

SOUTHWEST FLORIDA REGIONAL HIV/AIDS COUNCIL

MEETING:	Regional HIV/AIDS Council		DATE:	08/04/04	
LOCATION:	Charlotte County Health Department, Punta Gorda				
ATTENDEES:	RHAC Members – CHD Directors		RHAC Members – Community		Non-RHAC Present
	X	Joseph Goggin, Charlotte CHD	X	Bruce Taylor, Charlotte County	X Debbie Kimberlin, ChCHD
	X	Susan Craig for Joan Colfer	X	Derald Maldonado, Charlotte Alternate	X Glenn Price, HGCDH
	X	Don Toews, DeSoto CHD	X	Ellen Cordoba, Collier Comm Rep	X Robert Bobo, ARC
	X	Martha Valiant, Hendry/Glades CHD		[DeSoto Community Representative]	X Sean McIntosh, ARC
	X	Judith Hartner, Lee CHD		Joan Bloomster, Hendry Comm Rep	X Ruby Newsome, ARC
	X	Bill Little, Sarasota CHD (RHAC Chair)	X	Jeff Trout, Lee Community Rep	X Tara Drake, LCHS
			X	Jim McCloud, Sarasota Community Rep	X Sharon Murphy, McGregor Clinic
		RHAC At-Large	HPCSWF Staff		X Amy Zamot, LCHD
	X	Dillard Larson, Patient Care Rep	X	Ed Houck	X Carolyn Moore, ICAN
	X	Art Gallagher, Prevention Rep	X	Susan Mitchell	X Gail Counts, Area 8 HAPC
			X	Mike Waite	X Clarke Kirby, Contract Manager
		X	Kim White	X David Waldron	
		X	Stanley Dratler, MD	X Susan Terry, CCC Sarasota	
				X Renay Hunter, LCHD	
				X Nancy Frees	
				X Marty Kennedy, LCHD/CMS	
				X Jeff Trout, McGregor Clinic	
TOPIC	ISSUE(S)		DECISION / ACTION		DUE DATE
I. Welcome & Introductions	▶ Meeting participants introduced themselves and stated where they were from		▪		▪
II. Minutes	▶ March minutes were presented (with correction to Dr. Goggin's name) as carried over from April when there was no quorum. Dr. Valiant made motion and Don Toews second. Approved. ▶ May minutes were approved as presented.		▪		▪
III. A. RWII'05 (M. Waite)	▶ Insurance co-payment, nurse visits, drug reimbursement, and dental are overspending. ▶ S. Mitchell explained that insurance co-payment includes drug co-payments. Historically, when the copayment line time gets used up, drug copayments are paid under Drug Reimbursement line item. HPC may consider a budget amendment to increase insurance copayment and dental line items. ▶ While dental is overspending, the overspending has slowed down a bit. ▶ J. McCloud asked if the over-budget items of lab and nurse visits are manageable? M. Waite stated yes, at this time.		▪ ▪ ▪ ▪		

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	<ul style="list-style-type: none"> ▶ S. Mitchell presented the Encumbrance Reporting policy and procedure. It states that HPC will generate reports on the first of the month of all the encumbrances to be liquidated in the next 30 days. Instead of case managers responding to the entire list of open encumbrances, they can respond if they know of encumbrances NOT to be liquidated. Consideration had been made to shorten either the length of time an authorization is valid (30 days) or the time a provider has to bill (45 days from DOS). Neither of those appeared to be feasible. Therefore, HPC has decided to stick with the current time frames and allow the process to work itself instead of having case managers respond to lengthy (if run too soon) or outdated (if run too late) reports that require a great deal of work. N. Frees suggested the Case Management Committee review the current policy and procedure. 	<ul style="list-style-type: none"> ▪ Case Management Committee review policy and procedures for Encumbrance Reporting 	<ul style="list-style-type: none"> ▪ Next regular CM Meeting (October) 	
III.A. HOPWA FY 2004 (M. Waite)	<ul style="list-style-type: none"> ▶ August 15th is the final date for HPC to submit invoice to the state for HOPWA 2003-2004. The amount left unspent was \$115,535.07. ▶ Discussion regarding what has been done to not underspend. N. Frees stated that guidelines specify that HOPWA is to be used for HIV-related housing needs. A. Gallagher stated that is he perceptions from the client point of view is that there are client needs not being met and it offensive when the program 'sends back' money. Ed Houck pointed out that late 2003, it appeared the program would be running short on funds as it was still paying for Sarasota without HUD funds. The state provided an additional \$60,000 to help offset those losses and HUD began to pick up the costs of Sarasota in March 2004. These contribute to the program having more money unspent. ▶ J. McCloud stated that RHAC should make sure this money is spent. ▶ B. Little had asked an ad hoc committee review the policy to see if it was meeting the needs. The committee (A. Gallagher, C. Kirby, N. Frees, S. Mitchell) concluded the policy is a good one. What RHAC does not want to do is change the policy with every change in utilization. D. Toews stated if the needs that are not being met are not allowed under HOPWA, the point is moot. C. Kirby stated he had looked into using some of the money for "support services" allowed under the program and for property taxes not included in a mortgage. BHA in Tallahassee said no to both. Guidelines state local programs can be more, not less, restrictive than the state guidelines. ▶ N. Frees stated locally, the program is probably more lenient than the state would prefer in its language regarding eligibility for persons with disability. The program allows a disability determination (not just HIV-related disability) to meet the need 			

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	<p>related eligibility criteria. She also pointed out that in December and January case managers were told not to spend. The fact there was no policy change didn't impact it as much as being told not to spend. R. Bobo stated this happens in both HOPWA and RWII.</p> <ul style="list-style-type: none"> ▶ C. Kirby pointed to the graph provided in the packet. HOPWA utilization fluctuates with little consistency. ▶ S. Mitchell stated that sometime in the next year, the state will be moving toward a common eligibility criteria that will change the HOPWA eligibility (income). ▶ J. McCloud stated some of the fluctuation is due to differences case manager to case manager. ▶ N. Frees stated the high turnover rate contributes to the inconsistency. 	<ul style="list-style-type: none"> ▪ S. Mitchell to see what the impact on HOPWA may be with change in eligibility 	<ul style="list-style-type: none"> ▪ Update next RHAC (Sept)
III. A. HOPWA 2004-2005 (M. Waite)	<ul style="list-style-type: none"> ▶ The new HOPWA contract started July 1, 2004. Expenses so far are \$40,442 and that is almost half of what is budgeted for that time. July requests have been low and have been low in July in previous years. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪
III. B.1. Action Items (S. Mitchell)	<ul style="list-style-type: none"> ▶ Minutes for March were included in this meeting packet and approved. ▶ Specialist Fee Schedule: S. Mitchell looked over the previous meeting minutes and found no specific mention of the change to the specialist rate but it was included in the new fee schedule that also included the change to the primary care rates. ▶ Spikes in Utilization: S. Mitchell asked case managers about spikes and is of the understanding from case managers that the fluctuations are due to funding availability or perception of. ▶ G. Counts presented a handout in reference to options for spending roll-over funds that may be available locally. HPC developed a rough analysis of the dental need based on current utilization as well as provided data on the average number of new clients (MIP) per month. ▶ No-Show: HPC will continue to work with case management agencies and clinics regarding tracking no-shows. ▶ Encumbrances 04 vs. 05: S. Mitchell provided a handout of, by case management agency, the unexpended funds adjusted for services encumbered in 03-04 but actually provided in 04-05. S. Mitchell said this situation where something is encumbered in one year but provided and paid from the next needs to be more closely monitored at the end of the fiscal year. ▶ HOPWA Anniversary Dates: In an effort to analyze fluctuations in HOPWA, it was suggested to look at anniversary dates. S. Mitchell reported the data collection alone was too complex with little chance of any real impact. From earlier 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪

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	<p>discussion, perceptions of funding availability and inconsistency in program application among case managers is a more realistic cause to address.</p> <ul style="list-style-type: none"> ▶ HOPWA Trends: C. Kirby reporting on the considerations presented to Tallahassee earlier in the meeting. S. Mitchell provided a chart with 3 years of data to show inconsistent fluctuation is the trend. ▶ RW – HOPWA: S. Mitchell asked a few other areas around the state about the correlation between RW and HOPWA assistance. Each area has such a different set of circumstances (RWI, II, III, IV, HOPWA, HUD, SPNS) that comparison would most likely be invalid. ▶ Scenarios: S. Mitchell has a list of scenarios the case management committee has reviewed and had hoped a representative from Tallahassee would be at the July training to address them. The representative cancelled at the last minute. ▶ HOPWA Ad Hoc: As discussed previously, C. Kirby contacted T. Liberti about property taxes and was told HOPWA funds could not be used to pay property taxes outside a mortgage. ▶ HOPWA form: S. Mitchell has developed a new HOPWA form with worksheet calculation space in an attempt to reduce inconsistency and to reduce the amount of time HPC spends on re-calculating allowed amounts for case management agencies. ▶ HOPWA Brochure: N. Frees brought RW/HOPWA brochures to distribute. An agency was left off so the brochure will be revised and presented at the next meeting. ▶ HAPC Nutritional Supplement Procedure: S. Mitchell proposed using the current system for authorizing nutritional supplements for the free supplements available through the vitamin settlement. S. Mitchell will inform case managers. ▶ HAPC Survey: G. Counts discussed that the cross-county survey will only be administered in Immokalee and Naples. ▶ Good Wheels: J. Hartner developed a letter (attached) to Good Wheels pursuant to discussion regarding their policies. 	<ul style="list-style-type: none"> ▪ Brochure will be revised and available at the next meeting (N. Frees). 		
III.B.2. Case Management Allocation	<ul style="list-style-type: none"> ▶ C. Moore stated with the number of cases per case manager, case managers may leave. Case managers are severely burdened with very needy clients and having to deliver non-case management services. She stated the new reporting requirements from HPC are a problem. S. Mitchell explained the new MIP database cleanup effort and other forms developed are intended to reduce the amount of time and effort case managers spend on reporting. The reporting 			

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	<p>requirements are pursuant to lead agency requirements to the state.</p> <ul style="list-style-type: none"> ▶ R. Bobo stated with denials from HPC, increase in the complexity of cases, and the reduced fee schedule for primary care, some agencies are having difficulty. He indicated HPC needs to acquire more MOAs with providers as case managers do not have the time or resources to search for other options for services other than Ryan White Title II. ▶ B. Little asked if there was any off-the-shelf applications that would make reporting and managing cases easier. G. Counts suggested the software RWII paid for through B. Hutton was popular and could be updated. D. Kimberlin suggested looking into HCMS. ▶ J. Hartner stated the problem is the turnover rate and we do not have a true sense of the extent of the problem. She asked that HPC find out what the turnover rate has been for the past 2 years. And she suggested looking into an employee satisfaction survey. ▶ B. Little asked about the HPC position under Case Management. S. Mitchell explained that position handles all the encumbrances, authorizations, and guidance tracking for case management agencies. It may be a result of past overspending and corrective action from the state. ▶ E. Houck discussed the present situation with case management allocation. Some providers were adversely impacted by the new case management contract amounts presented in March and implemented April 1. B. Little appointed an ad hoc committee to look at: long term solutions for allocation of case management resources, development of a case management "system", and the need to separate case management from reimbursement. He appointed S. Craig as the chairman. He also instructed her to find someone not involved at all to participate. ▶ D. Waldron stated that the two issues he sees are (1) there needs to be a definition of "HIV-related" and (2) fixed price contracting where there is too much case management time spent on obtaining authorizations. He stated there are two national policy papers available on social work vs. medical case management. ▶ E. Houck continued to explain the current situation in regards to case management allocation. Two providers contacted J. Hartner in July, and a meeting with these providers, J. Hartner, C. Kirby, and representatives from HPC was held. The situation presented was that under the current funding allocation that began April 1, these agencies would not be able to provide case management 	<ul style="list-style-type: none"> ▪ Investigate software options (S. Mitchell) ▪ Could HCMS be used by non-CPHU (G. Counts) ▪ Determine turnover rate (S. Mitchell) ▪ Find Empl Sat survey (S. Mitchell) ▪ S. Craig appointed to head ad hoc case management allocation committee 	<ul style="list-style-type: none"> ▪ Update next RHAC (Sept) ▪ Update next RHAC (Sept) ▪ Update next RHAC (Sept) ▪ Update next RHAC (Sept) ▪ Update next RHAC (Sept) 	

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	<p>services. Short and long term solutions were discussed. HPC brought to the meeting a variety of funding allocation options. The participants agreed to look at a hybrid approach. The short-term solution presented today was suggested by the RHAC chairman based on review of the multiple options developed. It allocates funding for the last 6 months of the fiscal year based on last year's contract amount as a base, with the additional case management funding to be allocated proportionately across all agencies based on the number of clients served on 03-04. This option provides all agencies with more money than they received the previous year (03-04). This option will provide six (6) agencies more money than they would have received under the present 04-05 contract. Three (3) agencies who received significant increases from 03-04 to the present 04-05 contract will receive less money than they would have if the current 04-05 contract were to remain in place.</p> <ul style="list-style-type: none"> ▶ J. Hartner asked why the sum of all case management agencies (\$470,851) does not equal the case management line item (\$570,851). S. Mitchell explained that Lee County Health Department receives \$53,000 for a 0.40 FTE for Children's Medical Services case manager to serve up to 40 Medicaid/CMS eligible children. The HPC uses \$42,000 of the line item to fund a position to work with the case management agencies to correct and complete requests for services, issue authorizations, create encumbrances in the accounting system, monitor and track agency guidance/budgets, work with the Medical Director on all non-standard requests, and create new client profiles in order to issue MIP numbers. ▶ Discussion focused on why the allocation methodology was the way it was. S. Mitchell stated her opinion was it was based on poorly developed self-reported data with great variation between agencies. DCHD with the fewest resources received the largest proportionate hit. McGregor Clinic felt they had no choice but the sign the contract as they would not be operational without Ryan White Title II funds. S. Craig stated that those areas who have Title III, and do not tap into Title II for those clients, are adversely impacted because the numbers do not show up in utilization figures in 03-04. J. McCloud stated that those who do well and received more money as a result of better reporting, are punished. Standards should be the same for everyone. J. Hartner expressed that however we got here, the situation is that there are agencies that will close if we do not address the problem. 	<ul style="list-style-type: none"> ▪ Motion to accept allocation methodology as presented for Oct-Mar was approved. J. McCloud opposed. 	<ul style="list-style-type: none"> ▪ S. Mitchell to get contracts out ASAP for Oct-Mar. 	
III.B. Input and	▶ The Input and Accountability document expired June 30, 2004. RHAC chairman	▪ J. Hartner committee	▪ Update next	

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Accountability	extended it until this meeting. B. Little asked if anyone objected to accepting it as it is. D. Larson suggested revising it to include a self-renewal clause so it does not lapse. J. McCloud asked about a "Report Card". S. Mitchell explained it had been part of the strategic planning in February. B. Little suggested the previous committee review and make small adjustments if necessary and can add the self-renew clause. G. Counts stated it would be needed for an ITN for lead agency services.	to review Input and Accountability with suggestion to add self-renew clause	RHAC (Sept)
V. HAPC	▶ G. Counts stated that the BHA/DOH asked if we needed more money. There is approximately \$2.5 million in carry over money from around the state. We developed a proposal for \$166,000.		▪
VI. Local Groups	▶ B. Little stated SCHD is receiving a \$10,000 to build a template for doing community needs assessments with USF.	▪	▪
	▶ In the interest of time, the meeting was adjourned without all agenda items addressed.	▪	▪

NEXT MEETING: September 22nd at the ~~Charlotte County Health Department~~

Chairman's Signature: _____

Date: _____