

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**SUNCOAST HOSPICE, CLEARWATER**

**THURSDAY, JANUARY 9, 2020**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Chair, Kirsty Gutierrez, at 9:29 a.m. |
| **ATTENDANCE** | Members Present: Nolan Finn, Elizabeth Rugg, Kirsty Gutierrez, Marylin MeridaMembers Absent: Sheryl HoolsemaGuests Present: Peggy Wallace, Alex Cario, Allison RappRecipient Staff Present: Aubrey ArnoldLead Agency Staff Present: NoneHealth Council Staff Present: Lisa Nugent, Naomi Ardjomand-Kermani |
| **CHANGES TO AGENDA** | P&E member and Health Services Advisory Committee (HSAC) Chair, Elizabeth Rugg, requested that a discussion regarding HSAC’s recommendation of adding Narcan (Naloxone) to the formulary be added to the agenda for P&E approval. |
| **ADOPTION OF MINUTES** | **The minutes for December 12, 2019 were approved by acclamation (M: Finn; S: Rugg).** |
| **SERVICE PRIORITIES DISCUSSION** | Staff, Naomi Ardjomand-Kermani, informed committee members that the State has still not released the area’s final needs assessment data analysis, but the area’s current service priorities mirror that of the State’s raw analysis. As a result, the Committee decided to keep the area’s current service priorities, as voted on at the Committee’s December 12, 2019 meeting. These Service Priorities will be forwarded on to the Care Council, for approval, at the February 5, 2020 meeting.Members continued their previous discussion, from December, regarding the ambiguity of the housing-related questions on the state needs assessment. Although housing is brought up again and again at Care Council meetings, the State’s data does not show housing as a priority need among people living with HIV in the area. Recipient, Aubrey Arnold, recalled past needs assessments that were conducted locally and suggested that the Committee consider this route going forward. Member, Nolan Finn, told members that Housing was a point of heated discussion at the Pinellas *Ending the HIV Epidemic* kick-off meeting, in December. He plans to share slides from this planning session with members for review. Guest, Allison Rapp, added that Hillsborough’s *Ending the HIV Epidemic* (EtHE) plan has included housing, transportation, substance misuse, mental health, and health education and risk reduction (HERR) as priority needs. Arnold added that this funding stream will be entirely separate from Housing Opportunities for People with AIDS (HOWPA) and funding for housing will be put out for bid for community-based organizations (CBO) to provide short-term, transitional, housing for the housing insecure. This will allow for more accessible funding for housing but will still require buy-in from landlords. Rapp added that the Tampa Hillsborough Homeless Initiative (THHI) is in the process of assessing the county’s needs. The next (EtHE) meetings will be held in March 2020 and Arnold requested that members attend and bring back information and thoughts to subsequent Care Council meetings for discussion. Arnold reminded members that the Council is not required nor involved in this process of determinations but are welcome to discuss and offer suggestions.Member, Marylin Merida, asked Arnold if this housing funding would be extended to those who have been recently incarcerated as they have many barriers to access housing assistance. Issues include lack of credit, stigma, and limited personal funds. Arnold confirmed that these populations are included in the funding plan. |
| **RYAN WHITE FORMULARY ADDITION: NARCAN (NALOXONE)** | Staff, Naomi Ardjomand-Kermani, and HSAC Chair, Elizabeth Rugg, informed P&E members of the discussion held by HSAC, followed by a roll-call vote to forward a formulary recommendation to P&E for consideration. Members recommended that Narcan (Naloxone) be added to Ryan White’s open formulary to remove caps and limits placed on prescription reimbursement for the life-saving drug, Narcan. At this time, clients are limited to one (1) prescription of Narcan per year, which was determined to be unacceptable by HSAC members. P&E members were asked to consider this addition to the open formulary.P&E Chair, Kirsty Gutierrez, asked what cost would be incurred by the Ryan White program and Rugg responded that this information was not made available to them, but feels that this decision must not be delayed. Demand for Narcan is low at this time and Arnold added that only three (3) requests have been made over the last two (2) years. Some members expressed concern that this would undermine Ryan White as the payor of last resort as Narcan is available at many other CBOs for free. Gutierrez agreed and added that Metro Inclusive Health has received few requests for the drug thus far, despite being offered free of cost. Rugg informed members that the Insurance Services Program (ISP) supports many clients who are prescribed opioids, thus should be available free of stigma. Member and Care Council Chair, Nolan Finn, asked members if offering Narcan would essentially grant people who misuse opioids permission to continue using drugs and resultingly contributing to the current rates of opioid misuse. Rugg offered that mental health should be paired and offered to those who requested Narcan on a regular basis. Merida agreed that mental health service availability should be the next step and Arnold considered if prescribing systems should flag all those prescribed in the system. Members argued that this argument could just as easily be attached to the prescription of Pre-Exposure Prophylaxis (PrEP). ie) is PrEP giving permission to those prescribed to engage in sex without barriers? This idea only adds to the stigma associated with these drugs and should not be a barrier to accessing mechanisms for risk reduction. Finn and Rapp asked if there would be a way to flag those prescribed and if rules for fills would be applied. Suncoast Health Council staff, Lisa Nugent, argued that not everyone prescribed Narcan is misusing opioids thus there is no need to require mental health services in tandem with Narcan. Any and all persons taking opioids should have this life-saving drug in their homes. Chair, Kirsty Gutierrez, suggested that those who request multiple prescriptions be referred to mental health services.HSAC member, Peggy Wallace, reminded P&E members that the recommendation would be to put no caps or limits on Narcan whatsoever. Wallace added that perhaps Narcan utilization data could be reviewed in the future. Nugent added that the Ryan White formulary is an open formulary, thus there are absolutely no caps or limits place on available medications. Gutierrez then recommended that this be forwarded on to Care Council for review.**The recommendation to add Narcan (Naloxone) to the open formulary, for review by Care Council, was approved by acclamation (M: Merida; S: Finn).** |
| **MINIMUM STANDARDS OF CARE (MSOC) REVISION PLAN** | Chair, Kirsty Gutierrez, opened the MSOC revisions agenda item by inquiring if any recommendations had been received from the Health Resources and Services Administration (HRSA), following edits forwarded to the area’s project officer (PO). Recipient, Aubrey Arnold, informed Committee members that staff, Naomi Ardjomand-Kermani, and he had several conference calls with the PO regarding the MSOC recommendations received at last spring’s site visit. Arnold and Ardjomand-Kermani reviewed many different Eligible Metropolitan Area’s (EMA) service standards and none were consistent with any other areas. Arnold was told that the current MSOC is a “solid foundation” but all current standards fail to include the following elements:* Intake and eligibility
* Personnel qualifications (including licensure)
* Transition and discharge
* Case closure protocol
* Client rights and responsibilities
* Grievance process
* Cultural and linguistic competency
* Privacy and confidentiality (including securing records)
* Recertification requirements
* Cited sources used eg) Policy Clarification Notices (PCN), any relevant professional standards, and the date last reviewed
* For the Outpatient Ambulatory Health Services (OAHS) standards, it must be understood that the Health and Human Services (HHS) HIV Clinical Guidelines are the required guidelines that clinicians must follow, according to the legislation. Any other guidelines would only be applicable to an activity not covered under the HHS Guidelines

Further correspondence with the EMA’s PO clarified that solely funded services required MSOC and are unnecessary for services that are not funded in the local EMA. Members were encouraged by this news as the burden of revisions will require less time than anticipated. Chair, Kirsty Gutierrez, asked Arnold if a template was created by monitoring staff Maria-Teresa Jaureguizar (MT), as discussed and requested at the December 2019 P&E meeting. Arnold replied that the current MSOC should be used as a template to build upon.Members inquired as to how sources should be cited and were told that citations will be unique to each service and may not apply to each one of them. The same goes for each element that must be included – a baseline must be created as a standard for universal quality of care, but each provider will have their own additional standards to hold themselves to. Gutierrez requested that a schedule for revisions be created a shared publicly to garner provider input and participation in the revision process. Member, Nolan Finn, offered that during procurement providers are required to meet standards contractually and this language could be utilized, to which Arnold agreed to provide. Guest, Peggy Wallace, asked if these standards would require additional paperwork on the provider’s end and Arnold replied that this should be avoided.Based on information provided by providers in attendance, along with members recommendations, the following edits were made to the current OAHS service standard:**Minimum Standards of Care****Outpatient/Ambulatory Health Services**Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.Allowable activities include: • Medical history taking • Physical examination • Diagnostic testing, including laboratory testing • Treatment and management of physical and behavioral health conditions • Behavioral risk assessment, subsequent counseling, and referral • Preventive care and screening • Pediatric developmental assessment • Prescription and management of medication therapy • Treatment adherence • Education and counseling on health and prevention issues • Referral to and provision of specialty care related to HIV diagnosis

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| STANDARD | MEASURE |
| 1. Providers shall follow nationally accepted treatment guidelines, i.e., Centers for Disease Control (CDC), Infectious Disease Society of America (IDSA), or Department of Health and Human Services (DHHS).
 | 1. Written procedures and/or documentation on file as examined by the Recipient/Lead Agency.
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| 1. Intake & Eligibility
 | 1. Each provider will maintain their own eligibility requirements, but at a minimum, will include standards of Ryan White program Recipient eligibility per Rule 64D-4, F.A.C.
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| 1. Personnel Qualifications
 | 1. Health Resources and Services Administration (HRSA) personnel qualifications, per Health and Human Services (HHS) standard, must be trained according to their license requirement per Florida’s Administration Scope of Practice
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| 1. Transition & Discharge
 | 1. Transition and discharge of services should include a written linkage plan maintained by each agency and must include a list of providers available within a client’s place of residence. Client’s must be provided with their proof of status, most recent proof of Ryan White eligibility, and their most recent labs.

Pediatric client files will be kept open for three (3) months and will be considered a successful transition if seen twice by a provider following transition of services. They must be provided with their current prescriptions, all provider notes, and case manager contact information. |
| 1. Case Closure
 | 1. Adult client cases will only be closed upon death of a permanent discharge from the clinic.

Pediatric client cases will be closed after one (1) year without successful client contact or upon successful transition to adult care.Providers must also maintain agency-specific guidelines and must include the date and reasons for case closure. |
| 1. Client Rights & Responsibilities
 | 1. Each agency must maintain their own client rights and responsibilities protocols and documentation. Protocols and documents must be made available upon Recipient request and displayed publicly.
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| 1. Grievance Process
 | 1. Each agency must maintain their own grievance processes and made available to clients upon initiation of services.
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Members ran out of time and decided to finish OAHS revisions at their February 13, 2020 and begin revisions to Medical Case Management (MCM) at that time. Member, Marylin Merida, offered to share Ryan White Part D’s grievance process protocol and guest, Peggy Wallace, offered to share BayCare’s case closure forms, with staff for distribution. Arnold informed members that MCM providers will be informed of the revision schedule and their participation will be requested for the February P&E meeting. |
| **CARE COUNCIL REPORT** | Care Council did not meet in January 2020. |
| **COMMUNITY INPUT/ANNOUNCEMENTS** |  None. |
| **ADJOURNMENT**  | There being no further business to come before the Committee, the meeting was adjourned at 11:05 a.m. |