



**Committee Meeting Agenda: ad-Hoc Food Services Eligibility Committee**

**Date/Time:** Tuesday, May 12, 2015, 12:30 p.m.-2:30 p.m. **Location:** Gov't Center Annex, A-335

**Chair:** Mario DeSantis

1. **CALL TO ORDER:** *Welcome, Review Meeting Ground Rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 5/12/15 Agenda and 4/14/15 Meeting Minutes
3. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Agenda Items for next Meeting</i>	<i>Action to be taken, presentation, discussion, etc.</i>
<b>FPL Scenarios and Model</b> (Handout A)	<b>ACTION ITEM:</b> Look at different scenarios based on different FPL levels to help determine how many clients the budget can accommodate and what the best model is to be used in Broward.

4. **GRANTEE REPORTS**
5. **PUBLIC COMMENT**
6. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** Tuesday, June 9, 2015 **VENUE:** A-335
7. **ANNOUNCEMENTS**
8. **ADJOURNMENT**

**PLEASE COMPLETE YOUR MEETING EVALUATIONS**

**THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL**

- Linkage to Care • Retention in Care • Viral Load Suppression •

**VISION:** To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

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## MEETING MINUTES

### COMMITTEE: ad-Hoc Food Services Eligibility Committee

**Date/Time:** Tuesday, April 14, 2015, 12:30 p.m.-2:30 p.m. **Location:** Governmental Center, A-335

**Chair:** Mario DeSantis

Attendance					
#	Members	Present	Absent	Guests	
1	Creary, K.	X		Burgess, D.	
2	DeSantis, M., <i>Chair</i>	X		Childs, S.	
3	Katz, H. B.	X		Myers-Culpepper, K.	
4	Runkle, D.	X			
5	Starkey, J.	X			
				<b>Grantee Staff</b>	<b>HIVPC Staff</b>
				Copa, R.	Sandler, C.
	<b>Quorum = 4</b>	<b>5</b>		Jones, L.	Bente, A.

### 1. CALL TO ORDER

The Chair called the meeting to order at 12:41 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

### 2. PUBLIC COMMENT

### 3. APPROVALS:

<b>Motion #1</b>	To approve today's meeting agenda	
<b>Proposed by:</b>	Katz, H.B.	<b>Seconded by:</b> Runkle, D.
<b>Action:</b>	Passed Unanimously	

<b>Motion #2</b>	To approve the 3/10/15 meeting minutes	
<b>Proposed by:</b>	Katz, H.B.	<b>Seconded by:</b> Runkle, D.
<b>Action:</b>	Passed Unanimously	

### 4. MEETING ACTIVITIES/NEW BUSINESS

- a. Review PSRA Discussion (Handout A) - The committee reviewed the discussion from the Priority Setting and Resource Allocation (PSRA) Committee meeting in March. The PSRA Committee had discussed the purpose of the ad-Hoc Food Services Eligibility Committee and what they expected to see from the committee. Key points that the committee discussed were the goals to discontinue bulk purchases, have measurable health outcomes, and make the service sustainable. This discussion was used to help guide the work of the ad-Hoc committee.
- b. Review Draft Models (Handout B) - The committee reviewed the draft model for food services, which included two parts: part one is for clients who are low socioeconomic status, and part two is an emergency service for clients who have experienced a life transition (such as losing a job). The first part is for clients below 150% of the federal poverty level (FPL) and the emergency portion is between 151-250% FPL. Clients who have a demonstrated medical need and are below 150% FPL may also be eligible for additional food service units.

The committee discussed the different FPL levels for the emergency provision, including limiting the number of service units allowed instead of only those who have had an emergency. By doing this, clients below 250%

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FPL would still be able to access food services, but would have a time limit (for example, three months) or a service unit limit (for example, six service units) for food services. It was noted that a service unit could be a box or a voucher, and the committee will need to determine what the best number of service units, and the best combination of service units for each part of the model.

The Grantee explained some of the historical background of the food services, noting that the amount that was expended for food services in the last fiscal year was extremely high, and would serve as a red flag for the Health Services and Resources Administration (HRSA). Broward had previously received an award with a condition that food services spending was brought under control. The struggle is to develop a model that ensures clients who need the food are really getting it, and is sustainable and responsible. A committee member asked if it would be necessary to see the budget and the number of service units for the fiscal year before being able to make those decisions. The Grantee explained that at some point that would be necessary, but that when the eligibility was changed in the last fiscal year, many clients accessing the service were first time clients, and may not have been the clients who really needed to access the units.

There are approximately 2,600 clients under 150% FPL that are currently being served by the food service category. A committee member noted that if a food box is \$35, then it would cost almost \$91,000 per month to give each client under 150% FPL a food box, which is over \$1 million for the fiscal year, and is already unsustainable. The Grantee noted that it was a good point, and it made it clear that the committee had some hard choices to make. A committee member noted that the amount of food stamps being received by clients may be a factor that needs to be taken into account; a client that receives a significant amount of food stamps each month may not have as high a need as a client that receives no food stamps. HIVPC staff noted when speaking with other EMAs, clients also have to have applied for food stamps, but the amount received is not taken into consideration to be eligible for Ryan White food services. A guest noted that food stamps are also a supplemental program that takes into account household size and poverty level.

A committee member asked how it was possible that other EMAs spend less than Broward; the Grantee noted that other EMAs have community resources available that are not available in Broward. A committee member inquired what would happen if only clients under 100% FPL were served at first, and if they were only given one food box per month. Approximately 1,700 clients under 100% FPL were served in fiscal year 2013, which is about \$59,500 per month. This would allow for a little more wiggle room under the total budget for the service category, which is approximately \$900,000. The Chair noted that the need really exceeds the budget, and the Grantee staff noted that it was going to be difficult to find a balance between boxes and vouchers.

Grantee staff noted that for the next meeting, it would be possible to put together an excel spreadsheet that would show the number of clients per FPL and the cost per food service unit, so the committee can see the different scenarios as it relates to budget and expenditures. A committee member asked how PAC Waiver would affect someone, since part of the PAC Waiver service is for home delivered meals. The Grantee noted that those clients who are eligible for PAC Waiver home delivered meals would not be eligible for Part A.

The committee noted that in the future it might be a good idea to put together a consumer group who are aware of the other resources in the community, and can provide input about other resources to refer clients to.

- c. Review Other EMA Eligibility Models (Handouts C & D) – The committee reviewed Handout C, and noted it needed to be clearer that most of the models included on the handout were emergency provisions only, and had to be referred by a medical or nutrition professional.

**5. GRANTEE REPORTS**

None

**6. PUBLIC COMMENT**

None.

**7. AGENDA ITEMS / TASKS FOR NEXT MEETING: May 12, 2015 VENUE: Gov't Center: A-335**

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**8. ANNOUNCEMENTS**

None.

**9. ADJOURNMENT**

Without objection the meeting was adjourned at 2:30 p.m.

**Ad-Hoc Food Services Committee Attendance**

Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
<b>Meeting Date:</b>	13	10	10	14									
	C	C											
1 Creary, K.	N - 3/26			X									
2 DeSantis, M., <i>Chair</i>	NQX	NQX	X	X									
3 Katz, H.B.	E	NQX	X	X									
4 Runkle, D.	NQX	NQX	X	X									
Shamer, D.	NQA	NQA	A	R - 3/12								W - 2/13	
5 Starkey, J.	NQX	NQA	X	X									
<b>Quorum = 4</b>	3	3	4	5									

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### DRAFT Food Services Eligibility Model

- **Federal Poverty Level (FPL):** <250%
- **Additional Eligibility:** Application status for food stamps and/or WIC (undocumented residents exempt).
- **Service Units:** A service unit is either a food box or a food voucher
- **Utilization:** 15 food service units annually (9 food boxes & 6 food vouchers).
- **Medical Nutritional Need Provision:** Client is screened for medical nutritional need by Physician and referral is generated. Client is provided with designated food box choices based on nutritional need. Menu choices for food boxes are listed below. Reassessment is completed every 6 months.
- **Menus:**
  - **Cardiovascular disease**
  - **Diabetic**
  - **Renal (kidney) disease**
  - **Vegetarian**
  - **Regular**
- **Food Vouchers:** Client must adhere to food voucher purchasing standards listed below. If client fails to adhere to requirements then disciplinary action will be followed.
  - First offense = warning
  - Second offense = suspension of food vouchers (client is only eligible for food boxes).

Allowable Items	Non-Allowable Items
Milk and Milk Products (cheese, yogurt, butter); 100% Fruit or Vegetable Juice; Fresh or Canned Fruit and Vegetables; Cereals; Bread; Pasta; Grain Products; Poultry; Meat; Fish (no crab, lobster, or shrimp); Eggs; Nuts; Peanut Butter; Tomato Sauce; Beans (canned or dry); Margarine; Mayonnaise; Mustard; Ketchup; Salad Dressings; Flour; Sugar; Baking Powder; Baking Soda; Salt; Oils; Cooking Herbs and Spices	Carbonated Beverages including Soda or Flavored Beverages such as Kool-Aid; Alcoholic Beverages; Shellfish; Coffee; Tea; Cigarettes; Paper Goods; Gum or Candy; Cakes including Doughnuts, Pies and Brownies; Laundry detergent; Soap; Disposable Diapers; Baby Food or Formula; Pickles; Pretzels; Popcorn or Chips; Nutritional Supplements (e.g. vitamin/mineral pills and or liquid nutritional supplements such as Ensure); Frozen sweets such as Ice Cream and Popsicles; Dessert Sauces; Syrups and Toppings; or Any Non-Food Item