

PLANNING AND PRIORITIES (P&P) COMMITTEE

June 28, 2019

Minutes

Unofficial Meeting

Charge: To oversee development and implementation of a process to identify needs and barriers, keep the assessment of needs current, and develop a comprehensive plan to implement the priority goals of the Planning Council.

COUNCIL MEMBERS PRESENT

John Dornheim, Chair	Helen Zimba	Christopher Webb
Lynn, Vice Chair	Donna Wilson	

COUNCIL MEMBERS ABSENT

Venton C. Hill-Jones	Korey Willis	Lori Davidson
Robert McGee II	Woldu Ameneshoa	

RWPC STAFF PRESENT

Glenda Blackmon-Johnson, RWPC Manager	Annie Sawyer-Williams, RWPC Coordinator
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GRANTS MANAGEMENT STAFF PRESENT

Sonya Hughes, Assistant Director	Wanda Scott, Program Monitor
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OTHERS PRESENT

Gail Lockwood, AIN, Inc.	Angelica Gallegos, AIN, Inc.	Akosua Addo, PHNTX
Kellie Norcott, PHHS	Marilyn Quinones, Bryan's House	Karin Petties, PHNTX
Helen E. Turner, RWPC	Lionel Hillard, RWPC	

- I. **Call to Order:** John Dornheim, Planning & Priorities Committee Chair, called the meeting to order at 11:35 a.m.
- II. **Certification of Quorum:** Quorum was not established.
- III. **Introductions/Announcements:** N/A
- IV. **Office of Support:** Glenda Blackmon-Johnson reported there has been no change to the RWPC membership reflectiveness.

The Needs Assessment Request for Quote (RFQ) a vendor has been identified. Staff will meet with the Purchasing Department for details.

- V. **Referral for Health Care:** The committee discussed the revised Ryan White HIV/AIDS Part B Program Service Category Allocations letter from the Department of State and Health Services (DSHS) received on June 27th. Mr. Dornheim opened the floor for question(s).

They discussed the Referral for Health Care with Janina Vazquez, from the Department of State and Health Service (DSHS) representative via conference call.

- Mr. Hillard thanked DSHS for the revision of the April 5 letter. He expressed concern with the wording "DSHS FY 2019 RWHAP Part B, State Services, and State R-R funds are temporarily excluded from the Planning Council priorities and allocations process until such time as this service category is sufficiently funded", there's no time frame to return the process back to the Planning Council. *Janina stated Part B is moving forward with its strategy to fund AIDS Drugs Assistance Program (ADAP) Eligible Workers under Referral for Health Care. The Health Resources and Services Administration (HRSA) guidance states the RWPC is*

responsible for Prioritizing and Allocating for Part A. Part B funds the State has the authority to allocate those funds and put forward a strategy. The State put forward some money for PC in the Part A area to make those decisions and once the AA push forward their renewal application they are approved by DSHS at their level and go with the PC decisions. They are open to collaboration to make decision together and they are asking to fund referral for health care so they can meet some of the needs in the area. Just because it is not a need in the Needs Assessment survey, do not means it is not a need the State hasn't identified.

- Mr. Hillard asked for the Data to show the need. *Janina stated it is the data the AA will provide based on the site visit that they have conducted and the outcomes where referral for health care is needed. There was an internal assessment with DSHS, communication with HRSA, and they are meeting a deficiency at the State level.*
- Mr. Hillard questioned is this need client or administration driven. If staff is not billing properly this does mean client's needs are not being met. *It is the system that serves the clients that keep the funding moving forward.*
- Akosua Addo asked was the information from the internal assessment shared with the AA and all the sub-recipients to have a discussion before making a decision to withhold this from the PC. *Janina stated this process was done in 2016 and when the State moved funds the local area; it was with the understanding that those funds were going to be used to fund the eligibility workers strategy.*
- Kellie Norcott asked when the \$100,000 funding came down to fund an eligibility worker? When was sent, to fund positions and not a service category to fund enrollment worker around the community. The need for it to be funded under referral for health care services was not noted until Germaine Solution came: and, it was discovered Case Management services were being audit for patient who were not being case management, because referrals go through case management. *Janina stated the State release \$100,000 for agency and conference calls were place with the AA and they were informed the funds were floor level funding and the rest of the funds would be release through rebate and would be used to properly fund eligibility workers in the local area. On the conference call, the State directed the agencies to utilize referral for health care because of the amount of work that needs to happen for the client to receive a service through case management that is not really a case management service. The concern is that the State is removing planning component from this and diverting Part B service funding to support the ADAP program. Janina stated the reason the State added Part B is because they wanted the referral for health care to be funded across the board.*
- Sonya Hughes commented adding the service category will benefit clients and agencies; because when they have this option to utilize referral category for a client that may need referral for a service yet when the client is billed they will be put under the category of Non-Medical Case Management. When the Program Monitors and Germaine come out to monitor they will follow the tool with the Standards of Care. There was a discussion regarding billing between Medical Case Management, Non-Medical Case Management and Referral Health Care service category. *Janina stated the Referral for Health care category allows a different service category to properly enter data and provide a service without having to use the Non-Medical Case Management requirements based on the standards*
- The committee discussed the amount to fund the Referral for Health Care service category. Mrs. Hughes explained how the process will work with the case management service category. The goal is for case managers to have options of service category to use and service a client. The committee and community guest continued to discuss the referral for health care service category and other options that can be used.
- Mrs. Hughes reviewed the data collected from several sub-recipients.

- VI. **New Business:** The committee was not able to vote on adding the new service category; therefore they will add the service category at the next committee meeting.

Submitted by:

Annie Sawyer-Williams, Coordinator

Date

Draft Certified by:

Justin M. Henry, RWPC Health Planner

Date

Final Approval by:

John Dornheim, Chair
Robert Lynn, Vice Chair

Date

NEXT SCHEDULED MEETING
Wednesday, July 17, 2019 9:00 a.m.
Hickman Conference Room, 2nd floor
Dallas County Health and Human Services Building
2377 N. Stemmons Freeway, Dallas, TX