



**RYAN WHITE CARE COUNCIL  
HEALTH SERVICES ADVISORY COMMITTEE  
JAN PLATT LIBRARY - TAMPA  
THURSDAY, JANUARY 15, 2009  
2:00 P.M. – 3:30 P.M.**

**MINUTES**

- CALL TO ORDER** The meeting was called to order by Don Kurtyka, Chair at 2:00 p.m.
- ATTENDANCE** Members Present: Robbie Bouplon, Don Kurtyka, Brent Laartz, Roberta Lambert, Steve Palermo, Priya Rajkumar, Jim Roth, Michael Wagner  
Members Absent: Wanda Barker, Leslie Betts, Barbara Clark-Alexander, Vicki Kenyon, John Melartin, Donnette Waul-Santiago  
Guests Present: Bonnie Tiemann  
Grantee Staff Present: Dorinda Seth  
Health Councils Staff Present: Collette Tomberlin
- CHANGES TO AGENDA** Members agreed to add a discussion on the new Part A eligibility.
- ADOPTION OF MINUTES** The minutes for November 20, 2008 were approved (M: Roth, S: Bouplon) with 8 yes votes and 0 no votes.
- CARE COUNCIL REPORT** Jim Roth shared that the Care Council approved the Part A eligibility criteria with an extended deadline for implementation, approved the Part B reallocations for 2008-09 and the Part B allocations for 2009-10. The Part B allocations include \$100,000 for housing assistance. The grantee announced a deadline for all clients to have an eligibility determination to continue receiving services of March 1, 2009.
- SPECIALTY CARE ACCESS** The committee members working on resolution options to the problem with specialty care access presented a handout that outlined the problem, stated the history of the specialty care funding category, benefits of having direct access to funds, and recommendations. The committee discussed all aspects of the issue and agreed to pursue the first recommendation presented which is to request approval from the grantee to permit organizations contracted for Outpatient/Ambulatory medical care to utilize their existing funding to include specialty care services. Dorinda agreed to check the contract language to ensure that there would be no problems with reimbursement so current providers could secure laboratory, diagnostic and specialty care at the provider's cost. Providers will track their utilization for specialty care to determine

if there is a need for reallocations from the current specialty care contract.

**PRIMARY CARE  
MONITORING  
TOOL**

At the last meeting, members requested to review the monitoring tool for primary care to discuss eliminating the elements that were duplicated with quality management data collection. Members also wanted to see a revision of the tool to reflect current clinical practice standards and items that could be measured objectively. The monitoring tool was disseminated to members, but several had not had an opportunity to thoroughly review the monitoring tool. Dorinda indicated that this seemed to be an issue that should be handled between provider and Grantee's office and was not a committee issue. Grantee monitoring staff is currently working on revising the monitoring tools and will create a draft with changes to present to providers. A meeting is scheduled for February 19<sup>th</sup> at 2:00 PM for all providers interested in revising the monitoring tool to attend and discuss any revisions with the monitoring staff. Dorinda will extend the invitation for anyone not in attendance at today's meeting.

**PART A  
ELIGIBILITY**

Members presented concerns about the implementation of the Part A eligibility requirements and what would happen to clients who were over the 400% Federal Poverty Level (FPL). In the past, Part A has been used to assist those clients who were not eligible for other assistance. The new eligibility for Part A also allows no 'grace period' to find help for new clients to the system who may be over the FPL limit. There has also been an adversarial relationship developed between clients and pharmacy staff when the client shows up for medications or refills without an eligibility determination.

Members are very concerned about clients who are over the 400% FPL and will no longer be eligible for services and will not even be able to get a case manager to help them seek out other resources.

Dorinda agreed to bring to the next meeting a report from RWIS (Ryan White Information System) detailing the number of clients over 400% FPL by county within service categories.

**QUALITY  
MANAGEMENT**

Most members indicated they had received preliminary data from RNT following the most recent data collection period. The final set of data that was sent from RNT is the most accurate as several errors in the dental data had been corrected from the first distribution.

**ANNOUNCEMENTS/  
COMMUNITY  
CONCERNS**

None were presented.

**ADJOURNMENT**

There being no further business to come before the Health Services Advisory Committee, the meeting was adjourned at 3:30 p.m.