

# Allocations Committee



Stephen O'Dell, Chair

Wednesday, May 7, 2008  
4:00 pm to 6:00 pm  
Public Health  
4041 North Central Avenue, Phoenix  
15<sup>th</sup> Floor, Joshua Room

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## Meeting Minutes

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### Attendance

Committee Members    *AT: Attended*    *AB: Absent*    *EX: Excused*    *ALT: Alternate Present*

AT	Bradley Allen	AT	Debby Elliott <i>alt: Philip Seeger</i>	AT	Larry Stähli	Maclovia Morales	
AT	Mark Kezios	EX	Mary Rose Wilcox <i>alt: Terri Leija</i>	EX	Randall Furrow	AT	Stephen O'Dell
AT	Cheri Tomlinson						

### Guests

### Administrative Agent Staff

Kevin McNeal	Otis Evans	Dyle Sanderson	Julie Young
Victoria Jaquez			

Support Staff: John Sapero

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### Welcome, introductions and declarations of any conflicts-of-interest

Stephen O'Dell called the meeting to order and welcomed the attendees. Everyone introduced him/her self and declared any conflicts-of-interest.

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### Determination of quorum

Stephen O'Dell determined that quorum was established with five of nine members present at 4:10 pm.

## MEETING MINUTES *continued*

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### Review of minutes and action items

The committee silently reviewed the minutes from the previous meeting. John Sapero asked the committee to review who seconded the motion to forward the Allocations policies and procedures to the Rules Committee for review. Larry Stähli discussed that it was Bradley Allen.

Cheri Tomlinson requested that her last name be spelled correctly.

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### Committee Chair update

Stephen reviewed the action items that were assigned and provided a short overview of the previous meeting.

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### Administrative Agent update

Kevin McNeal provided a utilization report and discussed:

- \$175,454 of the grant year's funding was unspent and will be returned to HRSA.
- 78% of the dollars utilized were for core services.
- 96% of providers are in compliance with billing on time. This is up from 63% at the beginning of the grant year.
- There is carryover funding that needs to be allocated - this will be discussed later in the agenda.

*The documents described above are available from Planning Council Support.*

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### Reallocations

Based on the AAs report given during his update, the committee determined there were no reallocations that need to be made at this time.

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### Carryover funding

Kevin McNeal related that the Phoenix EMA has \$1,127,793 available from a previous grant year. Kevin discussed that the following services might be increased with carryover funds:

- Oral Health: \$500,000
- EIS - partnership with rapid testing: \$75,000
- Outreach campaign: \$100,000
- Registered dietician program: \$60,000

This would leave a remaining balance of \$392,793.

Stephen O'Dell asked if copays from the previous grant year could be paid. Kevin McNeal related this was not allowed. Julie Young added that the client had to have a current bill with an outstanding co-

## MEETING MINUTES *continued*

pay balance. Stephen discussed that he needed this assistance, and there might be other clients with this need.

Larry asked that since the Direct Dental program had expended its funding, would it be wise to increase the amount of carryover funds for this service. Kevin discussed that this could occur.

Stephen O'Dell asked if the dental insurance program could be expanded. There was discussion on why this might address client issues, and several examples of challenges were voiced. Mark Kezios remarked that the discussion was related to contracting issues, and should not continue. Julie Young and Kevin McNeal agreed, and further discussion on this issue was tabled.

Stephen O'Dell discussed that he felt the media campaign was not particularly successful, and he would prefer to offer direct services rather than extend the campaign.

There was discussion regarding various services (treatment adherence, client navigators, dental services, nutrition) and whether there were possible ways to increase services. Kevin McNeal discussed that there were services could be provided. Bradley Allen asked if anyone had reviewed the program detailed on the HRSA website that he discussed at the Executive Committee meeting. Mark Kezios discussed that he had viewed the program, and liked it, but the program wouldn't be implemented fast enough to spend the carryover funds. Stephen O'Dell added that there would be a sustainability issue in future grant year. Julie Young discussed that carryover no longer has a sustainability clause attached to the funding.

There was discussion regarding adding a dietician to help alleviate appointment backlogs related to changes in the way nutrition supplements are now provided. Kevin McNeal related that this was already in-process

**MOTION:** Larry Stähli motioned the following carryover funding utilization:

- Oral Health Services: \$800, 000
- Early Intervention Services: \$75,000
- Registered dietician program: \$60,000
- Outreach Campaign: \$192,793

Bradley Allen seconded.

**DISCUSSION:** Mark Kezios discussed that there was a need to expand, but there was a shortage of HIV physicians in the area, with several doctors no longer seeing HIV patients or closing their practices. This will present a challenge in finding additional providers. In addition, Mark discussed that he felt that \$800,000 in oral health services might be too much to spend by the end of the year.

Mark asked if the food program or primary medical care might need additional funding. Kevin McNeal replied that primary medical care could utilize the funding, as could treatment adherence. He was concerned about adding additional service that could not be provided in the next grant year - this would have to a priority in the future in order to be effective. Julie Young added that it might be challenging to add funding to supportive services such as Food Boxes/Home delivered meals, as these services were moving to cost reimbursement and actual costs were not known at this time.

Cheri Tomlinson asked if the dental insurance program had requested additional funds. Kevin replied that they have requested \$75,000 to \$100,000 of additional funding.

## MEETING MINUTES *continued*

Mark Kezios asked if primary medical care had utilization that was more than the funding currently allocated could provide. Kevin replied that current utilization had not been reported yet, but there were trends that suggested that need could outpace funding.

Cheri Tomlinson related that a pilot program that would offer HIV testing in hospital emergency rooms may be funded in the near future, and is expected to bring 90 to 100 people into care over the remaining year. It is anticipated that a majority of these clients will be disadvantaged and will enter into programs such as Ryan White Part A.

Julie Young discussed that another way to address service delivery is to change FPL eligibility guidelines.

**FRIENDLY AMENDMENT:** Mark Kezios offered the following friendly amendment to the current motion:

- Oral health: \$600,000
- Early Intervention Services: \$75,000
- Outreach Services: \$150,000
- Registered Dietician: \$60,000
- Primary Medical Care: \$242, 793

Larry Stähli and Bradley Allen accepted the friendly amendment.

**DISCUSSION:** Mark Kezios discussed that the original grant funding could be reallocated if these additional funds created surpluses in service categories.

Kevin McNeal related that there would need to be close monitoring of utilization to ensure that the EMA does not experience a challenge due to any unobligated balances at the end of the year.

Stephen O'Dell expressed that it might be wise to add funding to some supportive services. Julie Young discussed it would be challenging for these services to spend down the funding.

**OUTCOME:** The motion passed.

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## **End-of-Year Service Utilization review**

Kevin McNeal provided the end-of-year service utilization report, and thanked Victoria Jaquez and Julie Young for their hard work preparing the report and working with providers to get accurate reporting. Kevin provided an overview of the report. The following discussion occurred during the review of the document:

Stephen O'Dell asked what made a difference this year versus others. Kevin replied that there is better communication with providers, the rapid reallocations process worked well, the providers are submitting better reports, and all providers and the Administrative Agent have accepted responsibility to ensure that there are no unobligated balances.

Stephen asked if CAREWare has had an impact on spending. Kevin McNeal and Julie Young discussed that there was no direct connection between CAREWare implementation and the spend-down of funds.

Larry Stähli discussed that Home Health Care had one of the larger variances. Kevin McNeal related that HRSA rules regarding the provision of the service had changed, limiting service delivery. Julie Young discussed that most Ryan White Part A clients were able to get this service provided by other

## MEETING MINUTES *continued*

programs. Julie also discussed that some clients had cultural issues with non-family members providing care in the home.

Stephen O'Dell asked how Outreach Services was performing. Kevin McNeal discussed the case findings has increased by over 50% compared to last year. There was discussion about the cost per client related to outreach. Kevin related that this service is inherently difficult, and it was difficult to quantify as a cost per client. The cost per finding has dropped each year. Cheri Tomlinson related that the three highest ranked locations that diagnose people with HIV are hospitals, private doctor's offices and public health clinics. Outreach efforts may now be occurring in the location most likely to give the best return on effort.

Cheri Tomlinson related that because of Part D services and reporting requirements, the female Part A population might look small. Part D has actually seen 29% growth.

Victoria Jaquez discussed that Outreach providers most likely were underreporting, due to lack of documentation that supported their efforts.

Cheri Tomlinson related that the best return on effort for outreach is in medical settings. Also, the Part D program grew 29 percent. Julie Young added that Part D reporting includes clients funded by other sources. Cheri added that all Part D clients received Part D services, even if they received other services funded by other Ryan White Parts.

Kevin reminded everyone that this report was only for Part A clients.

Stephen O'Dell asked if the new model of outreach service delivery had been implemented, as there didn't seem to be any change in the amount spent per case finding. Kevin McNeal related that the cost per case finding had dropped each year. Stephen discussed that he felt that the number of case findings would remain the same, regardless of the funding provided for the service. Also, if these providers are underreporting, they should be trained to report properly. Kevin McNeal related that training assistance was being currently being provided.

Mark Kezios discussed that Outreach providers needed to strengthen collaborations with medical locations to find more out-of-care individuals, such as testing in emergency rooms.

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### **Planning for GY2009 priority setting/resource allocation - data needs & guiding principles**

Stephen O'Dell discussed that the current draft document was the culmination of work that occurred over the past few months. The committee reviewed the draft documents provided.

Mark Kezios discussed that "fully funded" may be difficult to quantify, as there may be additional testing, pharmaceuticals, and other needs that may not be possible to fund in a decrease scenario. There may have to be reductions in funding, regardless of need. Mark provided examples of when this might occur. He suggested eliminating the bullet point related to this topic.

Cheri Tomlinson agreed, and related that there may need to be a document regarding guiding principles, and a second document that structures the decision-making process. Each principle in the first document would have related strategies or action steps in the second. There was discussion regarding the difference between guiding principles and strategic plans.

The committee reviewed the document and made revisions.

**MOTION:** Larry Stähli motioned to accept the document, as amended. Bradley Allen seconded.

## MEETING MINUTES *continued*

**DISCUSSION:** None.

**OUTCOME:** The motion passed.

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### Review of Barriers to Care document

Stephen O'Dell related that Debby Elliott had been tasked to update the Barriers to Care document at a previous meeting, and asked Debby to discuss her revisions. Debby Elliott provided an overview of the edits she had made to the document, and why these changes were made.

Stephen O'Dell asked if anyone had suggestions regarding barriers to recommend be addressed by the Council. No suggestions were voiced.

**MOTION:** Mark Kezios motioned to forward the revised document to the Health Care Strategies workgroup for review and determination of barriers. Larry Stähli seconded.

**DISCUSSION:** None.

**OUTCOME:** The motion passed.

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### Retreat Planning

Stephen O'Dell discussed that the committee still needed to plan how to present the Guiding Principles document to the full Planning Council. The committee had at one time discussed conducting a mock priority setting/resource allocations process. Debby Elliott discussed that Eric Moore had suggested presenting three scenarios, and having small groups determine what rationale and strategies they would use to guide their decision-making. These processes could then be shared with the entire group, and a consensus could be reached to adopt specific strategies to implement later in the year at PSRA.

**MOTION:** Bradley Allen motioned to extend the meeting by 15minutes. Debby Elliott seconded.

**DISCUSSION:** None.

**OUTCOME:** The motion passed.

There was discussion concerning the use of actual dollars amounts in the mock process, as it may sway the decisions made at the final PSRA. It was determined that the mock session would need to have dollar values in the activity to ensure it was as realistic as possible.

The committee reached a consensus to use the following scenarios in the mock process:

12% increase in clients for all scenarios

- 1) No change in funding from this year
- 2) 7% decrease in overall funding from this year
- 3) 30% decrease in funding (loss of supplemental funds)

MEETING MINUTES *continued*

Suggested strategies to provide as examples:

- 1) Adjust the number of clients served
- 2) Adjust the mix of core/supportive services
- 3) Adjust the FPLs/eligibility guidelines
- 4) Adjust benefits provided (limit labs, transportation, etc)
- 5) Create waiting lists and/or grandfather existing clients' services

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**Determination of agenda items for the next meeting**

In addition to recurring agenda items, the following agenda items were added:

**Agenda Items**

Cautionary planning/guiding principles development

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End of Year utilization review

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Barriers to Care document

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PSRA Planning

**Action Items to be completed by the next meeting:**

Task	Assigned To
Research guiding principles from San Diego, Denver, Western Region EMAs	John Sapero
Provide EOY service utilization report	Kevin McNeal

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**Current Event Summaries**

No current events were voiced.

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**Call to Public**

No calls were voiced.

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**Adjourn**

The meeting adjourned at 6:15 pm.