



MEETING AGENDA

COMMITTEE: Joint Client/Community Relations Committee

Date/Time: Tuesday, June 4, 2013, 1:00 p.m.

Location: BRHPC

H. Bradley Katz, Part A Co-Chair

Leslie Washington, Part B Co-Chair

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 6/4/13 Agenda, 5/7/13 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. TESTIMONIALS
4. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	Accomplishments
Hot Topic Presentation (WP Item 1.2)	ACTION ITEM: Be trained on the scope of Ryan White Program Services. Recap the past Hot Topic and take a brief evaluation survey.
Social Media Strategy (WP Item 1.1)	ACTION ITEM: Develop a new strategy for using social media to reach consumers.
Plan for the next Community Event (WP Item 2.2, 3.2)	ACTION ITEM: Plan the details of the next community event. Choose a date, a topic and a target population, or request more research/details to consider.

5. GRANTEE REPORTS

6. PUBLIC COMMENT

7. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** Date: **August 6, 2013** Venue: BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	Responsible Party	Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.
Plan for the next Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Plan the details of their next community event. Choose a date, a topic and a target population, or request more research/details to consider.
Training for Peer Educators (WP Item 1.3)	JCCR, Staff	Develop and plan to send peer educators to community events for consumers. Discuss training JCCR members on how to be peer educators.

8. ANNOUNCEMENTS

9. 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



MEETING MINUTES

COMMITTEE: Joint Client/Community Relations Committee

Date/Time: Tuesday, May 7, 2013, 1:00 p.m.

Location: BRHPC

H. Bradley Katz, Part A Co-Chair

Leslie Washington, Part B Co-Chair

	Members	Present	Absent	Guests
1	Katz, H.B., Part A Co-Chair	X		Taylor-Bennett, C.
2	Washington, L., Part B Co-Chair	X		Fields, A.
3	Franks, H.	X		Burgess, D.
4	Bhrangger, R.	X		
5	Schiffer-Laxamana, K.		X	
6	Marcoviche, W.	X		Grantee Staff
7	Myers, K.		X	Jones, L. (Part A)
8	Parker-Maysonet, P.		X	Strong, K. (Part A)
9	Stoakley, M.	X		Mercer, A. (Part B)
10	Wilkins, D.		X	
11	Dyer, L.	X		HIVPC Support Staff
12	Sampson, R.		X	Eshel, A.
				Crawford, T.
				Rosiere, M.
				Solomon, R.
	Quorum = 7	7	5	

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 1:20 p.m. without quorum. Quorum was established at 2:17 p.m.

The Part A Co-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:	Franks, H.
Seconded by:	Stoakley, M.
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 4/2/13
Proposed by:	Dryer, L.
Seconded by:	Franks, H.
Action:	Passed Unanimously



3. STANDARD COMMITTEE ITEMS

a. TESTIMONIALS

There were no testimonials.

4. MEETING ACTIVITIES / NEW BUSINESS

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
“Hot Topic” training on PSRA Process (WP Item 1.2)	The Committee received training on the Priority Setting and Resource Allocation (PSRA) Process by Carla Taylor-Bennett, Part A Co-Chair of the Joint Priorities Committee. The objective is to educate members on the PSRA process in order to make an informed decision when ranking service categories. The ultimate goal is ensure committee members are knowledgeable when relaying Ryan White information to other consumers and the community at large. The presentation included: PSRA process; Planning Council and Committees roles; data utilization; processes to estimate anticipated need; Grant documentation; persons living with HIV/AIDS (PLWHA) involvement; priority ranking (<i>copy on file</i>). A question and answer session followed the presentation; Committee Members discussed how the Affordable Care Act (ACA) is anticipated to affect the PSRA Process.
Rank PSRA Service Categories (WP Item 1.2)	The Committee ranked the PSRA service categories for both core and support services. Staff explained Joint Client/Community Relations (JCCR) ranking differences between December 2012 and May 2013. Members observed historical rankings from FY12/13 and FY13/14, and reviewed how consumers ranked services in the 2012 Client Survey. Members noted the differences in ranking and discussed what factors may have contributed to these differences: i.e., absence of JCCR Members on the day of ranking who are community members living with the virus; personal stance at time of ranking. It was suggested that there may have been an ADAP waitlist when the consumer ranking was done contributing to the difference in ranking for ADAP between consumers and JCCR. It was noted that historically there are no major changes in ranking between service categories when comparing fiscal years.
Choose “Hot Topics” (W.P. 1.2)	Members chose additional “Hot Topics” for future Committee meetings: Surveillance data education session by Department of Health and ACA update as we approach 2014. Topics discussed for next meeting include: the scope of HIV/AIDS epidemic (the extent of the epidemic in relations to affected populations), the dental program for adults and children and Dr. Ana Puga: the future of HIV/AIDS (recent story involving infant).

Additional Items

- July meeting cancelled-quorum will not be achieved. The work plan will be adjusted accordingly.

5. GRANTEE REPORTS

a) **Part A**

The Grantee discussed collaboration with the Ryan White Part A Office at the Resource Fair in October, 2013. The Resource Fair to be the Fall Community Event for JCCR. The Grantee will provide details closer to the event.



b) Part B

The written Part B Grantee report was provided detailing expenditures up to March 2013.

Non-Medical Case Management conducted 997 eligibility interviews in March. Medication co-payment served 291 clients of which 20 were new to the program. There were 277 clients served in March for Medication Co-Payment and 14 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for March is \$47,415.74. Total cost savings April – March 2013 is approximately \$200,000. Home Delivered Meals served 2 clients. Medical Transportation for March 2013: A total of 179 (10 ride) and 311 (31 day) passes distributed.

It was noted that Part B is working on scorecards; scorecards to be sent electronically when complete. There was a discussion on enrollment in ADAP Premium Plus and the process to use the co-pay assistance card at CVS.

c) PUBLIC COMMENT

There was no Public Comment.

d) AGENDA ITEMS / TASKS FOR NEXT MEETING: Date: June 4, 2013 Venue: BRHPC

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Responsible Party</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>
Hot Topic Presentation (WP Item 1.2)	JCCR, Staff	Be trained on a topic dealing with the scope of HIV/AIDS. Recap the past Hot Topic and take a post-test.
Social Media Strategy (WP Item 1.1)	JCCR, Staff	Develop a new strategy for using social media to reach consumers.
Plan for the next Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Plan the details of the next community event. Choose a date, a topic and a target population, or request more research/details to consider.

e) ANNOUNCEMENTS

There were no announcements.

f) ADJOURNMENT

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



**JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE -
ATTENDANCE CY 2013**

Member	1/8/13	2/5/13	3/5/13	4/2/13	5/7/13
Part A			Community Event- No Attendance		
Katz, H.B., Co-Chair	1	1		1	1
Bhrangger, R.	1	1		1	1
Marcoviche, W.	1	1		1	1
Parker-Maysonet, P.	1	1		A	A
Dyer, L.	1	1		1	1
Part B					
Washington, L., Co-Chair	1	1		1	1
Franks, H.	E	1		1	1
Stoakley, M.	A	1		1	1
Schiffer-Laxamana, K.	1	A		1	A
Myers, K.	1	A		A	A
Wilkins, D.	1	1		1	A
Quorum=7	9	9		9	7

JCCR – Minutes – 5/07/13

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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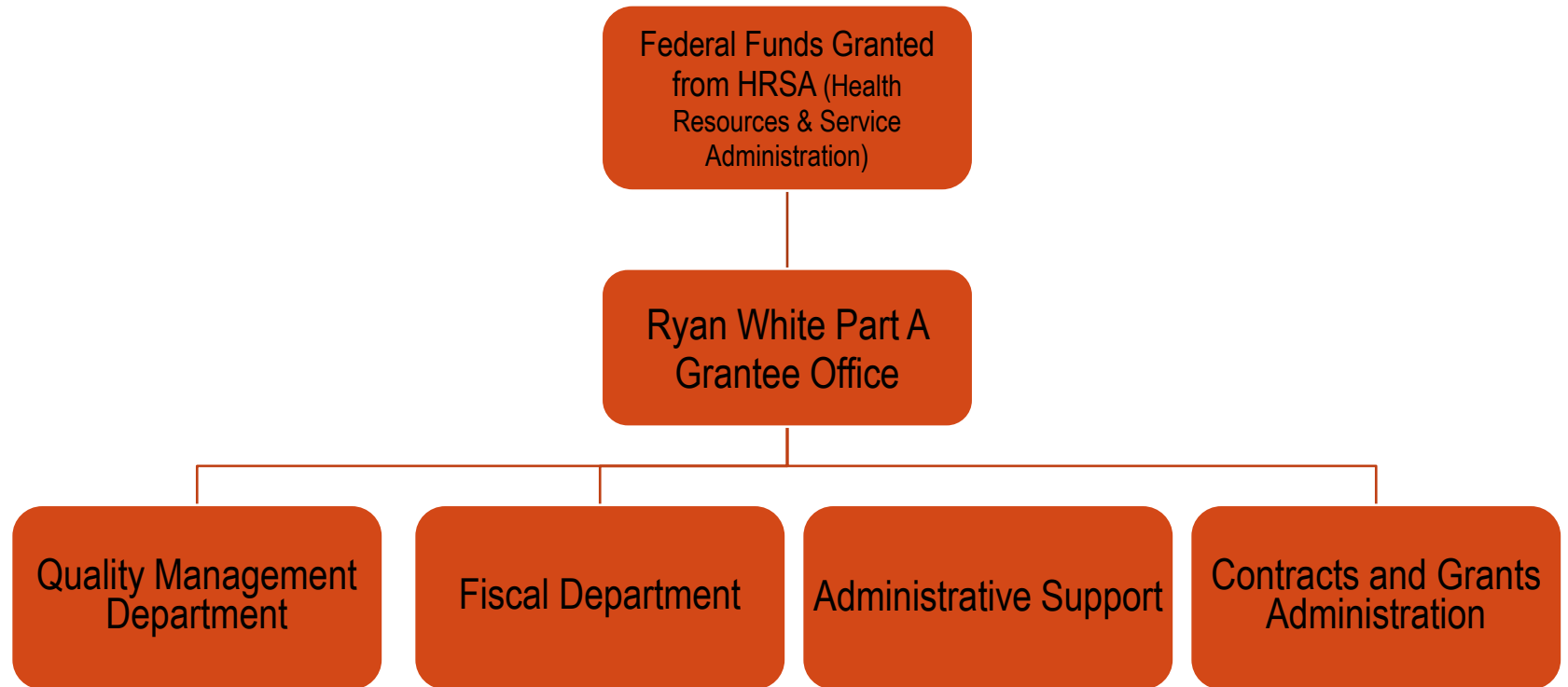
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
 Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

RYAN WHITE PART A



Who We Are And What We Do

Grantee Flow



Grantee's Role/Responsibility

- Comprehensive Plan
- National HIV/AIDS Strategy goals
- Conditions of Award requirements
- County legislative requirements
- RFP development (based on service)
- Client record (file/chart) review
- Program reports review
- Contract compliance
- **Part A fund expenditures**
- Monitoring systems (PE, Broward Outcomes, etc)
- Monitor sub-grantees

Allowable Uses of Part A Service Funds

- **Core Medical Services**
- **Support Services needed to achieve medical outcomes**
- **Administrative activities (incl. Planning Council support)**
- **Clinical Quality Management/Fiscal/CGA**

Sub-Grantees

Both Core and Support services are provided by our 13 sub-grantees in Broward County, including Broward Regional Health Planning Council.

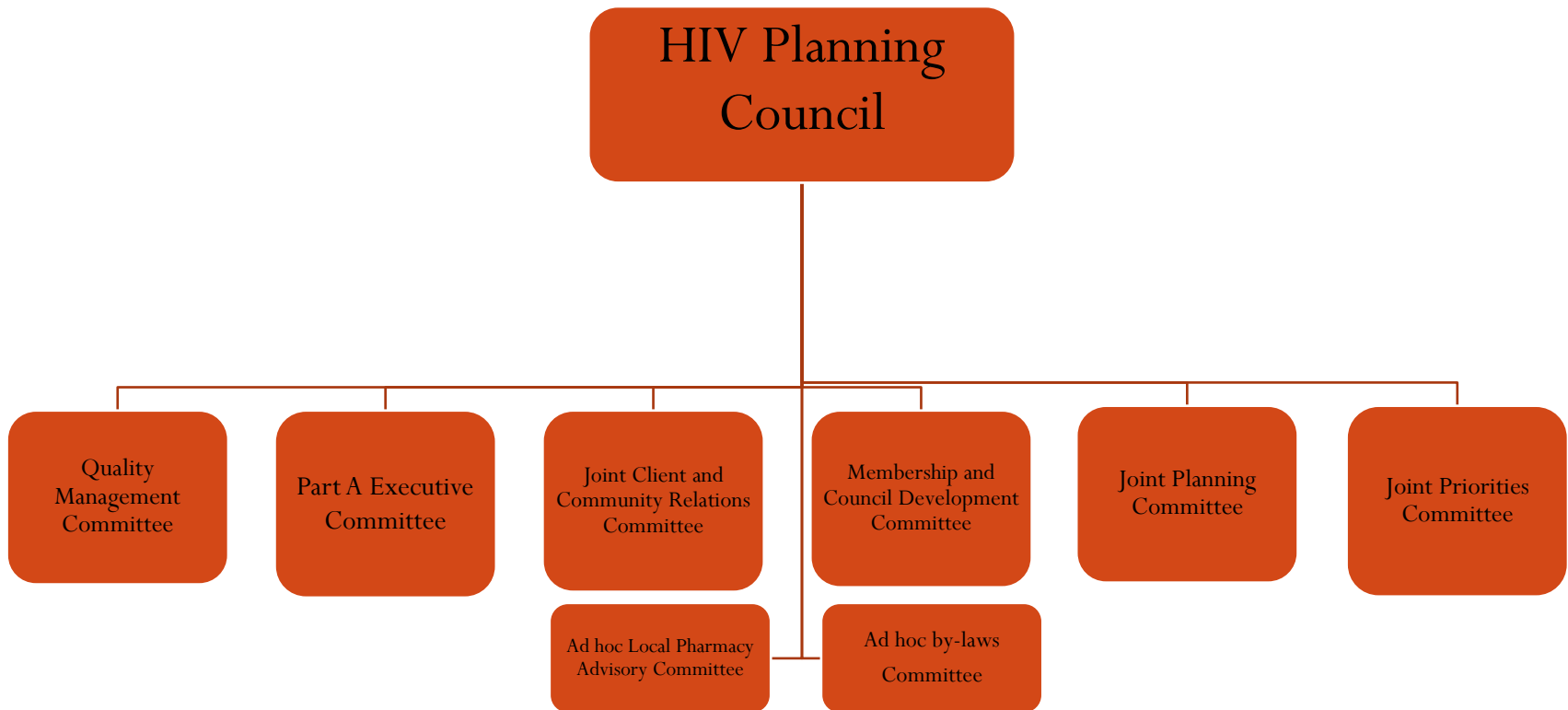
Core Medical Services

- Outpatient & Ambulatory Medical Care
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Oral Health Services
- Medical Case Management
- Mental Health Services
- Substance Abuse Treatment

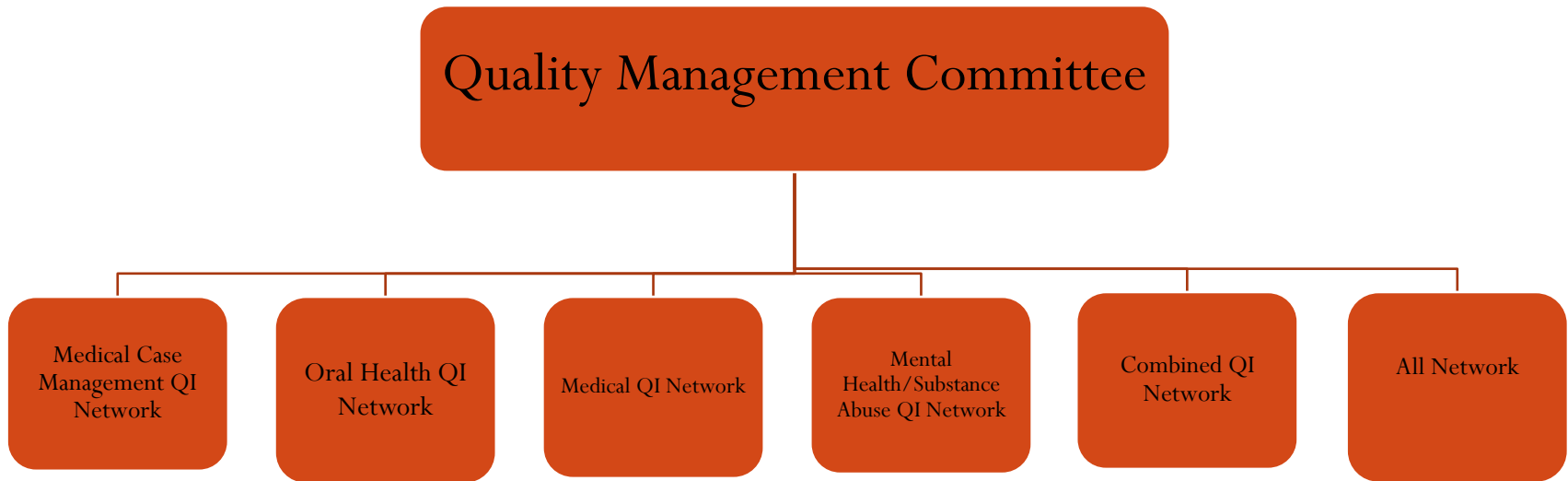
Support Services

- Food Bank
- Legal Services
- Outreach
- Centralized Intake and Eligibility Determination (CIED)

Broward Regional Health Planning Council (BRHPC)



Quality Management



We are Ryan White Part A, and although we are the payer of last resort, our goal is to ensure the funding provided for our County is being utilized to aid those infected and affected by HIV/AIDS.



Ryan White Part B Program

The Part B Program's fiscal year is
April 1, 2013 through March 31, 2014



Funded Programs

- Medication Co Payment Program
- Home Delivered Meals
- Medical Transportation
- Non-Medical Case Management (Part B Core Eligibility)

Part B Core Eligibility Requirements

Clients must bring the following to their eligibility interview:

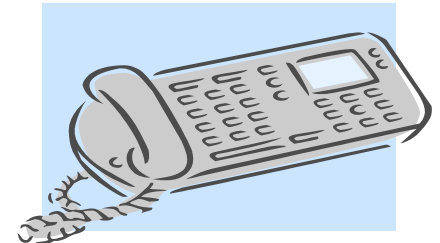
- Proof of HIV (lab with a detectable viral load or a western blot)
- Proof of residency in Broward County
- Proof of income 400% FPL or below (\$45,960 single household)

Part B Core Eligibility Recertification

- Clients must complete recertification for Part B Core Eligibility every 6 months.

Core Eligibility Hours/Phone Numbers

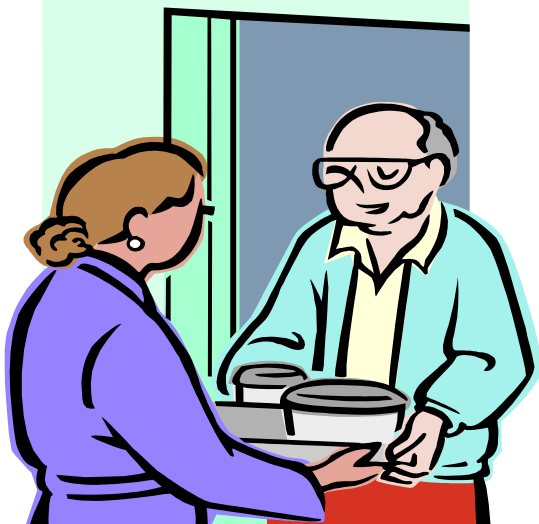
- Broward County Health Dept. provides evening hours two nights each week for the Core Eligibility/ADAP Program.(954-713-3196)
- 5-8 p.m. on Mondays at the Ft. Lauderdale Health Center, 2421 SW 6th Street, Ft. Lauderdale.
- 5-8 p.m. on Tuesdays at Paul Hughes Clinic, 205 NW 6th Avenue, Pompano Beach





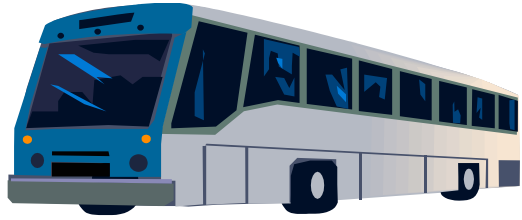
Medication Co-Payment

- Medication Co-Payment Program covers prescription co-pays and deductibles for eligible clients with insurance prescription coverage.
- Clients are required to utilize pharmaceutical co-pay cards for their anti-retroviral medications.
- The program only covers medications on the Part B Formulary.
- Clients can only use participating pharmacies.



Home Delivered Meals

- Home Delivered Meals serves clients who are homebound and newly released from the hospital.
- Case Managers must submit requests for services with copies of script from the doctor stating the reason for home delivered meals. Requests can be faxed from case managers to 954-467-4732.
- Case Managers can only request services one month at a time.

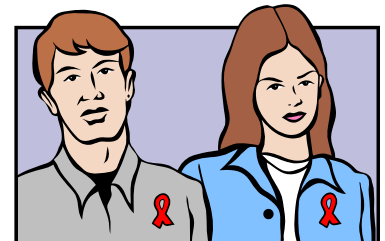


Medical Transportation

- Bus Pass Administrator distributes bus passes to Part A Case Managers who have eligible clients.
- 31 day passes are provided to clients with at least two or more core services in a month.
- Clients must be at 150% FPL or less (\$17,235 single household), live in Broward County and be HIV positive, have at least two core services a month to be eligible for a pass.

Non-Medical Case Management

- Non-Medical Case Managers conduct Core Eligibility for Part B Services
- Clients must re-determine eligibility every 6 months.
- Clients can call 954-467-4700 ext 5663 to schedule an appointment to do Core Eligibility for Medication Co Payment Program
- Clients who need to complete Part B eligibility or enroll into ADAP must call 954-713-3196 to schedule an appointment.



OTHER SEPARATELY FUNDED PART B PROGRAMS IN BROWARD COUNTY

AIDS DRUG ASSISTANCE PROGRAM (ADAP)

Broward County Health Department receives medications valued at approximately \$18 - \$20,000,000 through the ADAP Program in Tallahassee each year.

- ADAP provides antiretroviral medications for eligible clients.
- The medications are distributed through the Broward County Health Department.
- The eligibility process for ADAP is a two step process:
 - 1) Part B Core Eligibility (conducted every 6 months)
 - 2) Must be enrolled into ADAP by providing copies of current labs no more than 6 months old with CD4 and Viral Load and have a current prescription for antiretroviral medications

OTHER SEPARATELY FUNDED PART B PROGRAMS IN BROWARD COUNTY

AIDS INSURANCE CONTINUATION PROGRAM (AICP) pays for insurance premiums up to \$750 per month for eligible clients.

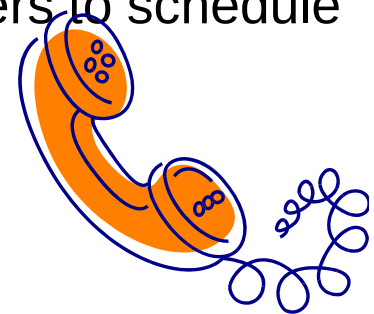
- The eligibility process for AICP is a two step process:
 - 1) Part B Core Eligibility (conducted every 6 months)
 - 2) Client must apply to AICP by contacting one of the authorized providers in Broward County:
 - Broward House 954-322-4749 ext 2249
 - Wellness Center 954- 568-0152

Additional Information

- The Part B Medication Co Payment Program serves approximately 225-300 clients each month. 533 unduplicated clients were served in 2012-13.
- Part B non-medical case management staff conduct core eligibility for approximately 900 clients each month. 4465 unduplicated clients were served every 6 months in 2012-13.
- Part B home delivered meals program can serve up to 10 clients a year. 5 unduplicated clients served in 2012-13.
- The Bus Pass Administrator distributes approximately 300-450 bus passes to Broward County Part A Case Management providers each month. 1229 unduplicated clients were served during the 2012-13 year.

Contacts for Part B Program

- Ann Mercer Part B Administrator
954-467-4700 ext 5650, contact for Home Delivered Meals and Home Health Authorizations
- Core Eligibility /ADAP enrollment call 954-713-3196 to schedule an appointment (Supervisor Charles Mayas)
- Belinda Smith 954-467-4700 ext 5663
Medication Co Payment Program – Call Belinda to schedule an appointment.
- Bonnie Majcher 954-467-4700 ext 5658
Bus Pass Administrator contact for Case Managers to schedule appointments to pick up passes.



What is needed for ADAP Enrollment?

- The Part B Core Eligibility Letter
- CD4 and Viral Load Labs less than 6 months old
- Valid prescription(s) for antiretroviral medication on the ADAP Formulary
- Insurance Documentation, if applicable.

What if I have Insurance, but cannot afford the medication?

There are several Insurance exceptions that will allow a person to enroll into ADAP.

- **Medicare Part D**
- Medicaid Share-of-Cost
- No Brand Name Coverage
- No Prescription Coverage
- Open Enrollment
- Pharmaceutical Benefits Cap
- Pre-existing Clause
- Reimbursement Plans and Discount Plans
- Unaffordable Co-payment

IMPORTANT

If you do not qualify for ADAP, you may still qualify for Partnership for Prescription Assistance (PPA) and for Patient Assistance Programs (PAP). There are over 180 programs offered by pharmaceutical companies that provide free or low-cost drugs for individuals who can not afford to pay for them. Each program has specific eligibility criteria and coverage.

You can find further information at:

needymeds.com

pparx.org

1.888.477.2669

What is needed for RW Part B Core Eligibility?

One Photo Identification (not required but encouraged)

Proof of HIV (one of the following)

- Western Blot
- Detectable Viral Load or viral resistance test result lab less than 6 months old
- A positive viral culture result
- Nucleic Acid Testing or Multi Spot by flood or oral fluid
- A Project AIDS Care (PAC) Physician's Referral Form
- Lab results from PRISM are acceptable documentation for proof of HIV

Not acceptable for proof of HIV

- Physician's or nurse's statement of HIV positive status on a prescription or letterhead
- Oraquick
- Undetectable viral load test

Proof of Residency

- Utility Bill with name and address
- House, Rent/Mortgage Agreement
- Recent School Record
- Letter from person with whom the applicant resides
- Homeless Shelter/Social Service Agency letter signed by staff
- Property Tax Receipt or W-2 form for previous year
- Unemployment Document with Address
- Current Voter Registration card
- Lawful Permanent Residency (green card)
- US Visa – Immigrant
- US Visa – Nonimmigrant
- Department of Corrections offender search website photo print out
- Prison records (if recently released)
(not acceptable local county jail records)

Proof of Income (Federal Poverty Guidelines 400% or below)

- Pay stubs for the last three months showing income before taxes and deductions
- A signed and dated employer statement on company letterhead stating name of applicant, rate and frequency of pay, a phone number and whether applicant is currently receiving or is eligible to receive health benefits from employer.
- 1040 form or W-2 form for previous year (only during Jan, Feb or March) after that must bring pay stubs.
- If self-employed
 - 1040 Form for previous year with corresponding attachments (Schedule C or Schedule SE)
 - W-4 forms for previous year
 - Company accounting books showing business revenue and expenses
 - Self-employment tracking sheets (extenuating circumstances may call for supervisory concurrence)
- Letter of Support (dated current)
- Self Tracking Sheet

For no income:

- A statement is provided as to how the applicant receives food
Clothing and shelter (Letter of Support with current date) if no income is provided a
SEQY/TPQY if obtainable with letter of support.
- A recent SEQY (Summary Earnings Query) if obtainable or WAGES Work And Gain Economic
Self Sufficiency printout

MEDICAID Pre-screening will be conducted during the eligibility interviews. If client's pre-screening indicates they may be eligible for *MEDICAID* *they will be required to apply within 30 days and provide proof.*

SOCIAL MEDIA STRATEGY/COMMUNICATION PLAN

JCCR Community Events

Goal	Product	Activity	Responsible Party	Target Date of Completion	Comments/Status
A. Develop Written Communication for Consumers					
1. Inform clients of JCCR community events	Letter	Develop letter to clients informing them about upcoming JCCR community events	JCCR, Grantee, Staff		
2. Inform Providers of Upcoming events		Write and Distribute letters to HIV Providers	JCCR, Grantee, Staff		
3. Develop Client Informational Poster/Flyer	Poster	Develop draft design of one client poster or flyer in 3 languages.	JCCR, Staff		
		Distribute posters/flyers to Providers	JCCR, Grantee, Staff		
B. Media Exposure					
1. Inform the Public through newspaper and media sources of upcoming event	Press Release	Develop Press Release regarding community event	JCCR		
2. Develop Public Service Announcement regarding event	Public Service Announcements (PSA)	Develop PSA for local radio station announcements regarding community event	JCCR		

C. Internal County Media Exposure			
Sharing of resources to County Employees	Plasma Screen Television (Announcement)	Create advertisement for county employees to display on T.V. in Governmental Center Lobby	JCCR, Grantee
D. External Exposure (Community)			
	Letters	Create informational letter for distribution at Ryan White provider sites	JCCR, Grantee, Staff
	Community Calendars	Post events in various local newspapers in Broward County i.e. Westside Gazette, Sun Sentinel, City Newsletters etc.	JCCR, Grantee, Staff
	HIV Provider Websites	Post Informational Bulletin on BRHPC and HIV Provider Websites informing public of upcoming events.	JCCR, Grantee, Staff

Details about Holding a Community Event at Shadowood

Shadowood II

525-26 SW Fourth Ave., Fort Lauderdale

954-462-3719, 954-462-3756, shadowII@bellsouth.net

Contact: Ken Fountaine, executive director

4/3/13

We have moved around the corner from our old location. Fewer people, 38 beds. But we have nicer conditions in the new place. We have a dining room and an outside patio where meetings can be held for all residents.

Status: Shadowood is open to having community meetings. JCCR and other organizations have done so in the past with success. Ken considers it a positive for the clients.

Fee: None.

Opportunities: Shadowood is the only housing facility in Broward that is 100 percent HIV and has clients in a single location. Most are gone at work during the day.

The best time to do a session is after dinner when all are available. 6 or 7 pm would be best. In past events, clients have participated in discussions. They are very willing to talk.

A good opportunity is for JCCR to make a presentation at the 'life management' program run in the evening by Wyonia (also works at CDTC). ***Ken will have her call Bob to discuss details.***

Logistics:

First Tuesday of the month should be fine. Ken needs only a few weeks' notice to tell the residents and make the plans. Just give us proposed dates. Program staff can ask clients what subjects they want to hear about.

Desired educational subjects:

1. Funding cuts: Clients are nervous about funding issues, they fear losing services. They have questions about the future of ADAP and other programs.
2. Staying in care, living healthy are great subjects for them.
3. How to navigate the system. They can always use help because many of them struggle with the rules.
They can tell JCCR about the barriers they face from having multiple certifications. Most struggle to make appointments and keep them. We often have to remind them. Many cannot read or do math, in a functional way. They can tell JCCR about this problem and that it should be solved.
4. Rights or grievances of services. Most have no idea of their rights or how to go about challenging a service denial.

Ryan White Part B
Expenditure Report
APRIL 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (April/ Encumbered)	Part B 2013-14 Monthly Average Left	Part B 2013-14 (YTD Spent/ Encumbered)	Part B 2013-14 (% Encumbered)	Part B 2013-14 (% Left)	Part B 2013-14 (Balance)
Home Delivered Meals	\$ 2,479	\$ -	\$225	\$ -	0%	100%	\$ 2,479
Medication Co Pay	\$ 610,000	\$ -	\$55,455		0%	100%	\$ 610,000
Case Management (non-med)	\$ 228,287	\$ 13,635	\$19,514	\$ 13,635	2%	98%	\$ 214,652
Medical Transportation	\$ 150,971	\$ -	\$ 13,725	\$ -	0%	0%	\$ 150,971
Administration	\$ 110,192	\$ 7,825	\$ 9,306	\$ 7,825	3%	97%	\$ 102,367
TOTALS	\$ 1,101,929	\$ 21,459	\$ 98,225		1%	99%	\$ 1,080,470

99%

Non-Medical Case Management conducted 972 eligibility interviews in April.

Medication Co Payment served 253 clients in April in which 17 were new to the program.

245 Clients served in April Medication Co Payment

8 Clients served in April Mail Order

Medical Transportation 225 (31 day) and 323 (10 ride) were distributed in April.

Only 517 10 ride passes left after that only 31 day passes will be available for distribution.

Ryan White Part B Expenditures
April 2013

