

Allocations Committee



Stephen O'Dell, Chair

Wednesday, August 6, 2008
4:00 pm to 6:00 pm
Public Health
4041 North Central Avenue, Phoenix
15th Floor, Joshua Room

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Meeting Minutes

Attendance

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

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

Guests

Administrative Agent Staff

Kevin McNeal Jen Hawkins Rose Conner

Support Staff: John Sapero

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

Mark Kezios called the meeting to order and welcomed the attendees. Everyone introduced him/herself and declared any conflicts-of-interest.

Determination of quorum

Mark Kezios determined that quorum was not established with four of nine members present at approximately 4:05 pm. Quorum was later established with five of nine people at 4:19 pm. Maclovia Morales later joined the meeting via telephone.

MEETING MINUTES *continued*

Review of minutes and action items

The committee silently reviewed the minutes from the previous meeting. Kevin McNeal noted that the grant period for the MAI grant is August 1st through July 31st - this needed to be corrected in the minutes.

Committee Chair update

No update was provided.

Administrative Agent update

Kevin McNeal provided the current service utilization report and discussed:

- Overall variance of -14.9% (4 months reporting)
- MAI grant is closing at the end of the month
- Case Management, MAI, Oral Health, and Emergency Financial Assistance utilization that was requested by the committee has been provided.

Rose Conner discussed that the AAs office has been researching the provision of telemedicine. The AAs office has scheduled a meeting with the Association of Community Health Centers to collaborate with other providers. This organization is facilitating meetings with providers, as well as the school of oral health in the East Valley.

The AAs office just met with the University of Arizona to discuss telemedicine options and costs. Once a month, the University of Arizona holds a training session on the basics of telemedicine. Members of the Planning Council are invited to attend at no cost. Rose provided a copy of a brochure regarding the telemedicine brochure to participants.

Larry Stähli asked if HRSA had approved the EMAs MAI carryover request. Kevin McNeal replied that they had not received an approval yet.

The documents described above are available from Planning Council Support.

Reallocations

Kevin McNeal referred to the current utilization report and provided an over view of potential areas to reallocate funds to/from.

Questions asked during the discussion

Q: What is the rationale for decreasing funding from Psychosocial Support Services?

A: Lower than expected utilization. There have also been changes to the provision of service that limits some naturopath services.

MEETING MINUTES continued

Q: Outreach has been decreased before. Now there is another recommendation for a decrease in this service. What is the rationale for this?

A: There is a potential carryover on MAI funds, and we can find a balance between the two funding sources that provide the best benefit.

Q: Emergency Financial Assistance appears to be increasing, but the recommendation is for a decrease...

A: Funds would be shifted to Oral Health EFA, so there is a not really a net shift in the ability to provide assistance.

Bradley Allen discussed that in other meetings, challenges with medical co-pays were discussed.

Mark Kezios related that there are issues of sustainability that other committees are addressing, and potential revisions to EFA services may be directed.

Phil Seeger asked if there was an assistance cap each fiscal year. Kevin acknowledged this was correct.

Kevin McNeal discussed that all case management providers have funding for FAP. An issue that we are facing is the capacity to provide service. There is a higher demand for FAP in Oral Health Services.

All providers have forecasted their anticipated needs.

MOTION: Larry Stähli moved to approve the following reallocations:

Outpatient Ambulatory Medical Care (co-pay assistance)	\$3,468	Lower demand
Health Insurance Continuation/Cost Assistance	\$2,562	Lower demand
AIDS Pharmaceutical Assistance (financial assistance)	\$3,286	Lower demand
Outreach Services	\$60,000	Use MAI funds instead
Psychosocial Support Services	\$8,841	HRSA restricts services

Funds reallocated the following service categories:

Food Boxes/Home Delivered Meals	\$60,000	Increased demand
Oral Health Services	\$18,157	Increased demand

Phil Seeger seconded.

DISCUSSION: None.

OUTCOME: The motion passed.

MAI Reallocations

Kevin McNeal discussed that there will be about \$60,000 available for the carryover request. The EMA will not suffer any penalties because the entire award was not spent, and there have been several EMAs/TGAs challenged to spend these funds.

The EMA has received an MAI notice of grant award for about \$210,000. Mark asked if the committee could obtain a copy of the MAI plan for review at the next meeting, to determine if any revisions to the plan need to be made.

MEETING MINUTES *continued*

Bradley Allen discussed that undocumented individuals are having challenges obtaining medicines from Part B.

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

Mark Kezios referred to the draft Guiding Principles document, and discussed that the document was not approved by the Planning Council and sent back to this committee for further development. Mark discussed that the Committee had presented a Strategic Planning activity to provide some direction on the further development of these principles.

Mark referred to the draft minutes from the session and remarked that two themes were consistently voiced:

- Preservation of as much of the current continuum of care as possible
- Provision of fewer services for more people, focusing on core services.

Mark asked for the members of the room to provide feedback.

Eric Moore discussed that Part C and D programs are becoming much more focused on core services than before. This is in keeping with the actions of Congress. Eric discussed that he believed it was important to maintain Medical Transportation in this EMA. In the future, difficult decisions will need to be made to reduce or eliminate supportive services. With the growth the EMA is experiencing in the HIV population, it will be difficult to sustain our continuum of care.

Phil Seeger agreed that there are core services that support each other, and that it makes sense to provide these services to as many people as possible. He believes that HRSA will most likely make this a requirement in the future.

Larry Stähli related that developing initiatives such as telemedicine will help alleviate costs. Larry supported considering Medical Transportation services as a core service.

Mark Kezios related that his group discussed that the difference between core and supportive services was akin to the difference between life and death.

Mark then discussed that the term "fully funded" doesn't have a set definition. Eric Moore suggested that it might mean that everyone who is eligible for the service can get it. This might mean that eligibility requirements might need to change.

Eric discussed that the purpose of the document is to be proactive to new and emerging needs and funding challenges, rather than reactive.

There was discussion related to what "fully funded" means, and whether this term needed to be specifically defined. Phil Seeger discussed that since the EMA is data driven, there was good knowledge of the needs of each service category and the estimated number of clients who need care.

Maclovía Morales discussed that she would like this term defined. During allocations discussions, this term is used to justify funding services at the expense of others.

MEETING MINUTES *continued*

Phil Seeger questioned if decreased funding for services are to be made from the bottom up, or from the top down. Mark Kezios related that historically, funding decisions have been made from the top down, but this document would reinforce that funding would be decreased from the bottom up.

Phil related that is becoming more important is to find other resources, especially in supportive services. The guiding principles process is well vetted, but there might be other options that are not HIV-related. In addition, while supportive services are important and help maintain a certain quality of life, they can directly address medical care issues that maintain a client's life. If some services have to be discarded, supportive services are not needs related to HIV care, and there are other resources out there.

Maclovia Morales related that the document does not define what economic stress or funding challenges are (i.e., lower grant award, increased clients, etc.).

There was additional general discussion regarding wording and grammar.

MOTION: Larry moved to accept the changes and forward them to the Planning Council for final approval. Phil Seeger seconded.

DISCUSSION: None.

OUTCOME: None.

Determination of agenda items for the next meeting

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

Agenda Items

The agenda will be determined after PSRA decision-making is concluded.

MEETING MINUTES *continued*

Action Items to be completed by the next meeting:

Task	Assigned To

Current Event Summaries

No current events were voiced.

Call to Public

No calls were voiced.

Adjourn

The meeting adjourned at 6:15 pm.