

WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

**RESOURCE PRIORITIZATION AND ALLOCATION RECOMMENDATIONS**

**GOTOWEBINAR**

**THURSDAY, DECEMBER 10, 2020**

**11:00 A.M. – 12:30 P.M.**

 **MINUTES**

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| CALL TO ORDER | The meeting was called to order by the Chair, Dave Konnerth, at 11:03 a.m.  |
| ATTENDANCE | Members Present: Nolan Finn, Dave Konnerth, Priya Rajkumar, Elizabeth Rugg, Marylin MeridaMembers Absent: Joy Winheim, Lillie Bruton Recipient Staff Present: Aubrey Arnold, Rose MartinezLead Agency Staff Present: Yashika Everhart, Darius LightseyHealth Council Staff Present: Lisa Nugent, Naomi Ardjomand-Kermani, Katie Scussel |
| CHANGES TO AGENDA | Chair, Dave Konnerth, noted that no business can be conducted virtually, at this time, thus all minutes will be tabled until January 2021. |
| ADOPTION OF MINUTES | Tabled to January 2021 for action. |
| CARE COUNCIL REPORT | Care Council Chair, Nolan Finn, reported that the Care Council did not meet in December and will reconvene on January 6, 2020. |
| RECIPIENT UPDATE | Recipient, Aubrey Arnold, updated members on the status of Part A Reallocations that were approved by the RPARC and SIOC committees in October 2020. They have been put into contract amendments for the network and currently in process of getting purchase orders adjusted to continue paying providers and claims on a timely basis. Arnold continued that logistics for the EMA’s Ending the HIV Epidemic (EtHE) grant site visit is currently under review, to take place on January 26 – 29, 2021. This site visit will include the area’s EtHE Project Officer and Eastern Division Branch Chief, Michael Carrigan.He noted that the COVID grant is running smoothly with no changes anticipated, at this time.The capacity-building grant, which is funding e2Hillsborough enhancements, such as the ability export data from Electronic Medical Records (EMR), is close to being finished. The plan to launch these new enhancements within the next couple of months. Software developers have been asked to add an additional module to that will allow providers to export lab invoices directly into e2Hillsborough, avoiding duplicate data entry whilst saving providers time and effort. |
| LEAD AGENCY UPDATE & EXPENDITURE REPORT | Lead Agency staff, Darius Lightsey, reported that Ryan White Part B virtual monitoring is underway and running smoothly. He continued, to remind members that open enrollment will continue for several more days, with councils working diligently to navigate and enroll individuals.EtHE funding announcements proposals have been submitted and are currently under evaluation. He noted that spending down funds has been a challenge with the addition of COVID dollars and staff’s time being separated between funding streams. Two new EtHE coordinators have been hired: Chris Walker and Nicole Houston. Lead Agency staff, Yashika Everhart, continued the report with a review of the Part B expenditure report. Everhart pointed out that Outpatient Ambulatory Health Services (OAHS) is currently underspent, due to delayed appointments, but Part B expects these dollars to be spent down as providers submit invoices for telehealth services. Oral Health continues to be underspent due to barriers created by COVID, but these funds will be reallocated. Health Insurance is spending steadily and foresee all funds spent upon the close of open enrollment as backpay premiums will not be covered under AIDS Drug Assistance Program (ADAP) parameters. Early Intervention Services (EIS) are behind in Pasco and Part B is investigating the root cause of this issue as the Director of HIV services has been out on medical leave for a length of time. Planning Council Support is slightly underspent due to the lack of in-person meetings but are expected to be spent down as in-person meetings reconvene. Medical Transportation is behind due to COVID as well, as this is funded by way of vouchers and ridesharing. Non-Medical Case Management (nMCM) expenditures are very low due to the separation of funding streams between nMCM and Medical Case Management (MCM) and providers determining how to spend these funds down. funded to do only nMCM – matter of providers finding accurate costs to charge. The Total Consortia is behind by 12% due to the barriers, but with five more months of left, there should be no issues with spending down. to go. General Revenue (GR) funding for MCM and nMCM are on target but should be noted that these funds are separate from Part B. Everhart shared that they will be analyzing this to determine what is and is not successful. Care Council Chair, Nolan Finn, expressed concerns that as funds run out that Emergency Financial Assistance (EFA) may need to be tapped to assist individuals with mortgages and rent, come the end of March. RPARC Chair, Dave Konnerth, reminded Finn that EFA is used solely for Anti-Retrovirals (ARV). Lead Agency staff, Yashika Everhart, then asked members how EFA dollars were dedicated exclusively to ARV and Konnerth offered a reminder that core services are fully funded before support services. Both considered that the Care Council may be able to renegotiate the guidelines for EFA dollars to permanently reduce this line item, come 2021, but must first be brought to the Planning and Evaluation Committee (P&E). Arnold added that these additional funds may be allocated to Oral Health, due to unmet need. Everhart offered details regarding Part B administrative guidelines that allows for funds to be utilized for housing and other client needs. Finn expressed concern that unspent Part B dollars may mean losing these funds in the future, but Lightsey assured him that this is not necessarily the case but should be avoided since other areas are constantly requesting additional funding. Everhart concluded the report with an offer for more information regarding reallocations as Part B enters the third quarter. |
| COMMUNITY INPUT/ ANNOUNCEMENTS  | RPARC Chair, Dave Konnerth, asked about in-person meetings and if meeting locations have been secured for January 2021. Arnold noted these decisions are occurring on a week-to-week basis. Planning Council Support (PCS) staff, Naomi Ardjomand-Kermani, added that members have been polled to evaluate their level of comfort with meeting in-person, and those who have responded have expressed concerns despite the understanding that many protective measures will be put in place. Arnold raised concerns that this will be challenging as without quorum all business is hindered. With vaccines rolling out, some perspectives may change, but that Metro Inclusive Health and Empath Partners in Care (EPIC) have both assured the Council that meeting spaces, that allow for social distancing, will be provided. PCS staff, Katie Scussel, asked if anyone has seen guidance regarding criteria individual high-risk considerations, especially specific to those living with HIV. Member, Priya Rajkumar, shared that this has yet to be defined, save for age. PCS staff, Ardjomand-Kermani, added that those with top 8 allergies will need to consult with their allergists as those who experienced negative effects in the vaccine trials, also had critical allergies. Suncoast Health Council staff, Lisa Nugent, noted that the Food and Drug Administration (FDA) is currently meeting and assumes that, once approved, vaccine rollouts will occur rapidly. Scussel asked providers present as to how case managers will assist with the vaccine process, for Ryan White clients and was told that no information has been provided locally and will remain at a standstill until that time. Member, Elizabeth Rugg, asked Arnold if inoculation should be added as a quality management (QM) measure to track the number of clients vaccinated. Rajkumar replied that providers with COVID funding are documenting every detail and be easily accessed from COVID Data Reports (CDR). Lead Agency staff, Lightsey, reminded members that there is significant distrust within communities, regarding vaccines, thus much education and navigation will be required. |
| **ADJOURNMENT**  | There being no further business to come before the committee, the meeting was adjourned at 11:41 p.m. |

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