

EVALUATION COMMITTEE March 27, 2018 Minutes		
Charge: Evaluates whether sub-recipient services coincide with set service priorities, and evaluates the performance of the Administrative Agency and the Planning Council according to the goals of the Council.		
MEMBERS PRESENT		
Gary Benecke, Chair Phillip Scheldt Tom Emanuele	Leonardo Zea Darius Ahmadi Helen E. Turner, CCC Liaison	Louise Weston-Ferrill Louvenia Freeman
MEMBERS ABSENT		
LaShaun Shaw Jonathan Thorne	Cristopher Burke	Del Wilson, Vice Chair
RWPC STAFF PRESENT		
Justin M. Henry, RWPC Health Planner	Glenda Blackmon-Johnson, RWPC Program Manager	Annie Sawyer-Williams, RWPC Coordinator
GRANTS MANAGEMENT STAFF PRESENT		
Angi Jones, Quality Assurance Advisor	Sonia Contreras, Health Advisor	
OTHERS PRESENT		
Tracy Bissett, AIN Intern	Skylar Lange, AIN	Joni Wysocki, AIN

- I. **Call to Order:** Gary Benecke, Chair, called the meeting to order at 3:04 PM.
- II. **Certification of Quorum:** Quorum was established by Justin M. Henry, Ryan White Planning Council (RWPC) Health Planner, and certified by Gary Benecke.
- III. **Introductions and Announcements:**
 - a. Joni Wysocki the Director of HIV Services at AIN introduced herself.
 - b. Tracy Bissett an intern at AIN introduced herself.
 - c. Ms. Wysocki also announced that AIN will be closed on Good Friday, March 31st.
 - d. Gary Benecke with the Resource Center announced the Insurance Assistance Program is back opened to new clients.
- IV. **Approval of February 27, 2018 Minutes:** *Phillip Scheldt motioned to approve the March 27, 2017 minutes. Leonardo Zea seconded the motion. The motion passed with three abstentions.*
- V. **Office of Support:** Mr. Henry announced the RWPC website is being updated. A lot of the outdated information has been removed and the calendars can be modified. The current documents have also been added such as the revised RWPC Bylaws and the link for the DSHS Standard of Care.

The RWPC retreat will be on April 6th from 9AM-4PM at Meadows Conference Center. The committee chairs will outline their strategic plan and trainings for their committee for 2018.

Mr. Henry thanked those who attended the meeting during the Health Resources and Services Administration (HRSA) Comprehensive Site Visit. The HRSA report will be available within 30-45 day.

He also announced the Administrative Agency has received the second portion of the Notice of Grant Award (NGA). Ms. Blackmon-Johnson noted the AA are in the process of completing the allocations based on the RWPC percentage Allocation.

VI. Standards of Care (Early Intervention Services and Referral for Health Care and Support Service): Mr. Benecke stated the comments for the Standards of Care can be made to the Texas Department of State Health Services (DSHS).

Early Intervention Services: Committee agreed there were no comments.

Referral for Health Care and Support: Mr. Benecke reviewed the HRSA Program Guidance: *Referrals for Health Care Support and Services provided by outpatient/ambulatory health care professionals should be reported under Outpatient/Ambulatory Health Services (OAHs) category.*

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (e.g., Medical Case Management (MCM) or Non-Medical Case Management (NMCM)).

Mr. Lange stated while attending the Case Management training in Austin, TX. The Referral for Health Care and Support standard was discussed. He stated it was relay from DSHS, *“If you are a case manager and actively providing case management or if you are not the client case manager the service should be billed under case management; however if you have a client that does not need active case management and they are just there for a referral into the Ryan White system then it should be billed under Referral for Health Care and Support. He noted according to DSHS everything is being billed incorrectly. In the AIDS Regional Information and Evaluation System (ARIES) under the Medical and Non-Medical Case Management there is no way to bill for referrals. There is the main category, sub-category and three categories to choose from Intake, Recertification, and Case Management. He also noted if everyone is billing under Case Management according to DSHS that it is incorrect, they are supposed to be billing under the Referral for Health Care and Support if the client is not actively receiving case management from the case manager.*

A question was posed what to do about follow-ups? Mrs. Wysocki stated *from the Case Management Institute that a follow-up is required and has to be documented in the client file. The follow-up is needed if the clients engage in the service.*

Mr. Benecke stated being this is not a funded service category and the SOC does not apply to what is being done it would be more of a judgment call on the RWPC; if they would like funding for this Eligible Metropolitan Area (EMA).

Mr. Lange referenced the section under Benefits Counseling and noted: *“Activities should be client-centered facilitating access to and maintenance of health and disability benefits and services. It is the primary responsibility of staff to ensure clients are receiving all needed public and/or private benefits and/or resources for which they are eligible. Staff will educate clients about available benefit programs, assess eligibility, assist with applications, provide advocacy with appeals and denials, assist with re-certifications and provide advocacy in other areas relevant to maintaining benefits/resources.”* He noted it is not just for referrals, but pretty much anything outside of case management the units can be billed.

Ms. Blackmon-Johnson noted the Limitations: *Funds cannot be used to duplicate referral services provided through other service categories.* She question: *“What is the distinction between the referrals that are going to be provided through Referral for Health Care and Support verse those that are going to be provided through case management/medical case management?”*

- *The population*
- *Others not defined as active case management*
- *Active in case management a referrals can be bill under case management; if the provider funded in the service category and the client is active in case management; referrals can be made with the full comprehensive assessment if they just need a referral.*

Mrs. Wysocki also noted it looks like a duplication of service because of the way it is being billed, but the client is not in case management with the agency.

Mr. Benecke stated the new birth day month tracking which a case manager to go into ARIES and see if eligibility has been done. Everyone will have the same system.

The Evaluation Committee will present the Referral for Health Care and Support standard to the Executive Committee at the next meeting. If this service is for someone who does not have an active case manager the committee needs to show the criteria and a distinction for this service.

- VII. **FY 2017 Evaluation of the Administrative Mechanism (EAM):** Mr. Henry asked for any comments or suggestions regarding the tool and he advise the committee that the data source will not reflect the process as it would occur over a normal year because this year is an extension and some of the information will be different; due to the partial funding of the grant award. The committee had no comments or suggestions and agreed to move the EAM tool forward to the Executive Committee.

Motion: *Tom Emanuele made a motion to accept the Dallas Eligibility Metropolitan Area Tool for the Evaluation of the Administrative Mechanism survey. Phillip Scheldt seconded the motion. The motion passed unanimously.*

- VIII. **Integrated Prevention and Care Plan:** Ms. Blackmon-Johnson gave an background overview of the plan noting some of the key player and what was target within the plan:

- *National HIV/AIDS Strategy (NHAS)*
- *Target populations*
- *Activities*
- *Data Indicator*

The goal of the plan was to streamline it with the NHAS goals and objectives. She highlighted some of the accomplishment capture in 2017. She asked members to identify some of the activities accomplished already or to be in 2018. The committee had a brief discussion regarding the role they will play in the plan. It was suggested the Evaluation Committee could evaluate the objectives within the plan to see if the plan is on track. It was also suggested to review the End of the Year Report for some details regarding accomplishments.

- IX. **Evaluation of the Ryan White Planning Council:** Tabled.

- X. **New Business:** Ms. Blackmon-Johnson suggested members go to the Target Center website and review the PC Compendium for trainings and PC resource information.

- XI. **Adjournment** *Tom Emanuele motioned to adjourn. Darius Ahmadi seconded the motion. The motion passed unanimously*

The meeting was adjourned at 4:30 PM.

Submitted by:

Annie Sawyer-Williams, RWPC Coordinator

Date

Draft Certified by:

Justin M. Henry, RWPC Health Planner

Date

Final Approval by:

**Gary Benecke, CHAIRPERSON or
Del Wilson, Vice-Chairperson**

Date

NEXT SCHEDULED MEETING
Tuesday, April 24, 2018 3:00 PM
Hickman Conference Room, 2nd floor
Dallas County Health and Human Services Building
2377 N. Stemmons Freeway, Dallas, TX