



**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL
PLANNING AND EVALUATION COMMITTEE
SUNCOAST HOSPICE, CLEARWATER
THURSDAY, MARCH 13, 2014
9:30 A.M. - 11:00 A.M.**

MINUTES

- CALL TO ORDER** The meeting of the Planning and Evaluation Committee was called to order by Jim Roth, Chair at 9:26 a.m.
- ATTENDANCE** Members Present: Keith Boyd, Martin Clemmons, Jr., Barb Green, Marilyn Merida, Vicky Oliver, Joe Parramore, Jim Roth,
Members Absent: Ginny Boucher, Kirsty Gutierrez, Kristen Whitesell
Guests Present: Julia Delmenco, Elizabeth Rugg
Grantee Staff Present: Aubrey Arnold
Lead Agency Staff Present: Lisa Cohen, Demarcus Holden, Shelley Taylor-Donahue, Floyd Egner
Health Councils Staff Present: Lisa Nugent
- CHANGES TO AGENDA** None.
- ADOPTION OF MINUTES** The minutes for January 9, 2014 were approved (M: Clemmons, S: Oliver) with no changes.
- CARE COUNCIL REPORT** Joe Parramore gave the report. The Care Council met on March 5, 2014 at the Children's Board of Hillsborough County. The President's proposed budget keeps Ryan White funding level and condenses Part C and Part D together. Part D takes care of children and youth and both Part C and Part D were surprised by the proposed change. All Part A contracts have gone to the Hillsborough County Board of County Commissioners (BOCC) and Part A has received a partial award from HRSA. The Comprehensive Plan due date was changed by HRSA to September 2016 and HRSA and CDC are working together to better coordinate planning efforts.

Lisa Cohen is retiring at the end of March and Shelley will take over her position. Part B is performing contract monitoring and sent a spending plan

to DOH for approval.

Lisa Nugent and Ashely reported that the Facebook page is doing well and encouraged members to like the page and like the posts in order to grow membership.

Care Council business included two new member approvals and committee updates from all committees.

AFFORDABLE CARE ACT UPDATE

Members discussed recent happenings with the Affordable Care Act. An issue in Louisiana with the Blue Cross Blue Shield provider refusing to take Ryan White payments has gotten national attention lately but at this time it is an isolated incident in La.

Part A and Part B representatives met in late February in Tallahassee to discuss ADAP and AICP issues related to the implementation of the Affordable Care Act and disparities between A and B. No policy was drafted. The State is implementing a model program for 500 clients across Florida where the state will pay for the ACA premiums. Locally, we have been notified that 82 people were selected to be part of the statewide program. All the clients identified in our area are from Hillsborough County but all do not appear that they will qualify for the Affordable Care Act so we may end up having less than 82 people enrolled in the model program in our local area.

Other issues were discussed including how the client is supposed to pay the first month premium online (checking account routing, credit card, etc.), health care tax rebates, and eligibility.

PROOF OF PRIMARY CARE

Aubrey discussed an issue that was identified with the transition from the Ryan White Information System (RWIS) to CAREWare. CAREWare does not have any way track proof that a client is receiving primary care visits. Aubrey and members discussed this issue and the local rule associated with it that can no longer be tracked or enforced by the Part A grantee.

The grantee does hope to customize the CAREWare system so that it will work with local needs but the timeframe on that is up in the air at present.

The committee asked if it would be helpful to suspend the local rule for proof of primary care in the data system (CAREWare) for the time being or if it should be waived entirely. Proof of primary care is included in the Part A and Part B contracts so the requirement that a client sees their primary care provider once a year will still be in place but it will be tracked through contract monitoring instead of in contract monitoring and the data system (which would be redundant for the case manager). It is also an agency standard requirement.

Members were concerned that doing away with the rule or suspending it might create a perception that we don't care about primary care. The

committee decided that since it is still tracked by other sources that suspending the local rule would be appropriate.

The following motion was made by Marty Clemmons, member:

To suspend the requirement of confirmation of primary care status/date (with the exception of medical case management) prior to receiving Ryan White services and to continue to capture the primary care date in the case management file.

Motion was seconded by Vicki Oliver and passed a vote of the members.

The committee asked to review the minimum standards of care in April for all services and especially medical case management.

**NEEDS
ASSESSMENT
SURVEY
RESULTS**

The Chair and Co-Chair decided to table this item until April.

**COMMUNITY
INPUT/
ANNOUNCE-
MENTS**

Announcements were made that will be shared via the Ryan White Information Share.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:50 a.m.