

Executive Committee Meeting Summary
FAST FACT PAGE - FINAL

Meeting Date: Thursday, August 14, 2008
Start Time: 12:15 p.m.
End Time: 4:15 p.m.
Location: Greek Olive Restaurant, New Haven
Presiding Chair: Tom Kidder
Recorder: Sara Nichols, Planning Council Staff

Motions to bring to August 15, 2008 Planning Council Meeting

- Approval of Meeting Minutes for July 11, 2008
- Resource Allocation for FY2009 Service Priorities

Staff Assignments

- Prepare August meeting summary
- Prepare handouts for Planning Council meetings
- Update Website (www.ryanwhitecare.org) with committee agendas and minutes

Upcoming Planning Council Committee Meetings

- Thursday, September 4: Membership/Finance at Optimus, Bridgeport
- Thursday, September 4: Strategic Planning & Assessment at Optimus, Bridgeport
- Thursday, September 11: Executive Committee at Optimus, Bridgeport
- Friday, September 12: Planning Council at Greek Olive Restaurant, New Haven

Executive Committee Meeting Attendance Record

Date of Meeting	1/7	2/4	3/10	4/7	5/8	6/12	7/10	8/15	9/11	10/10	11/13	12/11
Committee Members												
Ric Browne (QI)	●	●	●	●	●	●	●	●				<input type="checkbox"/>
Charlotte Burch (QI)	◇	◇	◇	●	●	●	●	●				
Awilda Gonzalez (MF)	●	◇	◇	◇	◇	●	●	●				
Thomas Kidder (CC)	◇	●	●	●	●	●	●	●				
Leif Mitchell (SPA)	◇	●	◇	●	●	●	●	●				
Robert Sideleau (CC)	●	●	●	●	●	●	●	●				
Roberta Stewart (SPA)	◇	●	●	●	◇	●	●	●				
Ken Teel (MF)	◇	◇	◇	●	●	●	●	●				
Other Participants												
Ryan White Office	●	●	●	●	●	●	●	●				
Planning Council Staff	●	●	●	●	●	●	●	●				
PC Members & Public	8/14/08 – Jennifer Loschiavo, Alex Garbera, Brian Datcher											

Welcome, Moment of Silence, and Introductions

Co-Chair Tom Kidder called the meeting to order at 12:15 pm. He led the group in a moment of silence to remember and respect all individuals whose lives have been touched by HIV/AIDS. Members were asked to silence their cell phones and to refrain from text messaging.

(1.0) Co-Chair Announcements

Tom Kidder provided the following announcements:

- (1.1) The HRSA Project Officer conference call did not occur this month, however the co-chairs and Grantee plan to meet with her at the All Parts Conference in Washington DC later this month.
- (1.2) Today's agenda is to complete the Resource Allocations and Directives for FY 2009.

(2.0) Approval of Meeting Summary

Robert Sideleau moved approval of the minutes, with a second from Ken Teel. Discussion included one correction noted on page 2, Section 1.2a. Approval of the July 10, 2008 minutes of the Executive Committee occurred with 7 yes votes and 1 abstention (Y= Browne, Burch, Gonzalez, Mitchell, Sideleau, Stewart, Teel; Abstentions: Kidder)

(3.0) Quality Improvement Committee Report

(3.1) Charlotte Burch reported on the Quality Improvement (QI) Committee meeting held on August 8th. The committee did not have a quorum present so they were not able to move the June minutes forward. The committee reviewed the Medical Case Management summary findings from the site visits completed in July as well as the final Quality Management plan.

(3.2) Ms. Burch announced there will not be a meeting in September and the next meeting is scheduled for October 3rd. The agenda for that meeting will include reviewing the site visit findings from all core services. She asked for more council members to attend the next meeting so the committee can have a quorum to vote on the minutes for 6/6/08 and 8/8/08 and the final Quality Management plan.

(4.0) Membership / Finance Committee Report

(4.1) Ken Teel reported for the Membership/Finance Committee that met August 7th. He stated the goal of that meeting was to complete the Resource Allocation planning, and although it was a lively and lengthy discussion, the committee could not proceed with the process. He stated the committee requested further review of the model with Yale scientist, Dr. David Paltiel. Mr. Teel stated the Resource Allocation process will be finalized at today's meeting.

(4.2) Ken Teel stated that the next meeting will be September 4th from 12-2pm and the agenda would include reviewing Council membership reflectiveness and member attendance records.

(5.0) Strategic Planning and Assessment Committee Report

Roberta Stewart reported for the SPA Committee that met August 7th in New Haven. She stated that the meeting was abbreviated due to the extended Membership/Finance committee meeting that day.

(5.1) Feedback Summary: Roberta Stewart stated the committee reviewed the summary from the feedback forms received at the July Planning Council meeting. The Council environment theme [tension] appeared again and the committee suggested recommending team building/retreat for the Executive Committee consideration.

(5.2) Service Category Definitions: Roberta Stewart read the draft motion from committee for the new/revised service category definitions for Health Insurance Assistance and AIDS Pharmaceutical Assistance (local).

(5.2a) AIDS Pharmaceutical Assistance (local): Changes discussed (1) deleted HIV/AIDS "related" medications to match HRSA's definition. Although CADAP includes HIV/AIDS related medications on its formulary, the Planning Council must use HRSA's definition as a base guideline (e.g. the TGA definition cannot be more flexible than HRSA's definition). (2) Deleted text from previous Planning Council definition - "This assistance provides short-term payments to purchase FDA approved HIV/AIDS drugs." This is assumed now. (3) Added "the lowest reimbursement rate available". This used to only indicate Medicaid rate, however Federal 340b or other programs may be available that have a lower cost factor.

(5.2b) Health Insurance assistance was intended to cover co-payments only, as the Planning Council can make a definition stricter, due to the shrinking funds overall. This was included to meet the needs of the clients and because it was

a priority service category there needed to be a definition available. 300% eligibility is currently used for other services and was decided to be used for this category until an official change occurs.

(5.3) Roberta Stewart announced that the next SPA meeting will be on September 4th at Optimus, Bridgeport from 2-4pm.

(6.0) Ryan White Office Report (Grantee's Office)

(6.1) Tom Butcher reported on behalf of the Ryan White Office. He stated that he is currently working on the grant application and needs the necessary Planning Council votes to be completed in time. The grant application is due September 29th with the submission date of September 25th.

(6.2) The MAI report – Mr. Butcher stated that one application was submitted for Region 4 (Stamford/Norwalk) and it was not successful. The Ryan White Office went out to bid again for Region 4 and the deadline is 8/19/08. In addition, in Region 2 (Waterbury), Outpatient Substance Abuse Services went unrequested; there wasn't another place to put the money of \$6000 per the directives; therefore the Ryan White Office went out to rebid for providers to serve in Waterbury.

(6.2a) Tom Butcher asked the council to provide direction on what if the funds available does not get applied for again in this region, what does the council want to do with this money.

(6.2b) Tom Kidder asked for clarification on whether an adjacent region could apply as long as services were provided in Waterbury. Tom Butcher confirmed this would qualify.

(6.3) Mr. Butcher reported that review process would convene the first week of September and he may have a report for the council in September.

(7.0) Old / New Business

(7.1) Tom Kidder stated that the remaining meeting time was to complete the Resource Allocations and Directives and asked Sara Nichols to present the orientation of the matrix and distribute the data worksheets for the committee to review.

Discussion: Table 1: PLWHA Currently in Ryan White Part A Care

- Ken Teel gave an overview of the preparation for this meeting (the committee meeting of 8/7/08 and the planning session on 8/13.) He suggested there were considerations as to where we should start. Discovered what would happen if comparing the universe (the TGA) to the breakout of the special populations and how to account for overlap of the special pops categories. What was discovered was there was a 25% less total number (TGA all) than if all the populations were added together, which means there would be overlap. The group decided to use the TGA as a base, then add on the special pops as to who we would target to bring into care.
- Leif Mitchell added that the funding for the TGA = total funds to maintain, plus the Federal and State Supplemental. Discussion on the discrepancy of the total dollar amount used for formula calculations. Dr. Paltiel was unable to join the special planning session this week, however Leif stated he spoke with him for recommendations and stated that it would be better to start with what is currently in the system, what we used (total FY07 grant expended) then add to that number.
- Ken Teel stated that this rational was used because it is the actual number of clients served and the actual funds expended.
- Roberta Stewart state that this was not an accurate count, may suggest to keep it in because it was still where we were to sustain services, it was what we needed
- Dennis Torres asked if it is different if you included state supplemental in the base. Tom Butcher responded that it is different and stated that those funds should be noted in other funding category.
- Tom Butcher stated that the TGA clients listed are Part A clients only, State Supplemental supported clients should not be included in the service utilization table. The process should only include the utilization data that we actually have. Tom Butcher stated that the client counts and visits could be increased and this would change the unit cost in this process.
- Ken Teel asked how this pocket of money is different and how is it the same.
- Leif Mitchell responded with his consulting with Dr. Paltiel that when the state money came in, Matt Lopes used the same percentage per service categories from the Planning Council. We don't know exactly the number of people had only services from state funds however it was a parallel service delivery system.
- Ken Teel stated that the discussion about unit cost would be skewed by using both funding streams and noted that the issue of unit cost would need to be flushed out better next year.
- Leif Mitchell stated it depends on how we want to use unit cost for those currently in the system of care. It may be more appropriately utilized in the next step of calculating the new people into care.

- Bob Sideleau said we need to be consistent for the Ryan White Office to tell the story in the grant application.
- Leif Mitchell stated that the story, without the state dollars, we don't know if we could have maintained the system of care.
- Tom Butcher to get the figures from Matt Lopes office to get the state supplemental client counts, however he would be able to discuss the story of the Part A funding cut and the additional funds that came into the region.
- Roberta Stewart suggested there could still be a duplication factor with RWPA and SS.
- Tom Butcher responded that we do not look at Part B or Part C the same way.
- Leif Mitchell recommended that we use the 4+Million number as the base funding, change the unit cost to reflect only the Part A funds. Sara Nichols adjusted the formulas for the unit cost to only include Part A funds.

Table 2. Newly Diagnosed HIV within TGA

- Ken Teel stated so we need to consider who are the new people coming into the system?
- Roberta Stewart indicated the population break down percent based on population reported in DPH website. It is an estimate.
- Leif Mitchell stated this is an area to look at our special populations, similar to the Component 3 from last year.
- Tom Butcher commented about the HIV data, recommended to adjust the percentages for PLWH only not using PLWHA. Sara Nichols adjusted the formulas accordingly based on the DPH data for PLWH within our TGA.

Table 3. Estimated Out of Care to be enrolled into RW Part care system.

- Roberta Stewart described the formulas used for the estimating the out of care population for each of the categories.
- Ken Teel described how to use the special population data to inform the decision making process and the targeted efforts to bring people into care and what those rates build up would involve.
- Bob Sideleau stated last year the goal was to bring 300 new people into care, this model indicates we would be bringing approximately the same, however the focus on the special populations.
- Tom Butcher stated we are using the best data possible; no data is perfect as long as the assumptions are logical and defensible. Assumptions have to be reasonable and consistent.
- Tom Kidder stated that as this is a new process to use population based planning, the issues that need to be refined and better defined could be worked out in the following year. He stated that going forward the client-level data that will be collected would be very helpful in future planning.
- The committee had consensus with the corrections noted on tables 2 & 3.

Table 4. Rate Build Up by Special population and Table 5. Allocations with Adjusting for other funding

- Sara Nichols described the table for the committee included taking the base TGA and adding the new special pop assuming they used all services.
- Dennis Torres asked about the discussion for including the state money. Roberta Stewart stated that we need to include the state money in our ask.
- Leif Mitchell asked about adding people into the care system and asked the committee on what the factor to move a target number up or down based on the barriers/gaps per the special populations.
- Roberta Stewart asked about the base unit cost formula for the new service categories and a concern of changing number of clients to be served in order for changing a dollar allocation for that category.
- Sara Nichols responded the unit cost for those services was calculated from FY2006 fiscal year because we could determine what was expended and number of people served. Ms. Nichols stated that a formula for Health Insurance was needed, a new category for FY2009.
- Dennis Torres suggested adding a separate column for the new service categories to adjust for a base number.
- Ken Teel stated we don't want to take a system of care that is new and de-stabilize it before we have data to show what works. We need to make sure there is still money available to maintain those in care.
- Discussion about how to determine the base allocation in which to add the new into care figures. The committee decided to factor a change of allocation amount could be adjusted in Table 5.
- The committee used an average of 7.3 visits at \$20/co-pay per visit. The factor of 10% of the clients in primary medical care have private insurance and would be eligible for this service assistance. The committee estimated 149 clients to maintain in care.

- Tom Butcher responded that this is the first time trying the rate build up with special populations and don't have a factor calculation that would be appropriate or meaningful. We are doing the best to get services to our special populations.

Table 5. Discussion.

- Ken Teel stated the goal is to have 100% access and zero disparity. Committee discussed what level of change of a percentage point per service would accurately account for the other funding sources and data from the needs assessment (barriers/gaps).

(7.2) Motion to extend the meeting 15 minutes made by Dennis Torres, seconded by Awilda Gonzalez. Motion Passed: 6 Yes – Sideleau, Mitchell, Stewart, Torres, Gonzalez, Burch; 1 Abstention – Kidder; no vote - Browne, Loschiavo

(7.3) Discussion continued regarding the Other Funding and environmental considerations and where to add the Pelosi/Dodd award and State Supplemental award. The graphic illustrated the final outcome of the discussion.

Table 5. Allocations by Service Categories with adjustments for other funding, needs assessment data, and other factors

Service Category	Base Cost/Service	Base % of Request Core/Support	Cost/Service with Adjustments = FY2009 Request	FY2009 % REQUEST	FY08 % Request
Outpatient/Ambulatory Medical Care	\$ 1,261,361	17%	\$ 1,813,596	20%	24
Medical Case Management Services	\$ 1,721,530	23%	\$ 2,085,635	23%	23
Housing Services	\$ 488,277	7%	\$ 634,758	7%	5
Substance Abuse Services (Outpatient)	\$ 1,127,801	15%	\$ 1,632,236	18%	17
Mental Health Services	\$ 920,748	13%	\$ 1,178,937	13%	10
Substance Abuse Services (In-patient)*	\$ 542,114	7%	\$ 453,399	5%	8
Medical Transportation	\$ 221,323	3%	\$ 181,360	2%	2
Emergency Financial Assistance	\$ 307,333	4%	\$ 362,719	4%	2
Food Bank/Home Delivered Meals	\$ 356,831	5%	\$ 453,399	5%	3
Oral Health Care	\$ 103,251	1.4%	\$ 136,020	1.5%	0.5
Outreach Services*	\$ 107,696	1%	\$ 45,340	0.5%	4
AIDS Pharmaceutical Assistance (local)*	\$ 181,867	2%	\$ 45,340	0.5%	0.4
Health Insurance Assistance*	\$ 3,796	0%	\$ 45,340	0.5%	0
Cost for Total Services	\$ 7,343,930	100%	\$ 9,067,978	100%	98.9

Core Services	72%	\$ 7,343,930	Plan Base+New Rate Bid Up
Support Services	28%	\$ 1,036,937	State Supplemental
		\$ 687,111	Pelosi/Dodd Assisance
		\$ 9,067,978	Services 'ASK'
		\$ 10,428,175	Total 'ASK' (includes 15% for Grantee, PC & QM)

Confirm min. 75/25 Split	Core Services	77%
	Support Services	24%

(7.4) The motion for 13 services to have allocations as adjusted (yellow highlighted column) for a total ask for services to be \$9,067,978 was made by Leif Mitchell, Ric Browne seconded. Motion passed: 7 Yes – Browne, Torres, Loschiavo, Mitchell, Sideleau, Stewart, Gonzalez; 1 Abstention – Kidder

Announcements

Tom Kidder handed out the directives however ran out of time to discuss.

Adjournment

Tom Kidder thanked Council members for their work and adjourned the meeting at 4:15 pm.