



**PLANNING AND EVALUATION COMMITTEE
HOSPICE, CLEARWATER
THURSDAY, MARCH 11, 2010
9:30 A.M. - 11:00 A.M.**

MINUTES

CALL TO ORDER The meeting of the Planning and Evaluation Committee was called to order by Marty Clemmons, Chair at 9:33 a.m.

ATTENDANCE Members Present: Ginny Boucher, Marty Clemmons, Lisa Cohen, Barb Green, David Hasiba, James McGarvey, Marylin Merida, Priya Rajkumar, Jim Roth, Woody Wilbanks
Members Absent: Mac McDougle, Andrew Paquette, Bob Reynolds
Guests Present: Dave Konnerth, Bill Thomas
Grantee Staff Present: Aubrey Arnold
Health Councils Staff Present: Collette Tomberlin

CHANGES TO AGENDA There were no changes to the agenda.

ADOPTION OF MINUTES The minutes for January 14 were approved (M: Green, S: Rajkumar) with 10 yes votes and 0 no votes.

CARE COUNCIL REPORT Marty shared that the Care Council approved a new voting member and adopted the Assessment of the Administrative Mechanism at their February meeting. At the March meeting, they approved revisions to the Member Expense Reimbursement Policy, announced plans for their upcoming April retreat and acknowledged the passing of Don Metzgar who had been a member of the Care Council. Aubrey announced that our area will have a new HRSA project officer. He also stated that the state legislature is currently in session and is considering cutbacks in general revenue funding, and announced some upcoming trainings and local planning group meetings.

2010 RESOURCE ANALYSIS The members reviewed the draft of the Resource Analysis and noted several corrections. Members will send changes to staff for completion of the final copy. The following motion passed (M: Green, S: Hasiba) with 10 yes votes and 0 no votes:

ACCEPT THE RESOURCE ANALYSIS WITH CORRECTIONS AND FORWARD TO THE CARE COUNCIL FOR APPROVAL

LEGISLATIVE The new legislation requires that planning councils build or strengthen

CHANGES

collaborations with testing and prevention efforts. There is a need to determine the size and demographics of the population who are unaware of their HIV status (which is different from the unmet need which attempts to find those who are aware of their status but not in care). Planning councils need to help develop strategies to determine those who are unaware of their status, help make them aware, and then refer them to appropriate treatment and care.

The Grantee's office was required to submit a four page narrative as an addendum to our grant application to describe local collaboration (existing and planned) between patient care and prevention. This document was shared with members to outline the local strategies. Members were asked to consider additional strategies to help meet the directives.

COMMUNITY CONCERNS

Members had previously raised questions about the protocol for testing for co-morbidities at the time of HIV diagnosis and in the years following. Staff agreed to ask the members of the Health Services Advisory Committee for information. Standard protocol is for testing to be done as needed based on lab values, risk factors, complaints, etc when a patient is being clinically monitored.

Another concern was mentioned regarding AICP (AIDS Insurance Continuation Program). That program is currently not accepting new patients and changed their requirements during the past year to no longer accept asymptomatic individuals. They will also not cover Medicare Part D payments. Our local insurance services program (ISP) will cover Medicare premiums and will accept anyone (including asymptomatic individuals) for medication co-pay assistance. The local ISP will only cover premiums (for COBRA and private insurance) for those waiting to get into AICP.

David H mentioned the research that is linking extended use of Fosomax with bone deterioration in the jaw.

ANNOUNCEMENTS

Members announced upcoming community events.

The method of determining the federal poverty level is being reviewed for possible revision.

ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:30 a.m.