

# Ryan White EMA Planning Council

New Haven and Fairfield Counties



Heidi Jenkins & Joanne Montgomery, Co-Chairs

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## Strategic Planning & Assessment Committee Meeting Minutes

**Meeting Date:** Thursday, October 1, 2015  
**Start Time:** 9:02am  
**End Time:** 11:55am  
**Location:** Burrough's Community Center  
**Presiding Chair:** Heidi Jenkins  
**Recorder:** Sara Seaburg

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### Summary of Committee Business Votes

- Approval of Minutes from the September 3, 2015 meeting

### Council Member Assignments

- Attend Committee/Council meetings as outlined in the Council Bylaws

### Staff Member Assignments

#### (1.0) Moment of Silence

Heidi called the meeting to order at 9:02 am. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS.

#### (2.0) Welcome and Introduction

All participants introduced themselves.

#### (3.0) Co-Chair Announcements

There were none

#### (4.0) Approval of September 3, 2015 Meeting Minutes

A motion to approve the September 3, 2015 SPA Adhoc committee minutes was made by Joanne Montgomery and seconded by Denise Torres

**For: (3)** Jenkins, Montgomery, Torres

**Against: (0)**

**Abstain: (2)** McLellan, Tierney

#### (5.0) Approval of September 3, 2015 Meeting Minutes

A motion to approve the September 3, 2015 SPA committee meeting minutes was made by Joanne Montgomery and seconded by Denise Torres

**For: (3)** Jenkins, Montgomery, Torres

**Against: (0)** minutes

**Abstain: (2)** McLellan, Tierney

#### (5.0) New Business/Old Business

- **Review the Strategic Planning and Assessment Planning Council Activity Timeline**  
The Committee reviewed the Planning Council Activity Timeline and determined that everything was on track.



- **Review implementation of Health Care Reform/National HIV/AIDS Strategy and its impact on RW**  
We will not be discussing this topic this month.
- **Review Framework of PSRA**  
Jeff presented a document on the 'Priority Settings Data Inputs (Pillars)' that were defined last month during the SPA Adhoc committee meeting: These included the following, needs assessment, quality management, consumer input, utilization and HIV care continuum. The committee focused on Needs Assessment:  
Needs Assessment/HIV Care Continuum: This was discussed regarding what questions to ask, how to ask those questions and what is it that we exactly want to find out. Does this committee come up with the questions, send it out to all regions and then have the case managers conduct this with their clients. What do we need to know that we don't already know already? It was said that we really need to hear from the consumer and it's their voice that is most important in this assessment. Many people voiced their experiences with themselves, with their clients and other barriers that need to be addressed first. Perhaps to facilitate client groups with their case managers where these clients can speak freely about their experiences. There may be a way to help get all case managers invested in this process. It was also discussed that regions reach out to clients who are not doing well medically and what is it that is keeping them from getting on their medication and staying on their medication. There was a discussion if there is enough money in the budget for FY2016 to spend on a needs assessment for FY2016. The Grantee explained how the budget reduction has impacted their office and the Planning Council this year and it's not looking like there will be any more funds next year. The question was asked, 'What can we do at the Planning Council level to impact the scenarios that were discussed at today's meeting? This continues to be a challenge every day. Heidi spoke regarding the importance of finding PLWHA who are out of care and finding out what it would take to get them back into care. She also asked if we can look at CAREWare and focus on the newly diagnosed individuals and their risk factors. Jeff presented the EIS report from September's meeting in response to this question. He also presented the HIV Treatment Cascade (Care Continuum) data from the EMA reported through December of 2014 from CAREWare. A data comparison could be done between CAREWare and the eHARS database to find out who is not virally suppressed. Perhaps a survey could be done with this population to find out what is a barrier that's keeping them from viral suppression. The ability to run this report in CAREWare was discussed and whether or not it's possible. Heidi and Arvil will work out how this comparison may happen. This discussion will be continued next month once we see the data.
- **Determine 2016 Directives to the Ryan White Office**  
Jeff presented data that was requested to help determine the 2016 Directives. This included numbers of PLWHA broken out by region from DPH, eHARS and the Ryan White Office. He also presented the current directives. The data was analyzed and several attendees voiced opinions regarding which data was best. Several suggestions were made on how to get the data that is needed to properly allocate the percentages across all 5 regions. Jeff calculated the entire MCM funding broken out by region and then by cost per client and presented

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these numbers to the committee. The average cost per client for MCM is \$825.00. There was a concern expressed about the data and where the numbers came from. Discussion concerning the 'payer of last resort' took place as well. The data was a concern to the committee. Epidemiological data was discussed vs. medical case management and outpatient ambulatory medical care. Joanne suggested to get data that would show each region and how many unduplicated clients they provided a Part A service to for FY2014. This was a data request made to the Ryan White Office. The data would need to look at unduplicated client count per region. Jeff suggested running this report but pulling out the medical case management service. This will continue be discussed next month.

- **Review By-Laws regarding Planning Council Co-Chair Eligibility and Requirements**  
**Section 4.4(b) Planning Council Co-Chairs Eligibility:** The eligibility requirements for Planning Council Co-Chairs are as follows:
  - Currently serve as a Council member.
  - Have currently served on the Council for at least 12 consecutive months.
  - Have attended at least 75% of Council and committee meetings within the last 12 months.
  - Currently reside or work for an agency that provides services in New Haven or Fairfield Counties.

This discussion is taking place due to the specific eligibility and requirement that speaks to the residency within the EMA. Many opinions were heard about the various requirements.

A motion was made by Dennis Torres to change the following requirement to read and Joanne Montgomery.

- Currently resides in New Haven or Fairfield Counties or represents a mandated category based on HRSA Planning Council Requirements.

**For: (7)** Jenkins, Montgomery, Torres, McLellan, C. Teel, Tierney, Stewart

**Against: (0)** minutes

**Abstain: (0)**

Staff will e-mail this amendment to the By-Laws to the Planning Council by end of day today.

- **Define One New Study and Present Results**  
This was not discussed today
- **Review Comprehensive Plan**  
This was not discussed today
- **Unresolved Parking Lot Items**
  1. Present program Income information regarding reimbursement for services by region.



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2. A Circle of Care new model will be created and addressed in the annual PSRA process.
3. Revisit Health Insurance Premium & Cost Sharing Assistance Service Category. – Heidi shared more information concerning where the DPH is in this process. They are working with their staff attorneys and looking at what other states are doing regarding these reimbursement checks being disbursed. They have also made recommendations that will ensure this does not continue moving forward. Staff is going to draft a letter to CIPA and will have this completed by Tuesday, September 8, 2015.
4. Can we see a breakdown of program income brought into the Ryan White Part A program by service category and Region?
5. Can Staff report back to the committee the definition of PROGRAM INCOME? Staff presented the program income definition as defined by the FY2016 Part A Grant Guidance as follows:
  - All program income generated as a result of awarded funds must be used for approved project-related activities. Program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award. For Part A, allowable costs are limited to core medical services, support services, clinical quality management and administrative expenses [Section 2604(a)(2)]. Program income may be utilized for elements of the program that are otherwise limited by statutory provisions, such as administrative and clinical quality management activities that might exceed statutory caps, or unique services that are needed to maintain a comprehensive program approach but that would still be considered allowable under the award.
  - Third Party Reimbursement
  - The RWHAP is the payer of last resort, and recipients must make every effort to ensure that alternate sources of payments are pursued and that program income is used consistent with grant requirements. HRSA expects recipients to screen for proof of insurance status and financial eligibility for use of funds on a regular basis (see <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1302clienteligibility.pdf>). Recipients and subrecipients are required to use effective strategies to coordinate between Part A and third party payers who are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Medicaid and any opportunities for expansion under the Affordable Care Act, Children’s Health Insurance Programs (CHIP), Medicare, including Medicare Part D, and private insurance, including new options available under the health
  - HRSA-16-021 30 insurance marketplace established by the Affordable Care Act. Subrecipients providing Medicaid eligible services must be Medicaid certified.
    - Provide a narrative that describes the following:
      - (1) The process used by recipients to ensure that subrecipients are monitoring third party reimbursement; also describe the contract language or other mechanism to ensure that this takes place;
      - (2) The process to conduct screening and eligibility to ensure the RWHAP is the payer of last resort; and
      - (3) How the grant recipient monitors the appropriate tracking and use of any program income at both the recipient and subrecipient level.

The discussion centered on how to report this income; that it is contract specific and it is a very complicated process. This only concerns Part A clients and how much income comes from Medicaid,

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Medicare, sliding scale, etc. and where does this money go? Staff asked Charlotte Teel our DSS representative if she can collect Medicaid data on this. HRSA asks that the program income be put back into services that with help PLWHA. It was mentioned that this data would be good to see but not to be used during the PSRA process.

## Parking Lot Summary

ITEM	STATUS
Present program Income information regarding reimbursement for services by region	In process - 10/1 staff presented program by region and working with Medicaid to get data
A Circle of Care new model will be created and addressed in the annual PSRA process	In process - Pending DPH Discussion of comp plans
Revisit Health Insurance Premium & Cost Sharing Assistance Service Category	In process – Letter sent to DPH regarding CIPA issues on 10/2 and a response was received on 10/22 and will be presented at the 11/6 SPA meeting
Can we see a breakdown of program income brought into the Ryan White Part A program by service category and Region?	In process – further SPA discussion required
Can Staff report back to the committee the definition of PROGRAM INCOME?	Closed on 10/1: staff presented this, please see details above.

### (6.0) Announcements

There were none

### (8.0) Adjournment

The meeting adjourned at 11:55am

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**Strategic Planning and Assessment Committee Attendance Record – 2015**

	<b>Council Member</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
1.	Ric Browne	A			A	A	A	X	A	A	
2.	Christopher Cole	A			X	X	X	X	X	A	
3.	Sabrina Delgado	A			A	A	A	A	A	A	
4.	Patricia Ducatel	-			X	A	A	A	A	X	
5.	Heather Garofalo	X			A	X	X	X	A	X	
6.	Charles Green	-			-	-	-	-	-	A	
7.	<b>Heidi Jenkins Co-Chair</b>	X			X	X	X	X	X	X	
8.	Tom Kidder	X			X	X	X	A	A	A	
9.	Kenneth McLellan	X			X	A	A	A	A	X	
10.	<b>Joanne Montgomery Co-Chair</b>	X			X	X	X	X	X	X	
11.	Raphael Muniz	A			A	A	A	A	A	A	
12.	Alex Ortiz	A			A	A	A	A	A	A	
13.	Johnny Rivera	-	-	-	X	A	A	A	A	A	
14.	Jackie Robertson	A			A	A	A	A	A	A	
15.	Christine Romanik	A			A	A	A	A	A	A	
16.	Mark Sanchez	A			A	A	A	A	A	A	
17.	<i>Roberta Stewart PC Co-Chair</i>	X			X	X	X	X	X	X	
18.	Charlotte Teel	A			A	X	X	X	X	X	
19.	Ken Teel	-			A	A	A	A	A	A	
20.	Lauren Tierney	X			X	X	X	X	A	X	
21.	Dennis Torres	A			X	X	X	X	X	X	
	Ryan White Office	X			X	X	X	X	X	X	
	Planning Council Staff	X			X	X	X	X	X	X	
	% of Council present:	40%			50%	41%	45%	43%	30%	43%	

Guests: Daphne McLellan, Tyrone Robinson