

**WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL**

**PLANNING AND EVALUATION COMMITTEE**

**EMPATH HEALTH - CLEARWATER**

**THURSDAY, JULY 13, 2023**

**9:30 A.M. – 11:00 A.M.**

**MINUTES**

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| **CALL TO ORDER** | The meeting was called to order by Chair, Sheryl Hoolsema, at 9:30 a.m. |
| **ATTENDANCE** | Members Present: Nolan Finn, Sheryl Hoolsema, Angela Kellogg, Nicole Kish, Jeffrey Lluberes, Elizabeth Rugg  Members Absent: Gina Puglisi  Guests Present: None  Recipient Staff Present: Aubrey Arnold  Lead Agency Staff Present: Joshua Cardwell, Nicole Houston  Health Council Staff Present: Abigail Machtel, Lisa Nugent, Katie Scussel |
| **CHANGES TO AGENDA** | There were no changes to the agenda. |
| **ADOPTION OF MINUTES** | **Members voted to approve the minutes for June 8, 2023 (M: Lluberes, S: Kellogg).** |
| **CARE COUNCIL REPORT** | The Care Council did not meet in July. The next meeting will be on August 2, 2023 at the Children’s Board of Hillsborough County. |
| **SERVICES CAPS/LIMITS AND ELIGIBILITY UPDATE** | Members reviewed the draft of the Service Caps/Limits and Eligibility document. Staff, Katie Scussel, explained that the document had been reformatted to separate Core and Support Services. All services categories were put in alphabetical order and names of service categories were updated to the most current terminology. Sheryl Hoolsema explained that an email had gone out to providers to solicit feedback on whether the current caps were still appropriate.  Nolan Finn, Co-Chair, asked if the purpose of updating the caps was because we need to be spending more money or we need to be spending less. Part A Recipient, Aubrey Arnold, explained that the document had not been voted on since 2016, so it needs to be updated.  Aubrey stated that for Oral Health, he received feedback from two providers. One said that it should be left as is and the other asked for it to be raised from $2,000 to $3,000. Aubrey explained that he does sometimes get requests for exceptions, which are usually granted. In these situations, usually the client needs additional dental work to complete a plan of care, often needing an additional $1000 or so.  Nolan Finn motioned for the cap for Oral Health to be raised to $4,000. Jeffrey Lluberes seconded the motion.  **Members voted to raise the cap on Oral Health to $4,000 per client per program year (M: Finn, S: Lluberes).**  For Medical Case Management, Part B Lead Agency staff Joshua Cardwell, stated that only one agency got back to him, and that agency suggested removing the cap completely. Aubrey explained that monitoring for this cap can be an administrative burden, as there are two different streams of funding and two different databases. Nolan asked what the risk would be of not having a cap. Lisa Nugent explained that historically, for certain services, having a cap allows the money to go to more people, rather than only a few using a majority of the funds. Caps are important in situations where a single person might use a lot of one service, but that may not necessarily apply to case management. Angela Kellogg noted that because case management is entered into two different databases, it can be difficult to track how much is spent per client and it creates a monitoring burden when people rarely go over the limit. Sheryl added that it mostly tends to be new people that require more intensive case management.  Nolan asked if the cap will be affected if case management salaries are raised, which will be likely after the next procurement. Aubrey answered that yes, the cost per unit of service will increase. Aubrey then said the more conservative thing would be to raise the cap somewhat rather than eliminating it.  Sheryl Hoolsema motioned for the cap on Medical Case Management to be raised to $3,000. Nolan agreed but added the stipulation that the cap be revisited in six months, after the procurement. Sheryl seconded the revised motion to raise the cap to $3,000 but to revisit the amount in six months. Elizabeth Rugg motioned to revisit the cap in one year, rather than six months, because in six months the new contracts won’t have taken effect yet. Sheryl second the motion for one year.  **Members voted to raise the cap on Medical Case Management to $3,000 per client per program year (M: Rugg, S: Hoolsema).**  Members moved on to discuss the caps on Housing Services. There was a question in the last meeting on whether utility payments can be paid three times per year total, or three times per year per utility. Members agreed that the limit should be three times per utility, because often clients need all of their bills paid at once. If a client receives three months of rent and three utility payments, they would use all the utility funds up within one month if only three payments total were allowed.  Members discussed the caps on Health Insurance Premium and Cost Sharing Assistance. The provider proposed raising the limits to $500 per month for co-pays and $700 per month for COBRA, group, and individual insurance premium payments. The customary rates of $275 per month for co-pays and $400 per month for premiums would remain in effect, but the higher benefit rates would be paid when surplus funds accumulate from the unused funds of Enrolled Clients. This process would allow clients to get more when needed, when funds are available, while still insuring that enough funds will be available to reach more people. This process of using higher benefits rates has been called Enhanced Benefits by the provider, however, state contracts under Part B do not allow temporary rate increases, so have not allowed that term.  Nolan asked if the changes proposed by the provider pose any issues for either Part A or Part B. Aubrey and Joshua answered that no, this change will benefit Part B clients because it allows for more flexibility.  Nolan motioned to raise the caps on Health Insurance Premiums and Cost Sharing Assistance to $500 for co-pays and $700 for premiums, as was suggested. Angela seconded the motion.  **Members voted to raise the caps on Health Insurance Premiums and Cost Sharing Assistance to $500 for co-pays and $700 for premiums (M: Finn, S: Kellogg).** |
| **2023-2024 SERVICE PRIORITIES** | The discussion on the 2023-2024 Service Priorities was postponed until the next meeting, due to the Service Caps and Limits taking up most of the meeting time.  Nolan Finn asked if the committee could use the Care Needs Survey results if the results did not yield a statistically valid sample. Lisa Nugent clarified that actually the results did represent a statistically valid sample at a 95% confidence level with a +/- 4% margin of error. |
| **COMMUNITY INPUT/**  **ANNOUNCEMENTS** | There were no community input or announcements. |
| **ADJOURNMENT** | There being no further business to come before the committee, the meeting was adjourned at 11:00 a.m. |