-type: none"> <li>▶ B. Little stated that at the last RHAC, he believed the CAREWare issue had been tabled for further discussion. G. Price stated that the DOH is reviewing CAREWare again after some changes at the federal level where the data would not be shared on a server in Washington. The intent by the federal government was to be able to produce quick reports on outcomes and services for</li> </ul>	▪	▪	▪	<ul style="list-style-type: none"> <li>▪ Data Users Group be established to assist agencies in implementing CAREWare and other data reporting issues. The committee will be co-chaired by Glenn Price and Scott Tims.</li> </ul>

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	<p>hearings and policy leaders. The controversy is over version 4.0+. B. Little asked if everyone could still use 3.6? The other issue is that the DOH is developing HCMS which should be available in 18 months but that the HIV component is after that initial implementation. It is still under development. S. Terry's concern is that we are rushing into CAREWare without knowing the effects or downfalls. It was suggested a Data Users Group be set up to help with CAREWare implementation or with others choosing another reporting program. The group will not be researching alternative reporting systems. The co-chairs of the group will be G. Price and S. Tims. R. Hunter suggested including E. Cordoba in the group. B. Little suggested (and S. Craig added) that the contract language state that "providers will be required to produce the following reports [specified in the contract] and that all providers will have in place a mechanism to produce those reports for the October 1, 2005 deadline. HPCSWF is encouraging providers to use CAREWare".</p> <ul style="list-style-type: none"> <li>▶ At this time, only CCC is uncomfortable moving to CAREWare. G. Counts stated that CAREWare has been around for many years.</li> </ul>				
III.B.2. July 1 providers	<ul style="list-style-type: none"> <li>▶ S. Mitchell reported that all case management and primary care medical providers are operating under 90-day contract extensions that expire June 30, 2005. HPC will be contracting with 7 primary care providers and CMS, and with 7 case management agencies plus ICAN for central eligibility in Lee County.</li> <li>▶ S. Mitchell asked RHAC for their support in HPC's recommendation that HPC not renew the medical care or case management contracts with ARC July 1, 2005.</li> <li>▶ R. Hunter communicated to the RHAC that Dr. Hartner was informed of the decision and supports HPC's decision with the thought that should ARC straighten out its situation, they would be able to apply for funding in the future.</li> </ul>	<ul style="list-style-type: none"> <li>▪ S. Mitchell</li> </ul>	<ul style="list-style-type: none"> <li>▪ RHAC approved HPC not renewing ARC's contracts for case management or medical care.</li> <li>▪ HPCSWF to bring volunteer statement/agreement to the next meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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	<ul style="list-style-type: none"> <li>▶ S. Murphy from the McGregor Clinic assured the group that there is capacity to serve the clients in Lee County without ARC as a RWII provider. The transition of clients from ARC to McGregor and other providers has already been occurring during the past 12 months. McGregor Clinic has also recently applied for a RWIII grant.</li> <li>▶ Dr. Valiant also stated that her clinic has seen a 28% increase in clients from ARC.</li> <li>▶ S. Mitchell stated that the Executive Director of ARC was notified in person on Monday and that a transition plan is already being developed to notify the clients and transition them, if necessary. The transition/notification plan will include ARC, McGregor, Lee County Human Services, ICAN, Source of Light and Hope, and the Lee County Health Department.</li> <li>▶ There was much discussion about the role of RHAC in supporting HPC's decision. E. Houck stated that HPC looks to the RHAC for guidance and decisions regarding the delivery of care in Area 8. Many others spoke of the over-utilization of services, monitoring issues, financial bailouts and other regarding ARC. As a board member, Dr. Valiant stated the HPC board has spent 6 months discussing issues regarding this provider. D. Larson agreed it is the RHAC's responsibility to make sure patients have access to care.</li> <li>▶ After discussion, the following motion was made: "We [RHAC] support Health Planning Council's action to address systems issues in Lee County and the need to make changes with their not renewing contracts for medical care and case management with the AIDS Resource Council". Motion was made by A. Gallagher and seconded by J. Trout. There was no more discussion. There were two abstentions (J. McCloud and D. Larson). All others voted in favor of the motion.</li> <li>▶ B. Little stated that a concern about liability of this group</li> </ul>			

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	is valid, and members should be asked to sign volunteer agreements to make it clear that they are volunteering and protected under the DOH.				
III.B.5. Hurricane Procedures	<ul style="list-style-type: none"> <li>▶ S. Mitchell explained to the group that DOH was looking for disaster plans for the local areas. S. Terry stated CCC had a good one and Venice has an area plan. B. Little asked G. Counts to take the lead on developing something for the area.</li> </ul>	<ul style="list-style-type: none"> <li>▪ G. Counts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work with area agencies and the lead agency to develop an area disaster plan.</li> </ul>		
III.C.1. CSAT	<ul style="list-style-type: none"> <li>▶ S. Mitchell provided the results from the Client Satisfaction Surveys. S. Mitchell explained that the Case Management Committee has come up with another way to administer the surveys that will expand participation and lessen the administrative burden on case managers. Satisfaction surveys and needs assessments will be part of the 6 month eligibility updates and offered to all clients at that time.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>		
IV.A. Clinical Committee	<ul style="list-style-type: none"> <li>▶ J. Capaci reported that the committee has been working on developing clinical outcomes for the new model and recently surveyed providers to get consensus on the standards providers will be monitored against. The providers decided on Bartlett's and USPHS guidelines will both be included.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>		
IV.B. Case Management Meeting	<ul style="list-style-type: none"> <li>▶ S. Mitchell gave a brief report (R. Pinkerton was unable to attend the last meeting). The meetings have been focused on the new model and the upcoming eligibility rule. At the next meeting participants will go through different scenarios of clients to work out client flow.</li> <li>▶ S. Terry suggested using the case management meetings as an opportunity for formal training on the new model. M. Putman asked that if workshops are going to be provided ALL case managers be required to attend. A letter to all case managers and administrators was suggested.</li> </ul>	<ul style="list-style-type: none"> <li>▪ R. Pinkerton, S. Terry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a workshop schedule and topics agenda for the case management committee.</li> </ul>		
IV.C. Planning Committee	D. Larson gave the Planning Committee report. Section 1 will be completed at the end of the process (number of meetings,	<ul style="list-style-type: none"> <li>▪ D. Larson, S. Mitchell</li> </ul>	<ul style="list-style-type: none"> <li>▪ The comprehensive plan will be presented at the July 2005 meeting</li> </ul>		

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	<p>participants, etc.). Section 2 is the epidemiological data section. The Planning Committee reviewed the data provided by the state on May 20. The committee is still waiting for the unmet need calculations.</p> <p>Section 3 is the assessment of service needs, unmet needs, and services gaps. The state QMI has not provided the survey data back to the local areas. The committee has developed some preliminary "themes and trends" but is waiting for the survey data before completing the tables. So far, the issues addressed include: *Minorities, particularly females, are disproportionately affected by HIV/AIDS, *Hurricane victims in Charlotte County experience a barrier to care in the reduced capacity (due to infrastructure conditions) at the health department, *Transportation continues to be a problem in the rural areas and across county lines for specialty care services, *Specialty care services are difficult to access. Fewer and fewer providers are accepting RWII as well as Medicaid because of a lack of acceptable compensation. Section 4 is the resource inventory. Most providers have submitted some of the information on the survey form that addresses the capacity of the current system. The new model committee information (problems with the current system, guiding principles, etc.) will be incorporated into these sections of the plan. The Planning Committee is awaiting the last few pieces of information for the first few sections of the plan. When they are received, the sections will be completed and distributed to all committee members and RHAC participants for their review and suggestions. The comprehensive plan will be presented at the July RHAC meeting and submitted to the state in August.</p>				
Public Comment	<ul style="list-style-type: none"> <li>▶ J. Trout provided the RHAC with information on the upcoming requirement that clients who are Medicare use the Medicare prescription drug card. His analysis shows this will have a devastating impact on our clients. J. Trout is going to go to the next Case Management Meeting to inform the case managers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ S. Mitchell, J. Trout</li> </ul>	<ul style="list-style-type: none"> <li>▪ HPC get information together (J. Trout) for RHAC to be able to provide a coordinated statement on the impact of the Medicare drug card program on clients.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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	<ul style="list-style-type: none"> <li>▶ J. Trout also informed the group of the compassionate use prescription program. He had pamphlets for those interested. Someone asked whose responsibility it was to get clients signed up under the program. It was general consensus that the physician (medical) rather than the case manager needed to do that since it required a physicians script.</li> <li>▶ D. Larson reported on the information he received regarding Medicaid reform. It would be coming in 2006.</li> <li>▶ B. Little congratulated the RHAC and stated that as a group, the RHAC has evolved into an effective group that was evidenced by them taking two important steps today – approving the new model and addressing a system issue and exercising its responsibility of monitoring the system of care in our area.</li> <li>▶ <b>The next meeting was changed to July 20. Location to be determined.</b></li> </ul>			