

**Austin Area Comprehensive HIV Planning Council
Business Committee Meeting Minutes
September 27, 2016**

Charge: Ensures the orderly and integrated and progression of work of the committees of the Ryan White Planning Council. Plans future activities.

MEMBERS PRESENT

Jessica Pierce
Glenn Crawford
L.J Smith
Justin Smith
Mark Erwin
Aubrey Bragila
Jason Freshly

MEMBERS ABSENT

Dr. Victor Martinez
Charlotte Simms
Nicole Evans

AACHPC STAFF PRESENT

Crystal Flores, Program Manager Laura Still, Planner Dwight Scales, Program Coordinator

ADMINISTRATIVE AGENT STAFF PRESENT

Gregg Bolds Manager HIV Resources Administration Unit
Brenda Mendiola Quality Management HIV Resources Administration Unit

OTHERS PRESENT

Jasmin Mani
Emma Sinnott
Leah Graham

I. Call to Order: AACHPC Vice-Chair, Justin Smith called the meeting to order at 6:01pm.

II. Certification of Quorum:

Quorum was established and certified by AACHPC Vice-Chair, Justin Smith.

III. Introductions/Announcements: None at this time

IV. Approval of July 26, 2016 Minutes: *AACHPC Vice-Chair Justin Smith motioned the minutes to be approved as submitted with edits.*

V. Review of the Administrative Agent Report

Part A: Gregg Bolds, Administrative Agent Manager, informed the committee about the latest correspondence received from HRSA.

- Ryan White FY16 Part A Overall Expenditure Summary (March 2016 to February 2017)
The FY16 Part A overall expenditure estimates are shown below. Fifty percent (50%) of the year has expired and approximately thirty six (36%) of funds have been billed through August of 2016.

II: Clinical Quality Management Activities:

Brenda Mendiola, Quality Management Coordinator, reviewed and discussed with the committee:

- Continuing to participate in Planning Council's Integrated HIV Prevention and Care Plan development process.
- CQI Client Eligibility Subcommittee met on June 2nd, June 30th and August 5th to discuss ways to streamline ongoing client eligibility screening and verification, including assessment for and access to Marketplace Insurance. A proposal from CommUnity Care was under review during the month of August. After consideration and discussion, CommUnity Care's executive management decided it would not be able to move forward with proposed Centralized Ryan White Eligibility service at this time, in order to continue their efforts to improve their own eligibility services before they consider a larger expansion
- Client Satisfaction Survey data entry will be completed and reports prepared by the Department's HIV/STD epidemiology specialist, after a pause for her work on Integrated HIV Prevention and Care Plan and the Part A Grant Application
- Preliminary planning for the next Client Satisfaction Survey process will begin at the October CQI Committee meeting, with implementation targeted for some time next spring.
- DSHS review and comment period for Local Pharmacy Assistance Program (LPAP) and Emergency Financial Assistance (EFA) draft Standards of Care ended on September 19. If LPAP and EFA Standards of Care have been finalized by DSHS, input will be solicited from the Part A provider and Standards for these two categories will be reviewed/approved by the Comprehensive Planning Committee at its October meeting
- Planning for two trainings: cultural sensitivity training focused on LGBT issues, and advanced case management service plan development and review.
- Upcoming 2016 Texas HIV/STD Conference
The Texas Department of State Health Services will host the 2016 Texas HIV/STD Conference on October 4-6, 2016 at the Renaissance Hotel in Austin, Texas
- No client complaints have been received at this time.

[See Attachment 1](#)

Review of the Administrative Agent Report Part B

Jessica Pierce discussed both expenditure reports for part B

I. Part B Grants Administration/Management Update

- Part A/B Collaboration
- Waiting on RWB Supplemental contracts to be executed.

II. Part B Expenditure Summary Update

The FY16 Part B expenditure summary is shown in Table 1 below. Forty-two (42%) percent of the year has expired; however, thirty-seven (37%) percent of funds have been through August 2016. For supplemental funding, eighty-three (83%) percent of the year has expired; however, seventy-one (71%) percent of funds have been expended through August 2016.

- Health Insurance: Utilizing supplemental funds/other funding source
 - Oral Health: Utilizing supplemental funds
 - OMAC: Does not include laboratory and vaccination costs. These charges will be included in September billing.
 - EFA: Utilizing other funding source
 - APA: Costs are over expended because disproportionate amount of medication costs hit RWB due to new restrictions on other funds that restrict the use of funding to purchase medications for patients waiting for approval of ADAP. The disproportionate charge of APA costs to RWB will be reflected in subsequent billings; however will even out over the grant year. Once new state LPAP guidance is received this spending will reduce.
 - Transportation: Invoices are received late on quarterly basis. Working with Social Work team to identify reasons for being low as well as methods to address utilization
 - Food Bank: Utilizing other funding source
- No complaints have been received.

See Attachment: 2

VI. Upcoming Officer Nominations:

The council discussed and reviewed the upcoming elections and nominations. Program manager, Crystal Flores reminded the council of the need to elect its new leadership for a 2 year term. The Executive Committee is currently accepting Officer Nominations. The Officer elections shall be held every two years during the first business meeting of October, following an open nominations process in September. The Officer Nomination form allows current Planning Council members to nominate themselves or other members for a leadership position. It also gives a detailed description of each of the positions in terms of responsibilities and time commitments. She then reviewed and discussed the terms of eligibility which consist of:

- ✓ The candidate must be a current voting member and must be able to serve out the entire term of office.
- ✓ The candidate may not hold more than one office at a time. (please note that there is no minimum membership time limit required to be eligible for an officer position)
- ✓ **The deadline to submit nominations is September 30, 2016.**
 - The Executive Committee will review all nominations (10/6/2016) to ensure that the candidates have met all eligibility requirements as defined as above, and will announce the slate of nominees at the October Planning Council meeting (10/25/2016), at which point, each candidate can provide a statement, written or verbal, expressing his or her interest in and qualifications for an office.
 - Election to office will be by written ballot if there is more than one nominee for a particular office. Otherwise, per Robert's Rules of Order, only a motion is

- required with a majority vote from planning council members for election to office. In the event of a tie the current chair shall cast the deciding vote.
- The term for officers is two years commencing on December 1st, and ending on November 30th, 2016.
- Any member may nominate themselves for a specific office. Only the nominee for Chair cannot have a conflict of interest as defined in the Planning Council bylaws.

VII. Committee Reports:

➤ **Executive Committee:**

The Executive committee reviewed and discussed:

- Community Star Awards
- No further Interviews
- (2) Committee Chair openings
 - Comprehensive Planning Committee Chair (vacancy)
 - AAHIVPC Secretary

➤ **Comprehensive Planning Committee:**

The Committee Chair, Justin Smith discussed the continuing process on the Comprehensive Plan of eliminating duplication, and trying to make it clear why and how we are making one action meet multiple measures. Insuring the format and language is both attainable and ambiguous. This is a five year plan that sets forth the Austin TGA's commitment to collaboration, efficiency, and innovation to achieve a more coordinated response to addressing HIV. The Integrated HIV Prevention and Care Plan was created to establish the blueprint for achieving HIV prevention, care and treatment goals. Crystal Flores, Program Manager provided and updated version of the Integrated HIV Comprehensive Plan. The Comprehensive plan has been consolidated and made coherent and is ready for submission to HRSA. Justin reminded the council it is a living document and the Comprehensive Planning committee will continue to make updates toward the process of making it more remotely operationalized.

The business committee voted to pass the Integrated HIV Prevention and Care Plan to HRSA for submission.

Vote: 7 to 0 Motion Carried

See Attachment 3

Allocations Committee: The Allocation committee reviewed and voted on the recommendation to pass the FY2017 Part A Carryover Allocation Plan to full Business committee vote. They reviewed the most updated service expenditures and agreed with the AA's recommendation on the carryover recommendations.

FY 2017 Part A Carryover Allocation Plan:

The Business committee voted to pass the FY 2017 Part A Carryover Allocation Plan

Medical Case Management (Incl. Treatment Adherence)	\$ 290,364.00		+ \$72,606	- \$72,606
Medical Nutrition Therapy	\$ 72,756.00			
Mental Health Services	\$ 159,603.00			
Oral Health Care	\$ 494,257.00			
Outpatient Ambulatory Medical Care	\$ 1,162,614.00			
Substance Abuse Services - Outpatient	\$ 143,019.00			
Support Services	\$ 714,604.00	\$ 266251.00		
Case Management (Non-Medical)	\$ 236,833.00	\$ 227,166.00	- \$72,606	+ \$72,606
Emergency Financial Assistance	\$ 157,119.00		+ \$7,119	
Food Bank / Home Delivered Meals	\$ 89,928.00			
Medical Transportation Services	\$ 20,491.00		- \$7,119	
Medical Case Management (Incl. Treatment Adherence)	\$ 290,364.00		+ \$72,606	- \$72,606
Medical Nutrition Therapy	\$ 72,756.00			
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Emergency Financial Assistance	\$ 157,119.00		+ \$7,119	
Food Bank / Home Delivered Meals	\$ 89,928.00			
Medical Transportation Services	\$ 20,491.00		- \$7,119	

Vote: 7 to 0 Motion Carried
See Attachment 4

FY 2017 Part A Decrease/Increase Plan: In case of a decrease in Part A funding greater than 3%, the Allocations Committee will review all service categories and may make adjustment recommendations to the full Planning Council. In case of a decrease in Part A funding smaller than 3%, the plan will proportionally decrease across allocated service categories with the following exceptions:

- Medical Case Management will not fall below \$290,364
- Non-Medical Case Management will not fall below \$236,833
- Hospice will not fall below \$116,348
- Psychosocial Support Services will not fall below \$40,932
- ADAP will not fall below \$1

In case of an increase in Part A funding, the plan will proportionally increase across allocated service categories with the following exceptions:

- ADAP will not rise above \$1

For MAI funds, all allocated service categories will increase or decrease proportionally

The Business committee voted to pass the FY 2017 Part A Increase/Decrease Plan

Vote: 7 to 0 Motion Carried

See Attachment 5

VIII. HIV Planning Council Staff Report : Program Manager, Crystal Flores Reviewed, discussed and provided updates on:

- 2016 AIDS Walk Austin Information and participation
- Austin HIV Planning Council Community Star Awards update.

IX. Meeting Adjourned at 7:10pm