

# SOUTHWEST FLORIDA REGIONAL HIV/AIDS COUNCIL

MEETING:	Regional HIV/AIDS Council			DATE:	5/26/2004
LOCATION:	Charlotte County United Way office				
ATTENDEES:	RHAC Members – CHD Directors		RHAC Members – Community		Non-RHAC Present
	X	Joseph Goggin, Charlotte CHD	X	Bruce Taylor, Charlotte County	X Eric Stockley, ChCHD
	X	Joan Colfer, Collier CHD	X	Derald Maldonado, Charlotte Alternate	X Ruth Pinkerton, DCHD
		Don Toews, DeSoto CHD	X	Ellen Cordoba, Collier Comm Rep	X Debbie Kimberlin, ChCHD
	X	Martha Valiant, Hendry/Glades CHD		[DeSoto Community Representative]	X Glenn Price, HGCDH
	X	Judith Hartner, Lee CHD		Joan Bloomster, Hendry Comm Rep	X Pat Dobbins, HGCHD
	X	Bill Little, Sarasota CHD (RHAC Chair)	X	Jeff Trout, Lee Community Rep	X Robert Bobo, ARC
				Jim McCloud, Sarasota Community Rep	X Sean McIntosh, ARC
	RHAC At-Large		HPCSWF Staff		X Ruby Newsome, ARC
	X	Dillard Larson, Patient Care Rep	X	Ed Houck	X Tara Drake, LCHS
	X	Art Gallagher, Prevention Rep	X	Susan Mitchell	X Sharon Murphy, McGregor Clinic
			X	Mike Waite	X Marty Kennedy, CMS
			X	Kim White	X Amy Zamot, LCHD
				X Gail Counts, HAPC	
				X Rich Freeman, SOHCD	
				X Janette Capaci, SCHD	
				X Pat Graham, USF Student nurse	
				X Peggy Clark, CCC	
				X Ruth , SCHD	
				X Carolyn Moore, ICAN	
				X Gail Counts, Area 8 HAPC	
				X Clarke Kirby, Area 8 Contract Manager	
TOPIC	ISSUE(S)		CONTACT	DECISION / ACTION	DUE DATE
I. Welcome & Introductions	▶ Meeting participants introduced themselves and stated where they were from		▪	▪	▪
II. Minutes	▶ April minutes require some corrections regarding spelling and attendance		▪ S. Mitchell	▪ April minutes approved with corrections	▪ July meeting
	▶ March minutes had not been approved at the April meeting as there was no quorum		▪ S. Mitchell	▪ March minutes will be addressed at the July meeting for approval	▪ July meeting
III. A. 1.	▶ Ryan White 2004-2005 budget was presented. ▶ J. Colfer asked when the specialist rate was changed from \$175 to \$125 per visit. She stated she is having trouble getting specialists in Collier to accept this rate ▶ G. Price also stated specialist reimbursement for		▪ M. Waite	▪ S. Mitchell will look back over minutes and through materials to find out when the specialist rate was changed and where the justification was regarding the	▪ Report at July meeting

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	<p>telemedicine specialists is hampering access to care.</p> <ul style="list-style-type: none"> <li>▶ J. Hartner who was on the committee that dealt with the reimbursement issue last time said to her recollection, the discussions were only on primary care reimbursement and not specialist rates.</li> <li>▶ The dental line item is currently overspent. It was explained that this "overspending" was both actually paid and encumbered so some may not be actually paid because services won't happen or the payments will be spread out over time as the services are completed. It was noted that the overspending represents a few clients with very large expenditures.</li> <li>▶ J. Hartner stated that dental is either very high or very low. P. Dobbins stated clients tend to wait at the end of the contract year because the case managers tell them there is no money, and rush to get services when the new contract comes in.</li> </ul>	<ul style="list-style-type: none"> <li>▪ HPC and CMC</li> <li>▪ HPC</li> </ul>	<p>change.</p> <ul style="list-style-type: none"> <li>▪ At Case Manager Training, there needs to be discussion of how to address spikes in utilization and how to address with clients.</li> <li>▪ Analysis of the spending patterns with the spikes and valleys, should be done to see if there is a pattern instead of reacting every time there is a change.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fall CM training</li> <li>▪ July meeting</li> </ul>	
<p>III. A. 2. RW 2003-2004</p>	<ul style="list-style-type: none"> <li>▶ As the last bills have been submitted to the state, \$35,066.88 will be sent back to Tallahassee. This represents approximately 2.25% of the total direct services funding. Last year, the amount sent back was almost \$100,000 and the year before that, the area overspent significantly.</li> <li>▶ While the dollars had been "spent" down to just over \$1 as of the end of the contract year, the money being sent back represents both encumbered services that were not provided and services provided that were not billed in time. B. Little asked that there be a way to track these "no shows" and "non-billed".</li> </ul>	<ul style="list-style-type: none"> <li>▪ C. Kirby</li> <li>▪ HPC and CMC</li> <li>▪ HPC</li> </ul>	<ul style="list-style-type: none"> <li>▪ C. Kirby will look into options for rolling over the remaining dollars</li> <li>▪ The HPC will work with the CMC to develop a way to track no-shows to close them out quicker and get clients to be more compliant.</li> <li>▪ Look at encumbrances last year vs. encumbrances this year</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report at July meeting</li> <li>▪ Address at CMC meeting June 4, 2004</li> </ul>	
<p>III. A. 3. HOPWA</p>	<ul style="list-style-type: none"> <li>▶ The HOPWA financials were reviewed. It is estimated that between \$90,000 and \$125,000 may be sent back to Tallahassee come July. It was noted that 6 months ago or so the RHAC was trying to deal with OVERspending and now looking at UNDERspending.</li> <li>▶ It was suggested that anniversary dates have an</li> </ul>	<ul style="list-style-type: none"> <li>▪ HPC</li> <li>▪ HPC</li> </ul>	<ul style="list-style-type: none"> <li>▪ HPC will work with case managers to identify anniversary dates and graph those to compare to utilization patterns</li> <li>▪ HPC will develop graphs comparing the previous 3 years of data by</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	

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	<p>impact and that those need to be graphed to see if they are the reason for the spikes and lulls in spending.</p> <ul style="list-style-type: none"> <li>▶ T. Drake stated that last March they were out of money and had to stop enrolling new clients and now she is experiencing very slow utilization at this time.</li> <li>▶ P. Dobbins suggested looking at 3 years of data to see if there are identifiable trends.</li> <li>▶ A. Gallagher stated that it is difficult to plan for emergency needs but that anniversary dates would be good to look at in identifying cycles and trends.</li> </ul>	<ul style="list-style-type: none"> <li>▪ HPC</li> </ul>	<ul style="list-style-type: none"> <li>▪ month to attempt to identify trends</li> <li>▪ Find out from other areas if they are experiencing the same trends. Find out what percentage of the RW population we should expect to see in need of HOPWA assistance</li> </ul>	
III. B. 1. List of Scenarios/Issues	<ul style="list-style-type: none"> <li>▶ S. Mitchell stated that she has collected several scenarios regarding case management, HOPWA, eligibility, etc. that need clarification and may result in policies and procedures to clarify current processes. She suggested the Case Management Committee take up these issues and should any policy action need to be taken the committee would recommend to the RHAC.</li> </ul>	<ul style="list-style-type: none"> <li>▪ S. Mitchell</li> </ul>	<ul style="list-style-type: none"> <li>▪ S. Mitchell will bring scenarios and issues to the Case Management Committee for discussion and if needed, policy clarification or development</li> </ul>	<ul style="list-style-type: none"> <li>▪ CMC report on actions at regular RHAC meetings</li> </ul>
IV. A. Planning Committee	<ul style="list-style-type: none"> <li>▶ Directive for the committee is to take strategic planning results together with other documents to give a blue print for a comprehensive plan</li> <li>▶ PC will meet immediately following this meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ PC and HPC</li> </ul>	<ul style="list-style-type: none"> <li>▪ [Planning Committee]</li> </ul>	
IV. B. Clinical Committee	<ul style="list-style-type: none"> <li>▶ J. Capaci reported on training sessions being offered (quarterly nurse assessment skills and triage training)</li> <li>▶ P. Dobbins, E. Cordoba and M. Kennedy remarked on the travel expense and time to attend some of these and expressed a desire to have these more centrally located or rotating in the area.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>
IV. C. HOPWA Ad Hoc	<ul style="list-style-type: none"> <li>▶ A. Gallagher and C. Kirby presented the report for the committee. Property taxes to be paid outside the mortgage payment are not an allowable expense under HOPWA guidelines. HAPCs, contract managers, and consortium reviewed the state HOPWA guidelines in 2000. It was suggested that HUD might have a</li> </ul>	<ul style="list-style-type: none"> <li>▪ C. Kirby and A. Gallagher</li> </ul>	<ul style="list-style-type: none"> <li>▪ Write a letter to Tom Liberti regarding the disparity on this tax issue and ask for formal clarification</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report at July Meeting</li> </ul>

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	<p>specific reason for not including taxes outside the mortgage to be explicitly denied.</p> <ul style="list-style-type: none"> <li>▶ In Immokalee, N. Frees mentioned that she estimates that about one third of the clients are eligible for HOPWA, but many do not seek assistance for one reason or another. C. Kirby suggested a marketing plan to make sure CM and clients know about the program.</li> <li>▶ R. Bobo stated that as with other spending issues, we should not react to spikes and fluctuations in utilization, but stand by sound policy and spend appropriately on eligible clients.</li> <li>▶ A. Gallagher stated ion speaking to case managers (CM), there was a great deal of variation as to what is/not covered.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Include HOPWA in CM training.</li> <li>▪ Develop CM worksheet to reduce variation from CM to CM</li> <li>▪ Bring brochure to next RHAC meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fall CM training</li> <li>▪ RHAC Meeting (Aug 4)</li> </ul>	
V. HAPC	<ul style="list-style-type: none"> <li>▶ G. Counts reported there is a plan to distribute the 4,300+ cases of nutritional supplements in Area 8. Sites for shipment include Mail Meds, Immokalee, and Venice pharmacy</li> <li>▶ Area 8 will be participating in a client survey to measure cross-county utilization and service delivery. It was suggested protocols be developed, case managers administer the survey to assist the client, and that the survey be done in "season" and summer to accurately reflect the impact of season</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop methodology and procedures for approval, distribution and reporting for the nutritional supplements</li> <li>▪ Develop schedule and protocols for CM to administer the client surveys to ensure accurate and fair reporting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prior to delivery of product</li> <li>▪ Prior to implementation of survey</li> </ul>	
VII. Public Comment	<ul style="list-style-type: none"> <li>▶ J. Trout advised the committee on three issues discussed at the Lee County Patient Care Committee: (1) there needs to be a plan for getting medications to exposed newborns in Lee County; (2) AmeriGroup (Medicaid HMO) is not paying providers for authorized services; (3) Good Wheels has informed Medicaid patients of disturbing changes in their policies.</li> <li>▶ Discussion on (1) indicated that the medication and newborn issue is a local issue in Lee. Partnering with Healthy Start was a suggestion.</li> </ul>	<ul style="list-style-type: none"> <li>▪</li> </ul>			

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	<ul style="list-style-type: none"> <li>▶ Discussion on (2) revealed other areas and providers (HGCHD, McGregor and ARC) are being affected by this.</li> <li>▶ Discussion on (3) indicated action needs to be taken to inform the Good Wheels board of directors of the implications of its policies on care of patients</li> </ul>		<ul style="list-style-type: none"> <li>▪ J. Hartner will draft a letter to the Good Wheels board of directors for RHAC</li> <li>▪ ASAP</li> </ul>

NEXT MEETING: AUGUST 4<sup>TH</sup> at the Charlotte County Health Department

Chairman's Signature: \_\_\_\_\_

Date: \_\_\_\_\_