



Committee Meeting Minutes: Joint Executive Committee
Date/Time: Thursday, October 17, 2013, 12:30 p.m. Location: BRHPC
Part A Chair: KURYLA, S. Part B Chair: WYNN, J

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 10-17-13 Joint Executive Committee Agenda and 7-18-13 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
4. **MEETING ACTIVITIES / NEW BUSINESS**

Goal / Work Plan Objective #:	Accomplishments
Ryan White CARE Act Reauthorization Time Limit- 30 Minutes	<ol style="list-style-type: none"> 1. Discuss the following motion originally brought forth from the Part A Executive Committee to the HIV Planning Council: <i>In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.</i> 2. Discuss the pros and cons of supporting reauthorization of the CARE Act. Discuss HIVPC's previous request that the County Commission defer action on the topic of reauthorization of the CARE Act until such time that the Council can both review and recommend a plan of action for reauthorization.

5. **UNFINISHED BUSINESS**

Education and Training	Continue to discuss the development of educational/training sessions for members and clients on the Affordable Care Act.
Establish Mission & Timeline	Continue to develop a work plan that includes the mission and goal of the Joint Executive Committee as it relates to assessing Ryan White Part A Program services regarding the implementation of the Affordable Care Act.

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS / TASKS FOR NEXT MEETING, 12:30 p.m. November 21, 2013**

Agenda Items / Tasks for next Meeting (Work Plan Item #)	Party to Complete Task	Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

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

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



Committee Meeting Minutes: Joint Executive Committee
Date/Time: Thursday, July 18, 2013, 12:45 p.m. **Location:** BRHPC
Part A Chair: KURLA, S. **Part B Chair:** WYNN, J.

#	Members	Present	Absent	Guests
PART A				Awada, M.
1	Kuryla, S. - Part A Chair	X		Hensley, G.
2	Taylor-Bennett, C.	X		
3	Creary, K.		E	Grantee Staff
4	Katz, H.B.	X		Jones, L. (Part A)
5	Roberson, C.		E	Strong, K. (Part A)
6	Grant, C.	X		Copa, R. (Part A)
7	Gammell, B.	X		Degraffenreidt, S (Part A)
				Mercer, A (Part B)
8	Wynn, J. - Part B Chair	X		HIVPC Support Staff
9	Agate, L.	X		Crawford, T.
10	Washington, L.	X		Eshel, A.
11	Saiswick, K.	X		Solomon, R.
12	Williams, R.	X		McEachrane, T.
13	Hensley, G.	X		Rosiere, M.
	Quorum= 8	11	2	

1. CALL TO ORDER:

The Part A Chair called the meeting to order at 1:00 p.m. The Part A 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. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Katz, H.B.	Seconded by:	Saiswick, K.
Action:	Passed Unanimously		

Motion #2	To approve 3/21/13 meeting minutes		
Proposed by:	Katz, H.B.	Seconded by:	Gammell, B.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS: None

4. UNFINISHED BUSINESS: None

5. MEETING ACTIVITIES / NEW BUSINESS



Accomplishment: (Goal/Work Plan Objective #)

1. Education and Training

The Part A Co-Chair of Priorities Setting Resource Allocation (PSRA) gave the following Pre-existing Condition Insurance Plan (PCIP) update. The original charge of PCIP was to examine alternatives for EMA to use Ryan White (RW) dollars to purchase insurance rather than provide direct care. PCIP evaluated pilot Monroe County PCIP program to see if such a model could work for Broward EMA populations. Recently, the PCIP mission has changed to reflect RW appearance with other systems of care such as Medicaid expansion/ACA. The reconfigured committee will look at the impact of ACA on RW program with the understanding that funding may change in order to be successful with care. PCIP looked at supportive services that insurance would not cover (such as Food Bank, Dental, Case Management) and looked at available assistance for Marketplace insurance co-pays. Joint Executive took on the mission of care to determine how best to support clients transitioning to a different system of care. It was noted that this affects every category; therefore, all Committees need to be involved and address how the ACA may affect specific committees. Members were informed of upcoming ACA webinars. Members were also reminded that Part A and Part B are collaborating to address ACA and that every member's ideas should be heard to help address the creative aspects of educating the public at large.

Members asked the Grantee approximately how many clients the Grantee staff anticipates transferring over from Part A to the Exchange. It was noted that anyone 100%-400% FPL should transfer over. There was a mention of the need to factor in clients that may not use mental health or medical services; generally around 3,800 clients use medical services. The Grantee noted that supportive services will not be covered by the ACA.

The Committee heard a presentation on the ACA (*copy on file*) by the Part B Co-Chair. Presentation topics included: Summary of the changes Reform will make and issues it addresses; where Medicaid expansion is currently taking place; States that have exchanges with Preliminary Plan Rates; A comparison of Ryan White Core Services and ACA "Essential Health Benefits"; Shift in services covered by RW; State implementation plans; Marketplace insurance resources; Health Insurance Marketplace timeline; Enroll America summary; Enroll America focus group findings; Enroll America client application and data-driven verification system; Ways to enroll; Additional resources for Marketplace information.

Education and training of the public on ACA/Health Insurance Marketplace will be ongoing. It was suggested to do a community forum to assist and direct clients to the correct plan to suit their needs through plan comparisons. There was a discussion on engaging the community to participate. One member discussed a previous plan to analyze Marketplace insurance plans available in Broward and pharmaceutical formularies similar to the analysis done for Part D in the past. Members suggested getting that data and information into the community before enrollment period begins. It was noted that Joint/Client Community Relations (JCCR) has scheduled a community event for late September and recommended that the event be used to educate attendees as previously discussed above. The JCCR Part B Co-Chair suggested using the PowerPoint presentation from today or something similar. The Grantee reiterated to the Committee that there is a community event and resource fair in September that will include multiple healthcare providers and consumers. The resource fair will be coupled with a Quality Management (QM) piece with multiple providers and consumers. One member suggested using that event for information dissemination. The Joint Part A Executive Co-Chair reiterated unknown ACA timeline and noted the difficulty in the committee planning around a lack of data. Members suggested the following dates for the fair: September 17, 18, 19 or 25. Members asked that staff provide research on possible venues for JCCR event/resource fair. It was noted that research was already completed for the logistics regarding the resource fair. It was suggested to have the South Florida AIDS Network (SFAN) present to a larger audience including working RW employees. JCCR to finalize event date at their next meeting and forward information to Part B.

Members went on to discuss an upcoming Aids Drug Assistance Program (ADAP) training. It was noted that training will probably be generic. Members discussed the possibility of drafting a flyer to post around the community announcing the ACA to proactively distribute the information.



2. Establish Mission and Timeline

The Committee reviewed the Modified Joint Executive Goals. The title was altered to reflect the present fiscal year. Additionally, goals were revised. Staff to format the goals and present them at the next meeting for Committee review. Staff to also send a blank work plan to the Part B Co-Chair to create a draft.

Below are the revised goals of the Joint Executive Committee:

Continuing goal is to maintain a higher level of coordination across all CARE Act partners.

Joint Executive Committee Goals Leading up to 2014/2015

1. Determining how to cover the gaps in services clients will experience next year in Medicaid, private insurance and Ryan White Part A (e.g. mental health, substance abuse and under-served populations).
2. Review service utilization by FPL for each service category-completed
3. Conduct multiple town hall forums to educate and inform community about healthcare reform, eligibility and application process (July 2013)
4. Identify potential gaps in coverage/service faced by clients entering insurance exchanges through ACA as well as in Medicaid (last but important)
5. Compare insurance plan coverage with Part A coverage (not until October, add to timeline)
6. Identify services that may need Part A funding (after October 2013 pending services covered)
7. The possible expansion of Medicaid in Florida and the closure of the federally run PCIP plan for the rest of 2014 (pending 2015 legislation)

Members suggested preparing a framework within the next 6 months. Members discussed having a 6 month timeline put in place. Health Care Reform rolls out in January 2014 and EMA needs to be prepared. Members were reminded that possible Medicaid expansion will have a great effect on the system. Members suggested that the Committee meet every other month to adequately prepare for ACA implementation. The Committee is to meet in October.

The Committee will establish a 12 month timeline at re-evaluation within 6 month period. The 6 month period runs from Aug 1, 2013 to Jan 1, 2013.

3. Summary of Data Review

Committee tabled review of the data summary. The Committee wishes to keep this as an item for discussion for future review.

6. GRANTEE REPORTS

- a) **Part A.** The Health Resources and Services Administration (HRSA) visit occurred from June 17, 2013 to June 20, 2013 and went very well. HRSA complimented the EMA on system of care and operation and called it a “model” across the country. Compliments were also made on the following: collaboration with funded providers, the continuum of care, collaboration between Part A and Part B and the prevention model. It was remarked that the EMA needs to “toot” the work both bodies in EMA have accomplished. Additional compliments included the EMA’s relationship with consumers, and consumer satisfaction with services. HRSA issued corrected actions on four items; however, most EMAs had many more. The Grantee spoke to West Palm Beach and discussed the results of HRSA visits among both EMAs. Broward EMA should be applauded for the work it has done.

Grantee office is wrapping up annual monitoring; believes that there is one more agency to review. There was a HRSA call last week and the grant award is anticipated to be released August 15, 2013. The grant application is expected to have modifications and simplifications of some items; however, these will not be known for a couple of weeks. The grant award was received on June 21st and included a \$490,000 reduction. This reduction is better than the projected \$900,000. The estimated \$900,000 in reductions was based on federal sequestration. The EMA received a slight increase due to HRSA misinterpretation of calculations, which has affected reductions over the past few years.



Once HIVPC approves allocations, the Grantee will work on finalizing the Request for Proposal (RFP) which is anticipated for September or October. Transitioning may be difficult for all parts of Ryan White budgeting due to the current political climate. There was a discussion on possible budget changes depending on grant award to avoid overextension and service category elimination.

- b) **Part B.** Grantee ended the fiscal year (FY) with a return of \$113,803 to ADAP in Tallahassee; received the same flat award funding. Through the end of May, about 8% of funding was utilized. It was noted that with changes with ACA and ADAP enrollment for qualifying clients, medication co-pay program is expected to decrease drastically. Part B is looking to fund the substance abuse residential (RSA) program as a result. RSA is considered a support service. Tallahassee is allowing a one-time funding for RSA until the end of March. Grantee voted on a \$100,000 place holder. Clients remaining in medical co-pay program have good insurance. Part B target is to address unmet need in the community and plans to serve between 35-50 clients for a 30 day period of time; currently working through the details. Exact funding amount to be determined but Grantee wants to ensure there is enough money in medical co-pay if there are complications with ADAP. Part B hopes to have service category up and running by August 1, 2013. The Grantee is trying to keep as much money within the community as possible.
- c) **Part C.** Grantee received notice of funding for 10 months. Part C received approximately \$720,000, which is a 5% cut. Funds of \$38,000 were given from the homeless program and they are not anticipated to be cut. There is a person hired under this grant is conducting counseling and testing; however, linkage is a large component. The fiscal year has changed from July-June to May-April. The Part C Grantee mentioned that they are noticing many newly diagnosed clients from local hospitals discharged with AIDS diagnosis. The trend is currently being tracked.

7. PUBLIC COMMENT: None

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: Date: October 17, 2013 **Venue:** BRHPC

<i>Agenda Items / Tasks for next Meeting (Work Plan Item #)</i>	<i>Party to Complete Task</i>	<i>Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.</i>

Chair recommended pulling boxes down to give update.

9. ANNOUNCEMENTS: None

10. ADJOURNMENT

Without objection the meeting was adjourned at 3:20 p.m.



Joint Executive Committee Attendance CY 2013

Member	3/21/13	7/18/13
Part A		
Kuryla, S. (<i>Chair</i>)	1	1
Taylor-Bennett, C.	1	1
Creary, K.	1	E
Katz, H.B.	1	1
Roberson, C.	A	E
Grant, C.	1	1
Gammell, B.	1	1
Spencer, W. (<i>ex officio</i>)	1	A
Part B		
Wynn, J. (<i>Chair</i>)	1	1
Agate, L.	1	1
Washington, L	A	1
Saiswick, K.	1	1
Williams, R.		1
Hensley, G.		1
Quorum=8	Yes	Yes

Continuing goal is to maintain a higher level of coordination across all CARE Act partners

Joint Executive Committee Goals Leading up to 2014/2015

1. Determining how to cover the gaps in services clients will experience next year in Medicaid, private insurance and Ryan White Part A (e.g. mental health, substance abuse and under-served populations).
2. Review service utilization by FPL for each service category-**completed**
3. Conduct multiple town hall forums to educate and inform community about healthcare reform, eligibility and application process (July 2013)
4. Identify potential gaps in coverage/service faced by clients entering insurance exchanges through ACA as well as in Medicaid (last but important)
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