

Motion to approve the agenda with the date changed to “November 13, 2017.”

Moved: Miguel Puente

Seconded: James Powell

Motion: Passed

IV. Floor Open to the Public

Mr. O’Donnell opened the floor to the public with the following statement:

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.”

The floor was opened to the public.

Committee members James Powell and Miguel Puente voiced concern over an announcement that funding for Affordable Care Act (ACA) subsidies of health insurance premiums for Ryan White PLWHA may be reduced. Carla Valle-Schwenk, representing the Office of Management and Budget-Grants Coordination/Ryan White Program (Recipient) - advised she would address this issue during the Ryan White Part A/MAI Program Update.

There were no additional comments. The floor was then closed.

V. Review and Approve Minutes of August 11, 2017

Members reviewed the August 11, 2017 minutes. There were no changes.

Motion to approve the minutes of August 11, 2017 as presented.

Moved: Miguel Puente

Seconded: James Powell

Motion: Passed

VI. Membership

Christina Bontempo

▪ Removals

Ms. Bontempo advised the Committee that two members were removed due to non-compliance with County attendance requirements, which state that five (5) absences by a member in any Fiscal Year – excused or unexcused – will result in termination. The Fiscal Year for meeting attendance is that of the County, which runs from October 1 through September 30.

Ms. Bontempo reminded the Committee that to be counted as present at a meeting, members must be present at no less than 75% of that meeting.

▪ Applicants

The application from Takisha Nelson is still pending because Ms. Nelson and sitting member Lileaus Hill, both work for the Public Health Trust, and the Partnership Bylaws state: “Standing Committees may not have representation by more than one (1) representative from a provider agency.” (Article 3.D.)

Since Ms. Hill joined the Committee intending to act a representative of the affected community and since both Ms. Hill and Ms. Nelson work at different agencies of the PHT, the Committee may ask for a waiver of Bylaws Article 3.D, specifically for Takisha Nelson. The Committee agreed to put the motion forward.

Motion to waive the provision in the Partnership Bylaws, Article 3.D, that states that standing Committees may not have representation by more than one (1) representative from a provider agency, relating specifically to the membership application of Takisha Nelson.

Moved: Miguel Puente

Seconded: James Powell

Motion: Passed

Ms. Bontempo noted the Vacancy Report (copy on file), which indicates the Committee has four (4) vacancies. Anyone needing an application may contact staff or may download the application from www.aidsnet.org.

VII. Standing Business

▪ **Ryan White Part A/MAI Program Update**

Carla Valle-Schwenk

The Ryan White Part A/MAI Expenditure Report for FY 2017 as of September 29, 2017 (copy on file) was noted in the meeting materials. Ms. Valle-Schwenk explained the report in detail and advised the Committee that this is the information referred to in the annual Assessment of the Administrative Mechanism. Ms. Valle-Schwenk noted that pending reimbursement requests are higher than usual due to the Recipient catching up with payments following office closures due to Hurricane Irma.

Ms. Valle-Schwenk noted that due to hurricane-related closures, the deadline for OMB Federal Report Program submissions was extended to October 17, 2017, and the deadline for the HRSA Ryan White Program Grant application was extended to November 13, 2017.

Regarding ACA subsidy defunding, Ms. Valle-Schwenk advised that due to Florida insurance carriers increasing their costs, the Health Insurance Premium and Cost-Sharing for Low Income Individuals service category may need to be reduced from a premium cap of \$1000/month per client to \$750/month. Also, clients may need to switch to a less-comprehensive coverage plan to offset rising Part A Program costs. To date, there is no guidance from HRSA on how Recipients should respond to the changes in ACA. If additional funds are required this fiscal year, the Care and Treatment Committee can conduct a re-allocation to review any shortfalls. Because the grant funding for the next fiscal year is not known, the longer term effects of ACA subsidy defunding are uncertain at this time. The Recipient is monitoring this issue closely.

▪ **Assessment of Administrative Mechanism Final Report**

Robert Ladner, Ph.D

The Committee received a copy of the 2017 Assessment of the Administrative Mechanism (AAM) (copy on file) and members indicated by a show of hands that they had read the report. Dr. Ladner lead a review of the Summary of the Recipient Comments (copy on file) and the following were noted:

- *Page 4 – Statement 1) Partnership members have the opportunity to participate fully in all Part A/MAI service planning processes. Since this is not actually under the purview of the Recipient, it was suggested to remove this statement from future surveys. Members should be encouraged to attend New Member Orientation more than once; alternatively, a mini-orientation can be structured as a refresher on Committee roles and responsibilities. It is important that all members feel they have a voice at meetings.*
- *Page 5 – Statement 2) The Miami-Dade County Office of Management and Budget-Grants Coordination (OMB) follows the Partnership’s service priorities and resource allocations. How members interpret the question may differ depending on their understanding of service priorities and resource allocations. It may be helpful to conduct the assessment as an interview and/or hold an AAM orientation.*

- *Page 6 – Statement 3) OMB received its notice of grant award in a timely manner. (Statement added in 2015).* Members suggested removing this statement from future surveys.
- *Page 9 – Statement 6) OMB communicates clearly to the Partnership about the Part A/MAI reallocation process.* It was suggested to consider rewording this or making it a simple Agree/Disagree answer option.
- *Page 11 - Statement 8) OMB provides standardized expenditure reports to the Partnership on a regular basis.* For the 2018 AAM, this statement should be removed or reworded to clarify the statement meaning and purpose.
- *Page 12 - Statement 9) At least 95% of the Formula funds were expended by the end of the Fiscal Year. (Statement added in 2015).* For the 2018 AAM, the statement should be removed or reworded to reflect total expenditures (Formula and Supplemental).

The remaining issues as detailed in the AAM summary are to be brought back to the Committee during the 2018 AAM survey revisions. Members agreed the final AAM report as presented should be forwarded to the Full Partnership for approval, but the survey questions should be reviewed and updated for the 2018 AAM versions.

Motion to accept the 2017 Assessment of the Administrative Mechanism as presented with the proviso that the Strategic Planning Committee will update the questions for 2018.

Moved: Barbara Messick

Seconded: Miguel Puente

Motion: Passed

▪ **Retention in Care Report**

Petra Brock-Getz

The Committee had requested Retention in Care updates as a Standing Business item. Ms. Brock-Getz presented a table, *Retention in Care Among RWP Outpatient/Ambulatory Health Service (O/AHS) Subrecipients*, (copy on file) which addresses Integrated Plan R1.2a, *Identify OMC providers with outstanding retention in care rates, independent of client demographics, comorbidities or special need characteristics. Determine best program practices.* Every three months, staff will provide an update of clients retained in care for the past 12 months based on the qualifier that the client received two or more medical visits or CD4 or Viral Load lab results at least three months apart in the reporting period. The target retention rate is 90% by the year 2021. For the past two reporting cycles, most agencies are demonstrating retention rates greater than 80%. It was noted that the data available allows tracking of retention in care by agency but not necessarily by client, because clients may receive Medical Case Management at one agency and O/AHS at another. The next data set will be provided for the period September 1, 2016 through August 31, 2017.

Prior to New Business, the meeting time was set to expire; a ten-minute extension was recommended.

Motion to extend the meeting by ten minutes.

Moved: Miguel Puente

Seconded: Brian O'Donnell

Motion: Passed

VIII. New Business

▪ **Pre-Meeting Integrated Plan Review**

All

The Committee received updated copies of the Linkage to Care, Retention in Care, Disparities in Retention in Care, Viral Load Suppression, and Disparities and Treatment Outcomes sections of the Integrated Plan (copy on file). Updates have been highlighted in **red/bold** and will be reviewed fully during the November 13, 2017 Joint Integrated Plan Review.

Prior to Announcements, the meeting time was set to expire; a five-minute extension was recommended.

Motion to extend the meeting by five minutes.

Moved: Brian O'Donnell

Seconded: Barbara Messick

Motion: Passed

IX. Announcements

Rick Siclari asked if there was an update on the "Test And Treat" program coming to Miami-Dade County. Mr. Siclari said the program has been very successful in Broward County. Miami-Dade County is looking for a pilot site; Mr. Siclari suggested Care Resource.

X. Next Meeting

The next meeting is the Joint Integrated Plan Review on November 13, 2017 at the United Way Ansin Building, Ryder Conference Room.

XI. Adjournment

Motion to adjourn this meeting.

Moved: Miguel Puente

Seconded: James Powell

Motion: Passed

The meeting was adjourned at 12:13 PM