



**RYAN WHITE CARE COUNCIL
PLANNING AND EVALUATION COMMITTEE
PARK STATION
THURSDAY, NOVEMBER 9, 2006
10:00 A.M. – 11:30 A.M.**

MINUTES

CALL TO ORDER The meeting was called to order by the Chair, Jim McGarvey at 10:03 a.m.

ATTENDANCE Members Present: Barb Green, Lee Luther, James McGarvey, John Melartin, Vicky Oliver, Jim Roth, William Wilbanks, Jr.
Members Absent: Lisa Cohen, Marie Dolphin, Bob Reynolds
Guests Present: Patrick Mercier, Marylin Merida,
Grantee Staff Present: Aubrey Arnold
Health Councils Staff Present: Judit Hahn, Collette Tomberlin

CHANGES TO AGENDA There were no changes to the agenda.

ADOPTION OF MINUTES The minutes for October 12 were adopted (M: Green, S: Roth) unanimously with one attendance change.

CARE COUNCIL REPORT Jim Roth reported that the Care Council approved a revision to the Minimum Standards of Care for Drug Reimbursement.

COMP PLAN UPDATE Staff shared an updated version of the Trends and Emerging Issues section of the comprehensive plan. Members changed one listing of the word “Medicaid” to “Medicare Part D” and passed the following motion (M: Roth, S: Green) with 7 yes votes and 0 no votes:

Motion 10/06-01 ACCEPT THE TRENDS AND EMERGING ISSUES SECTION OF THE COMPREHENSIVE PLAN AS AMENDED

Staff presented an updated version of Section 1, Parts 1 and 2 of the Comprehensive Plan. Members changed ‘Aid to Families with Dependent Children (AFDC)’ to ‘Temporary Assistance to Needy Families’. The following motion passed (M: Oliver, S: Roth) unanimously:

Motion 10/06-02 ACCEPT THE GEOGRAPHIC AND ECONOMIC INDICATORS

**SECTION AND THE AIDS/HIV PROPORTIONS BY COUNTY
SECTION OF THE COMPREHENSIVE PLAN AS AMENDED**

**REVIEW OF
MINIMUM
STANDARDS OF
CARE**

The committee reviewed the minimum standards of care for case management. Staff shared information from the Grantee's office regarding the use of minimum standards. Wording will be drafted to reflect the current process. The committee revised the standards for case management and passed the following motion (M: Melartin, S: Green) unanimously:

Motion 11/06-03

**REVISE THE MINIMUM STANDARDS FOR CASE MANAGEMENT
AS FOLLOWS:**

3. Clients must be contacted at least once per month every 60 days unless waived and signed by the client.

5. Active files must have case individualized service plan reviewed by client and case manager ~~quarterly~~ semi-annually. ~~unless waived and signed by the client.~~

7. Identified client needs must be addressed within 7 working business days.

11. Messages must be returned by case management staff within ~~24 business hours~~ 1 business day.

13. Case managers and direct supervisors must attend ~~semi-annual~~ training sessions ~~conducted by Ryan White contracted provider~~ as offered by the Grantee. Additional training must be coordinated and/or provided by supervisory staff.

16. Case managers must ensure that a copy of a client's record in its entirety is sent to the receiving agency within 10 working business days from a client's decision to change case management providers.

**CLIENT FOCUS
GROUPS**

Staff reported that five of the six focus groups have been held with the remaining group scheduled next week. Focus group sizes have ranged from two to four participants with all participants eagerly sharing information.

**COMMUNITY
CONCERNS**

No community concerns were shared.

ANNOUNCEMENTS

Members announced upcoming events with more information available on the website at www.thecarecouncil.org

Aubrey announced that RFAs are due Nov 20th and the Grantee's office is looking for scoring team members. Approximately 20 people are needed.

ADJOURNMENT

There being no further business to come before the Planning and Evaluation Committee, the meeting was adjourned at 11:15 p.m.