

Ryan White EMA Planning Council

New Haven and Fairfield Counties



Heidi Jenkins & Joanne Montgomery, Co-Chairs

Strategic Planning & Assessment Committee Meeting Minutes

Meeting Date: Thursday, November 5, 2015
Start Time: 9:02am
End Time: 11:55am
Location: Burrough's Community Center
Presiding Chair: Joanne Montgomery
Recorder: Sara Seaburg

Summary of Committee Business Votes

- Approval of Minutes from the October 1, 2015 meeting

Council Member Assignments

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

Staff Member Assignments

(1.0) Moment of Silence

Joanne 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 October 1, 2015 Meeting Minutes

A motion to approve the October 1, 2015 SPA committee minutes was made by Heidi Jenkins and Dennis Torres seconded it.

For: (3) Jenkins, Torres, Tierney

Against: (0)

Abstain: (2) Montgomery, Cole

(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**

Staff sent a letter to the CT Department of Public Health regarding the issues that our EMA was having with CIPA on October 2, 2015. We received a response on October 22, 2015 addressing these issues. The response letter was presented to all attendees and will be sent to all Planning Council members via email. The question was asked as to how clients would



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make the first two payments for their insurance without CIPAs help. It was mentioned that Part B Ryan White could possibly make these payments but there may be implications with IRS tax credits when this happens. The question was still on the table as to how our clients are supposed to get these first two payments paid. Another question was why do CIPA applications take so long, it currently takes 3 months once they receive a complete application. The process was explained in detail by an attendee at the meeting to help further understand the long processing time. One reason explained was that if a client was refused ACA coverage and a premium payment was made to the ACA from CIPA, the reimbursement would go back to the client. CIPA is ensuring that the client was fully accepted by the ACA. Another point brought up was, why does it take so long for CIPA to approve a payment when the ACA has already approved a client for coverage? Several concerns were heard and addressed to the best of the ability of our DPH representative. Another question was asked if consumers were involved in meetings to help better this process and the answer was that consumers may not have enough information to be beneficial. The letter that staff sent identified specific issues that consumers are having throughout the region and this was representative of the consumer's voice. The big picture is that the client is receiving federal money and this process needs to be where the client can file and IRS income tax return properly to ensure the credit for insurance goes back to Part B. The biggest issue was ensuring that clients are not denied services because of any insurance issues. Staff also presented a letter that was sent to all Ryan White providers regarding the ACA and Part B processes and funding. Ultimately, the question was asked what do we do at this point to address the response letter. The attendees felt the response was unacceptable. IT was requested that staff send a letter to the commissioner at DSS and CC DPH. Charlotte Teel offered to be involved in this letter. This will be done by staff by November 11, 2015.

- **Review Framework of PSRA**

Staff presented the Pillars for Priority Settings from last month's meeting that will go into the process. Also mentioned was that Staff requested information from the Needs Assessment that CHPC did and is waiting for a response. Viral Load Suppression was the data that was requested and staff presented this data by region. The report identified the number of clients who are virally suppressed, those who are not and what percentage of each region are virally suppressed by using this data. These numbers include all clients who received a Part A service. There are also 278 clients who don't have VL numbers reported in CAREWare within the FY2014 grant year. This report identified almost 300 clients who can be surveyed by case managers to find out what they can do to help them achieve viral suppression. Outstanding Issues: What is going on with the 278 clients who have no VL reported, how to we talk to the 296 clients who are not virally suppressed in our system. The next step would be:

1. Comparing the CAREWare data with the EHARs data in order to identify these clients accurately.
2. A question was asked to run the same report in CAREWare with a different time frame to reflect the most recent data and the answer was yes, the most recent will be used.
3. Out of that meeting will come up a list of clients and medical case managers will meet with these clients.

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4. A tool will be created that the medical case managers will use to help capture the needs of these clients and what it will take to move towards viral suppression. One question to ask is, "Has this client been virally suppressed before?"
- **Determine 2016 Directives to the Ryan White Office**

Staff presented the data that reflects all clients who have accessed a Part A service within the FY2014 by region. This data presented Data Source #5 which was MCM Clients vs. EHARs EPI data and Data Source #6 which was Total Part A Clients by Region from CAREWare.

 1. The newest Data Source #6 shows the following percentages by region:
 - a. Region 1 – 32%
 - b. Region 2 – 22%
 - c. Region 3 – 24%
 - d. Region 4 – 17%
 - e. Region 5 – 5%
 2. As compared to our current regional allocation amounts defined in Directive 1.1:
 - a. Region 1 – 34%
 - b. Region 2 – 20%
 - c. Region 3 – 25%
 - d. Region 4 – 16%
 - e. Region 5 – 5%
 3. A request was made to average all the percentages from Data Source 2, 3 and 6 the results are the following:
 - a. Region 1 – 31.20%
 - b. Region 2 – 20.9%
 - c. Region 3 – 22.25%
 - d. Region 4 – 18.98%
 - e. Region 5 – 6.5%

The issue was brought up that there still may be other ways to get data that will better represent the information that we need and we need to keep an open mind moving forward in this process.

A motion was made by Chris Cole and seconded by Roberta Stewart to accept the Directives for FY2016 as discussed.

For: (5) Jenkins, Torres, Tierney, Cole, Stewart

Against: (0)

Abstain: (2) Montgomery, C. Teel

- **Review Service Category Definition for Substance Abuse Outpatient and Inpatient**

Staff presented the approved Service Category Definitions for both Substance Abuse Outpatient and Inpatient to all attendees to verify that this would be accurate to use in the Substance Abuse Service Standards for Outpatient and Inpatient



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- **Define One New Study and Present Results**
 There is currently no money in the budget for a new study. However, the Needs Assessment that is being worked on regarding clients who are not virally suppressed will take the place of this. This study is described in detail above under the PRSA Framework.

- **Unresolved Parking Lot Items**

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. They are still waiting on this data from DSS.
A Circle of Care new model will be created and addressed in the annual PSRA process	On Hold- Pending DPH Discussion of Integrated Comprehensive Plan
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. Staff will send a letter to the Commissioner of DSS with a CC to DPH regarding the outstanding issues by November 12, 2015.
Can we see a breakdown of program income brought into the Ryan White Part A program by service category and Region?	In process – 10/1 staff presented program income and is now working with DSS to get Medicaid data for this.

(6.0) Announcements
 There were none

(8.0) Adjournment
 The meeting adjourned at 11:11am.

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	Council Member	Jan	Feb	Mar	April	May	June	Aug	Sept	Oct	Nov
1.	Christopher Cole	A			X	X	X	X	X	A	X
2.	Sabrina Delgado	A			A	A	A	A	A	A	A
3.	Patricia Ducatel	-			X	A	A	A	A	X	A
4.	Heather Garofalo	X			A	X	X	X	A	X	A
5.	Charles Green	-			-	-	-	-	-	A	A
6.	Heidi Jenkins Co-Chair	X			X	X	X	X	X	X	X
7.	Tom Kidder	X			X	X	X	A	A	A	A
8.	Kenneth McLellan	X			X	A	A	A	A	X	A
9.	Joanne Montgomery Co-Chair	X			X	X	X	X	X	X	X
10.	Raphael Muniz	A			A	A	A	A	A	A	A
11.	Alex Ortiz	A			A	A	A	A	A	A	A
12.	Johnny Rivera	-	-	-	X	A	A	A	A	A	A
13.	Jackie Robertson	A			A	A	A	A	A	A	A
14.	Christine Romanik	A			A	A	A	A	A	A	A
15.	Mark Sanchez	A			A	A	A	A	A	A	A
16.	<i>Roberta Stewart PC Co-Chair</i>	X			X	X	X	X	X	X	X
17.	Charlotte Teel	A			A	X	X	X	X	X	X
18.	Ken Teel	-			A	A	A	A	A	A	A
19.	Lauren Tierney	X			X	X	X	X	A	X	X
20.	Dennis Torres	A			X	X	X	X	X	X	X
	Ryan White Office	X			X	X	X	X	X	X	X
	Planning Council Staff	X			X	X	X	X	X	X	X
	% of Council present:	40%			50%	41%	45%	43%	30%	43%	35%

Guests: Sarah Burns, Jocelyn Torres, Scott Glen, Nancy Kingwood, Alex Garbera, Juana Clarke