

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

Ryan White Part A and B Programs ♦ 1809 Art Museum Drive, Suite 100 ♦ Jacksonville, FL 32207

Planning Council Agenda for Thursday, September 27, 2018 – 3:00 p.m.

Call to Order

*Beth Parker,
Planning Council Chair*

Moment of Silence

NHAS Goals: *The goals of the National HIV/AIDS Strategy are:*

- 1. to reduce new HIV infections;*
- 2. to increase access to care and improve health outcomes for people living with HIV;*
- 3. to reduce HIV-related disparities and health inequities; and*
- 4. to achieve a more coordinated national response to the HIV epidemic.*

Public Comments (Please disclose if you have a conflict of interest)

Roll Call and introduction of guests

Approval of August 23, 2018 Minutes

Agency Reports

Lead Agency – Part B	S. Ellis
Administrative Agency – Part A	S. Arts
Planning Council Chair	B. Parker

Committee Reports

Executive	N. Dopson
Membership	S. Greene
Eligibility Ad-Hoc	B. Parker
Integrated Comp Plan	D. Merkan
Community Connections	D. Carter

Unfinished Business

Approval of Policy & Procedures 2014-02 and 2018-01 (taxi service)

New Business

Need volunteers for the Planning Council Table Sat. 11/3/18 at the AIDS Walk.

Wrap-up

Announcements
Adjournment



Next meeting scheduled for October 25, 2018

METROPOLITAN JACKSONVILLE AREA HIV HEALTH SERVICES PLANNING COUNCIL

Ryan White Part A and B Programs • 1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Planning Council MINUTES for Thursday, September 27, 2018 – 3:00 p.m.

Call to Order
Beth Parker,
Planning Council Chair

Called to order at 3:02 p.m., followed by a moment of silence.
Irfan Kakezai read the NHAS Goals.

Members Present: Michael Bennett, Debbi Carter, Ne'Tosha Dopson (*Vice-Chair*), Steven Greene (*PLWHA Rep*), Veronica Hicks, Elinor Holmes, Irfan Kakezai, Dan Merkan, DeWeece Ogden, Beth Parker (*Chair*), Zane Urbanski (*Telephone*), and Linda Williams.
Associate Members: Wade Davis, Heather Kilpatrick, Katrina Odell, Herb Smith, and Barrett Tyson.

Members Absent: Jacqueline Johnson and Christie Mathews

Called to Table: Heather Kilpatrick and Herb Smith

Staff: Sandy Arts, Megan Graham, Mary Martinez, and Sandra Sikes

Guests: Dawna Cornelissen, Chrissy Edmonds, Glen Edwards, Sandra Ellis, Kristin Maranville, Vincent McDaniel, Joseph Mims, Tonetta Neal, Claudia Pidgeon, Dr. Mobeen Rathore, Antoinette Turner, and Charles Wilkerson

Public Comments:

Dawna Cornelissen with Florida Department of Health – Nassau County, spoke in favor of Telemedicine. She reported that most of the Nassau County HIV patients travel to Jacksonville for their HIV medical and lab appointments. There is usually one trip for lab work, and then a week or two later, there is a second trip to Jacksonville for the doctor's appointment, and that this is done twice a year. If patients could use Telemedicine in lieu of their follow-up doctor's appointment, then that would save at least two trips a year.

Minutes

Minutes of the August 23, 2018 meeting were approved as presented.

Lead Agency
(Sandra Ellis)

Announced newly appointed representation for Area 4 2018-2020. Patient Care and Prevention Planning Group (PCPPG): Justin Bell, rep and Herb Smith alternate. Prevention: Damon Gross, rep and Lisa Litwhiler alternate. PLWHA At-Large: Steven

Greene, rep and Wade Davis alternate. Behavioral Sciences: Dan Merkan, rep. Lisa, Steven, and Wade will have new member orientation next week. Sandra Ellis will continue as the DOH Representative and it's expected that Yolanda Kellum-Carter will be named the alternate.

At the PCPPG meeting in November, members are expected to see a draft of the 2019 Needs Assessment survey and this should be ready to distribute and collect responses next year, in the April to June time frame.

Administrative
Agency
(Sandy Arts)

Part A Office is finalizing their actions to the Critical Action Plan from the April 2017 site visit. Several members of the Executive Committee will meet with the Part A staff Monday during their staff meeting, and go over the results of the Assessment of the Administrative Agency.

Sandy encouraged everyone to attend the Priority & Allocations meeting October 11 at 1:45 p.m. We need to scrutinize the numbers and make some important decisions about funding for the rest of this fiscal year. The \$145,363 carry-over has been approved and will be sent to Procurement next; contract amendments will then be issued.

Planning Council
Chair
(Parker)

Reminded members that if you don't understand something, please speak up and ask questions.

Committee reports will be different going forward; not going to spend a lot of time on each one since the full written reports are included in the packet. Be aware that the work of each committee is carried forward to other committees, so what happens in one area will usually have some impact on another area or committee.

Executive
(Dopson)

Committee is proposing bylaws changes. They will be read today and then read and voted on during the next meeting. If you have any questions about these changes, please bring up for discussion. There are proposed changes to Policy & Procedure

2006-01, and that will be voted on next month as well. Ne'Tosha then read the proposed changes.

Membership
(Greene)

Continue seeking applicants for the Parts B and C and Mental Health Provider seats.

Nominations are now open for 2019 officers. Email has been sent to Planning Council members advising who is qualified to run. Nominations will be accepted by email or from the floor of the Planning Council meeting, until November 16. Each of the current officers took a moment to describe their job responsibilities.

Eligibility Ad-Hoc
(Parker)

Committee recommendation that the Planning Council approve the revised Transportation Policy. Copy of Policy MCM 010 and the Transportation Form were included in the Council packet. There being no questions or discussion, the motion was voted on and approved, with all in favor and no abstentions. Policy will go into effect on October 1, 2018.

Committee also worked on revising the list of lab tests Part A covers, and is nearing a conclusion. This will be presented to the Planning Council when ready.

Integrated Comp
Plan
(Merkan)

Met September 12 and looked at the local comprehensive plan, comparing it to the state plan. Committee agreed that we do want to move forward and update our plan and align it more to the state plan. The goal is to complete these revisions by the middle of next year.

Community
Connections
(Carter)

The goal for Community Connections this year was to make sure its members and guests are involved, and that we are there for the people who come to the meetings. Committee members have influenced the type of programs being offered, and one of their suggestions was to have a 500/501 class. That class will

take place here at Art Museum Drive on October 15, 16, and 17 with Rod Brown of FDOH as the course trainer.

The average attendance at the committee meetings has been around 32. If anyone has any ideas about future programs or projects for Community Connections, please get with Debbi or Zane to collaborate.

Priority & Allocations
(Bennett)

A spreadsheet was distributed to members at the meeting, which showed the expenditures to date; expenditures were grouped by service categories, not by agency. This is mainly to show the Planning Council how the information will be presented to Priority and Allocations, whose next meeting is scheduled for October 11. Based on current information, it appears that the TGA will have over \$1 million that will not be spent by March 1. At the next committee meeting, members will decide on moving funds from service categories with excess, and putting the money into other categories that expect to run out of money before the end of the grant year. Megan added that the amounts shown on the spreadsheet do not include the \$145,360 carry-over.

Unfinished Business

Reviewed the two remaining policies and procedures from the group that was approved last month. The Executive Committee has recommended that Policy and Procedures 2014-02 and 2018-01 be approved by the Planning Council. These procedures relate to taxi service for Planning Council and committee members. There were no questions regarding the committee's motion. A voice vote was taken; all in favor, there were no abstentions and the motion passed.

New Business

The First Coast AIDS Walk will be Saturday, November 3, and the Planning Council will have a table at that event to distribute information regarding the Council and committees. Please sign up if you can work one or two hours that day.

Wrap-up

Announcements

- Innovations in Healthcare Delivery symposium is September 28 from 8:00 a.m. to 4:00 p.m. at UF Health Jacksonville.
- National Gay Men's Awareness Day is today and there is an event this evening at Hamburger Mary's on King Street; FDOH and CAN will be there.
- Pride Parade and Festival will be the first weekend in October. Karissa Wade is the Grand Marshall of the Parade.
- FCCAPP (First Coast Community AIDS Prevention Partnership) - their leadership committee will meet October 4 at 3:00 p.m. at the Health Department on 6th Street. Their regular meeting will be November 6 at 2:00 p.m. at the Wells Fargo Building, 6th and Main Streets. Everyone is welcomed.
- PFLAG meets the 3rd Thursday of every month. Next meeting is October 18 at Christ Church of Peace on McDuff Avenue. Meeting begins at 7:00 p.m. and the program will discuss the amendments coming up on the Florida ballot.
- Best Wishes to Ne'Tosha Dopson who is getting married in a couple of weeks.

Adjourned at 4:10 p.m.

Approved by:



Beth Parker, Planning Council Chair

10-25-18

(date)

Part B Lead Agency Report

September 27, 2018

Representation for Area 4 for Patient Care and Prevention Planning Group until 2020 will be Justin Bell, Patient Care and Herb Smith as alternate. Damon Gross will represent Prevention with Lisa Litwhiler as alternate. At Large positions will be Steven Greene as PLWHA representative and Wade Davis as alternate and Dan Merken representing Behavioral Sciences.

Lisa, Steven and Wade will have new member orientation next week.

I will continue as DOH Representative and we will be proposing Yolanda Kellum-Carter as alternate.

At the PCPPG meeting in November we should expect to see a draft of the 2019 Needs Assessment survey and expect it to be ready April – June 2019 to distribute survey and collect responses.

Metropolitan Jacksonville Area HIV Health Services Planning Council's
EXECUTIVE COMMITTEE

Ryan White Part A Office • 1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Tuesday, September 11, 2018 **Minutes of the Meeting**

Call to Order: 9:00 a.m. by Beth Parker, Planning Council Chair.

Attendees:	Sandy Arts (staff)	Steven Greene
	Michael Bennett	Dan Merkan
	Debbi Carter	Beth Parker
	Ne'Tosha Dopson	Sandra Sikes (staff)
	Megan Graham (staff)	Linda Williams

Chair's Report: Beth completed a CAEAR Coalition Survey on behalf of the Planning Council. Survey asked if we supported legislation having Planning Councils/Planning Bodies, and whether we supported having an integrated comprehensive plan. Beth answered in the affirmative on both topics.

Unfinished Business: **Psychosocial Support Services.** Executive Committee had previously asked whether Part A could fund meals, snacks, and incentives to support groups under Psychosocial Support Services. Sandy Sikes answered no, these items are not covered, and referred committee to the *National Monitoring Standards* found at:

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Evaluation of the Assessment of the Administrative Agency. This assessment has been completed and Beth and several other members of the Executive Committee will present the evaluation to the Part A Office during their staff meeting October 1.

New Business: **Fundraising.** The silent auctions for *Positive Living Conference Scholarships* has ended. We will no longer conduct fundraisers for the Planning Council or for any of the committees, and will no longer hold onto funds or items connected with this.

Associate Members. Associate Members and Designated Proxies are called to the Table per written instructions of the Planning Council member. They are not called to the Table just to make quorum. Even when it's apparent that you already have a quorum, you still need to call Associates and Designated Proxies for any absent Council members.

Attendance. Reviewed attendance records for Planning Council meetings. One Associate Member has missed three meetings so far this year, and will receive a warning letter from the Chair. All other members are in compliance.

CM Dopson joined the meeting.

Change on Pharmacy and Therapeutics. Reviewed proposed bylaws change to Article X, Section 3.(E). Motion made by Mike Bennett, seconded by Linda Williams **to change this bylaw to read, "Pharmacy and Therapeutics – reviews and recommends changes to the Ryan White Formulary, processes for dispensing pharmaceuticals, and covered lab tests and expenses."** Motion was then voted on; all voted in favor and there were no abstentions.

Change on Eligibility Ad-Hoc. Reviewed proposed bylaws change to Article X, Section 4.(B). Motion made by Linda Williams, seconded by Ne'Tosha Dopson, **to change this bylaw to read, "Eligibility – reviews and makes recommendations regarding eligibility for Ryan White services in Area 4 (Baker, Clay, Duval, Nassau and St. Johns Counties); at least annually, reviews utilization reports from the Ryan White providers."** Motion was then voted on; all voted in favor and there were no abstentions.

Change Policy and Procedure 2006-01. Motion made by Steven Greene, seconded by Ne'Tosha Dopson **to make the following changes to 2006-01. Changing the first paragraph to**

read "The Metropolitan Jacksonville Area HIV Health Services Planning Council has eight (8) standing committees and three Ad Hoc committees charged with responsibility" Changing item 5 to read "Reviews and recommends changes to the Ryan White Formulary, processes for dispensing pharmaceuticals, and covered lab tests and expenses." Adding a section on ad hoc committees following standing committees. This will read "Ad Hoc Committees (1) Grievance Committee - resolves complaints relating to matters within the Planning Council's jurisdiction in accordance with Article XIV. (2) Eligibility - reviews and makes recommendations regarding eligibility for Ryan White services in Area 4 (Baker, Clay, Duval, Nassau, and St. Johns Counties); at least annually, reviews utilization reports from the Ryan White providers. (3) Needs Assessment - identifies needs and barriers to care for individuals affected by HIV. Motion was then voted on; all voted in favor and there were no abstentions.

Budget Spreadsheet. Megan distributed copies of the budget spreadsheet. One spreadsheet showed projected invoice amounts from September through next February, using the average that was based on the first six months of invoices. This spreadsheet predicted \$1.3 million left over at the end of the Ryan White year. The second spreadsheet showed how much each service would have to spend each month, in order to get to zero. The Budget Spreadsheet will be presented to the Planning Council at every meeting going forward.

Each agency has a contract with the City of Jacksonville (COJ) to submit their invoices by the 15th of the following month. There is no penalty if an agency submits their invoice late; agencies are not paid until their invoice is submitted and reviewed. Although there is no penalty by COJ, some or all of Part A funds that were not used will have to be returned to HRSA. Beth is contacting several other Planning Councils around the country to see if any TGA/EMAs have penalties for late invoice submission, and Linda

volunteered to assist. If they locate any areas that do incorporate some type of penalty, they will document, summarize, and submit a proposal to the Chief of the Administrative Agency and see how we might go forward in establishing a penalty on Ryan White agencies who submit their invoices late.

Committee Reports:

Beth stated that beginning this month, committee chairs will not need to give oral reports to the Planning Council unless they have a recommendation or other business that needs Council action.

Membership: Has an interview scheduled next month. Nominations for 2019 officers are now open and Steven will email the Planning Council to let them know which members are qualified to run.

W.A.C. Next meets on October 4. Have attended several outreach programs in the past month, and a few more scheduled in the near future. Linda would like to do a social for committee, to do some teambuilding. She is planning to join FCCAPP as well.

ICPC. Next meets tomorrow. The committee will be comparing the Jacksonville Comp Plan with the state integrated plan.

Community Connections. Continuing with emails and reminder phone calls to the members the week of the meetings. Rod Brown has agreed to hold a 500/501 class here at no charge. There will be a sign-up sheet Thursday; he needs a minimum of 10 for the class, and the maximum is 24. Right now it looks like the class will be in mid-October.

Eligibility Ad-Hoc. Reported that a lot of good work has been done in this committee, including putting a process in place for mental health co-pays; looking at what lab reports will be covered; and revising the medical transportation policy. Next item the committee will soon look at is Telemedicine.

Wrap-Up: There were no public comments.

Announcements:

Reservations are now being accepted for the World AIDS Day Luncheon on November 30 at the Omni. Prices are \$45.00 a seat.

Mike stated that YouTube has several worthwhile videos to watch regarding how to conduct a meeting. They are titled 'Level 10 Meetings.'

The meeting adjourned at 11:10 a.m.

Action Items for the Planning Council:

First reading of proposed bylaws changes to Article X, Section 3 E.

First reading of proposed bylaws changes to Article X, Section 4 B.

Proposed changes to Policy & Procedures 2006-01. These changes would be voted on after the above two bylaws are approved.

Meeting Minutes distributed via email on 09/21/18.

Minutes reviewed by



Beth Parker, Planning Council Chair

Meeting Minutes will be approved by the Planning Council on 09/27/18.

Article X Standing Committees

Section 2 All committee meetings will be open to the public.

Section 3 Planning Council committees will include:

- A. Executive Committee – ensures orderly and integrated progression of the Planning Council committee work, plans future activities, and approves Priority and Allocations' recommendations when it is impractical to convene the full Planning Council.
- B. Bylaws Committee – reviews and updates the bylaws as necessary and at least annually.
 - 1) The Chair of the Bylaws Committee should have some knowledge of parliamentary procedures and Roberts Rules of Order. The Bylaws Committee Chair will act as Parliamentarian during Planning Council meetings and be available to advise the Chair during the meeting.
- C. Priority and Allocations – establishes service priorities and allocates/reallocates funds to service categories. A 60% quorum of voting members is required.
- D. Continuum of Care Coordination Committee – serves as a communication link to the two (2) subcommittees described below:
 - 1) Integrated Comprehensive Planning – oversees the development and implementation of an Integrated Comprehensive Plan for the Jacksonville Transitional Grant Area (TGA), and
 - 2) EIIHA (Early Identification of Individuals with HIV/AIDS) – focuses on facilitating rapid case identification and barrier-free linkage to ambulatory HIV/AIDS care for individuals living in the Jacksonville TGA. This committee looks at providing tools that can assist in the identification of persons who do not know their HIV status or who are out of care and provide the means to link them to health and support services.
- E. Pharmacy and Therapeutics – reviews and recommends changes to the Ryan White Formulary and processes for dispensing pharmaceuticals.
- F. Membership Committee – reviews applications and identifies possible candidates for the Planning Council and Proxy Pool. Conducts interviews of applicants and makes recommendations of successful applicants to the Council. Reviews eligibility of members to run for Planning Council office; conducts the nomination process and the annual election of officers.
- G. Committee on Women, Adolescents, and Children – develops recommendations to address the needs of women, adolescents, children and families.
- H. Community Connections – acts as a platform within the affected and infected community for the development of treatments and a cure, supports individuals to make informed choices about their HIV health, advocates for quality health care to respond to HIV and related conditions, and promotes medical strategies that prevent new infections.

- Section 4** A meeting of an Ad Hoc committee may be called by the Planning Council Chair when the need arises. Ad Hoc committees are listed below. Other Ad Hoc committees may be formed by the Planning Council as needed, and dismantled when their mission ends.
- A.** Grievance Committee – resolves complaints relating to matters within the Planning Council’s jurisdiction in accordance with Article XIV.
 - B.** Eligibility – reviews and makes recommendations regarding eligibility for Ryan White services in Area 4 (Baker, Clay, Duval, Nassau and St. Johns Counties).
 - C.** Needs Assessment – identifies needs and barriers to care for individuals affected by HIV.

Article XI Planning Council Meetings

- Section 1** There shall be an annual meeting of the Planning Council membership in January.
- Section 2** The Planning Council will meet at least six (6) times per year, and may meet more frequently as required.
- Section 3** Robert’s Rules of Order will be used as guidance to conduct meetings, except as provided for in Article II Section 4. The Bylaws Committee Chair, acting as Parliamentarian, will monitor protocol.
- Section 4** Regular attendance at meetings is expected. Attendance is defined as being physically present or present via telephone.
- A.** Members may participate telephonically one (1) time per year and be counted as present.
 - B.** If a member is unable to attend, notification must be given to the Planning Council staff.
 - C.** Members are required to attend 70% of the total scheduled Planning Council meetings in a calendar year. At any time the attendance falls below 70%, the member shall receive a warning letter from the Planning Council Chair. At any time their attendance falls below 60%, the member shall be recommended by the Executive Committee to the Mayor for removal from the Planning Council.
 - D.** Planning Council members are responsible for reviewing the monthly attendance record in the minutes and must bring any discrepancies to the Planning Council no later than the next Planning Council meeting to challenge the accuracy of their attendance at the meeting in question.
- Section 5** A Planning Council member is required to actively participate on at least one (1) standing committee. Failure to actively participate may result in removal from the Planning Council.

Metropolitan Jacksonville Area HIV Health Services Planning Council POLICIES and PROCEDURES	
Issued: 05-01-06 No. 2006-01 Last Amended: 08-23-18	

Policies for Committee Membership and Voting

The Metropolitan Jacksonville Area HIV Health Services Planning Council has eight (8) committees charged with responsibility for developing policies and procedures as legislated in the Ryan White HIV/AIDS Treatment Extension Act of 2009. Those committees are as follows (Article X, Section 3, Planning Council Bylaws, Last Amended September 28, 2017):

1. **Executive** - Ensures orderly and integrated progression of the Planning Council committee work, plans future activities, and approves the Planning Council budget when it is impractical to convene the full Planning Council.
2. **Bylaws** - This committee shall be composed of Executive Committee members and other interested Planning Council members. The committee will meet at least twice a year to review the bylaws, updating as necessary, and Bylaws Committee meetings will be held in conjunction with an Executive Committee meeting.
3. **Priority and Allocations** - Establishes service priorities and allocates funds to Ryan White eligible service categories. Regularly and effectively assesses the efficiency of the Administrative Agency in rapidly allocating/reallocating funds and provides input to the Planning Council as a whole.
4. **Continuum of Care Coordination** - Serves to coordinate the planning of Part A and Part B services in the TGA and Area 4. There are two (2) subcommittees:
 - (a) **Integrated Comprehensive Planning** - Oversees the development and implementation of an Integrated Comprehensive Plan for the Jacksonville Transitional Grant Area (TGA).
 - (b) **EIIHA** (Early Identification of Individuals with HIV/AIDS) - focuses on facilitating rapid case identification and barrier-free linkage to ambulatory HIV/AIDS care for individuals living in the Jacksonville TGA.
5. **Pharmacy & Therapeutics** - Reviews and recommends changes to the Ryan White Formulary and processes for dispensing pharmaceuticals.

POLICIES and PROCEDURES

Issued: 05-01-06

No. 2006-01

Last Amended: 08-23-18

6. **Membership** - Interviews applicants for vacancies on the Planning Council and conducts review process of Council members who are applying for reappointment. Conducts the nomination process of members seeking to run for Planning Council office.
7. **Community Connections** - Acts as a platform within the affected and infected community for the development of treatments and a cure, supports individuals to make informed choices about their HIV health, advocates for quality health care to respond to HIV and related conditions, and promotes medical strategies that prevent new infections.
8. **Women, Adolescents, and Children** - Develops recommendations to address the issues of women, adolescents, children and family centered care.

Committee Membership

The Chair of the Planning Council will appoint the chairs of each of the committees. Committee co-chairs will be selected by their committees during their March meeting, or at their next regular committee meeting. Committee chairs must be members of the Planning Council. A committee co-chair may be a member of the Planning Council or an Associate member. Both chairs and co-chairs will be limited to two (2) consecutive terms per committee. Upon the approval of the committee chair, persons who are not members of the Planning Council may be included as members of committees in accordance with Article X, Section 1 of the Planning Council Bylaws.

Any member of the Planning Council can be a member of any Planning Council committee. Members of the public should submit a committee application for membership to the chair of the committee the person is interested in joining. Upon approval by that chair, the member of the public becomes a member of the committee.

Membership is not limited to only one committee. To maintain committee membership, all members must sign up each year. Members of the public must complete and submit a new committee application form to the committee chair to continue their participation on a particular committee. Committee membership will be solicited one time each year, usually in February and March. New Planning Council members can join a committee upon appointment to the Planning Council.

Metropolitan Jacksonville Area HIV Health Services Planning Council's
MEMBERSHIP COMMITTEE

Ryan White Part A Office • 1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Wednesday, September 5, 2018 Minutes of the Meeting

Call to Order Meeting called to order at 10:00 a.m. by Steven Greene, Chair.
Moment of Silence and self-introductions followed.

Attending Debbi Carter (Co-Chair) Beth Parker (Ex-Officio)
Ne'Tosha Dopson Sandra Sikes (staff)
Steven Greene (Chair) Linda Williams

Absent Veronica Hicks

Training I've Got A Secret Game, or how well do you know your applicants?

Representation		<u>TGA Representation</u>	<u>Council Representation</u>
		Black: 64%	50% Black
	Total Membership: 14	White: 27%	43% White
	Total Unaligned: 5	Hispanic: 06%	00% Hispanic
	Unaligned Ratio: 35.7%	Other: 03%	07% Other
		Male: 65%	36% Male
		Female: 35%	64% Female

Unfinished Business Recruitment for Open Seats -
Part B: Ellis and Mims declined
Part C: Faria declined
Mental Health: John P. declined

Debbi to contact Sobalvarro; Steven to ask Heather Vaughan about leads on other possible mental health providers. Committee members to continue seeking viable candidates.

New Business Applications: Reviewed membership application on Martin and agreed to interview him at the next meeting.

Interview Question: Added the following interview question for 15 points – “Do you support the National HIV/AIDS Strategy (NHAS) Goals? Why or Why Not?”

Nominations: Identified seven (7) Planning Council members who would qualify based on their serving as a committee chair or co-chair. Of these seven, there were five who had combined attendance of 75% or higher; the remaining two members may reach the 75% mark before the November 16 deadline, and would qualify at that point. Steven to email Council members advising that nominations are now open for 2019 elected offices and listing people who are eligible to run at this time.

Officer Panel Discussion: Chair, Vice-Chair, and PLWHA Rep will do a panel discussion during the October 25 Council meeting to talk about their job responsibilities and take Q&A from other Planning Council members who might be interested in running for office next year.

Wrap-up

There were no public comments.

There were no announcements.

Meeting adjourned at 11:45 a.m.

Minutes have been emailed to committee members and will be approved at the next Planning Council meeting.

Reviewed by:



Steven Greene, Membership Committee Chair

Metropolitan Jacksonville Area HIV Health Services Planning Council's
ELIGIBILITY AD-HOC COMMITTEE

Ryan White Part A Office • 1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Monday, September 10, 2018 **Minutes of the Meeting**

Call to Order: Planning Council Chair Beth Parker called the meeting to order at 11:03 a.m. and led the group in a moment of silence.

Attendees	Sandy Arts	Heather Kilpatrick
	Dr. Daniela Chiriboga	Beth Parker
	Chrissy Edmonds	Dr. Mobeen Rathore
	Glen Edwards	Sandra Sikes
	Sandra Ellis	Zane Urbanski
	Carole Faria	Heather Vaughan
	Megan Graham	

Topic # 1 Transportation: Megan presented draft of revisions to the existing Transportation policy, which included a new section on 31-day bus passes.

Motion made by Heather Vaughan, seconded by Zane Urbanski to recommend that the revised Transportation Policy be presented to the Planning Council for approval. There was no further discussion; motion was approved with all voting in favor and no abstentions.

Topic #2 Lab Reports: Dr. Bob Catalla reviewed the AETC list of lab reports the committee forwarded him last month, and stated the list looked reasonable.

The Part A Office has a list of 25 labs that are currently covered for payment. UF CARES and AHF have several additional labs that they would like added to this list. Dr. Chiriboga volunteered to review all three lists and combine them, eliminating any that were duplicates. She will then give the list to Dr. Rathore for a final review. Both stated that they would be cognizant of the costs. In other words, if there are two tests that do the same thing, but one costs

\$50.00 and the other test cost \$3.00, then they would only add the less expensive test.

Motion was made by Zane Urbanski, seconded by Sandra Ellis to accept the recommendations of Dr. Chiriboga and Dr. Rathore for additions to the list of lab tests, and to further recommend that the Planning Council approve the revised list. There was no further discussion; all voted in favor of the motion and there were no abstentions.

Topic #3

Telemedicine: Dr. Rathore and Glen Edwards spoke briefly about Telemedicine; both stated that a more complete presentation has been shared several times in different meetings. UF has partnered with NFAN, Gateway, and River Region to provide this opportunity. The question is, should Ryan White clients who are not covered by Medicaid, Medicare, or private insurance receive Telemedicine, and if so, how will RW Part A pay, and how much?

The feeling is that this is part of OAMC and is covered under the \$193.43 reimbursement cost. If Telemedicine was included in the agency's RFP and was approved, then it would be in your work plan. Your work plan is part of your contract with the City of Jacksonville.

UF CARES was asked to forward information on Telemedicine to the Part A Office, which would then be included in the Planning Council agenda packet. A motion on Telemedicine could be taken from the floor of the Planning Council's meeting under New Business.

Wrap Up

There were no public comments.

There were no announcements.

The meeting adjourned at 1:00 p.m.

ELIGIBILITY AD-HOC COMMITTEE

Monday, September 10, 2018 Minutes of the Meeting

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Recommendation to the
Planning Council

That the Planning Council approves the revised
Transportation Policy.

That the Planning Council approves the revised list of lab
tests as recommended by Dr. Chiriboga and Dr. Rathore.

Meeting Minutes distributed via email on 09/24/18.

Minutes reviewed by



Beth Parker, Planning Council Chair

Meeting Minutes will be approved by the Planning Council on 09/27/18.



Parks, Recreation and Community Services
Social Services Division
Ryan White Part A Grant Program

Policy No. MCM 010
Review Responsibility: MCM
Policy Development Committee
Approval Date: April 8, 2014
Approved By: MCM Policy
Development Committee
Revised Date: September 10, 2018

TITLE: MEDICAL TRANSPORTATION AND ELIGIBILITY REQUIREMENTS

POLICY STATEMENT:

Medical transportation services enable an eligible individual to access HIV-related health and support services, including services needed to maintain their HIV medical care. Access is an essential component of HIV care. Ryan White (RW) Part A Program Office will supply limited allowances to funded agencies to provide medical transportation. This transportation will be in the form of bus cards, gas cards, and taxi service. The medical transportation services funds are NOT intended to be used as unlimited transportation services. Clients will be provided with means of transportation as long as they are eligible for services, do not violate this policy, and funds are available.

REFERENCES: HRSA/HAB AND OTHER FEDERAL POLICIES GOVERNING TRANSPORTATION include the HRSA/HAB definition of medical transportation in the National Monitoring Standards, Policy Clarification Notice 16-02, eligibility criteria developed and approved by the Metropolitan Jacksonville Area HIV Health Services Planning Council and agency specific transportation contracts.

ELIGIBILITY REQUIREMENTS:

Clients are eligible for medical transportation services under each of the following conditions:

1. Clients need transportation to access a core medical service which may include outpatient medical services, medication pick-up, oral health services, nutrition counseling, mental health services, health insurance assistance, financial eligibility, legal services, emergency assistance, and medical case management.
2. Transportation must be used for approved Ryan White Part A appointments or in cases of emergency for HIV services.
3. Clients must have a current financial eligibility determination completed and on file.
4. The most cost effective method of transportation shall be utilized.
5. Clients must have verified appointments or prior arrangements for a Ryan White Part A authorized service.
6. Bus passes
 - a. To be eligible for public transportation, clients must meet the following:
 - i. Client lacks private transportation or the ability to utilize private transportation
 - ii. Client lacks eligibility for other transportation funding
 - iii. Client has maximized other funding and has no alternative medical transportation assistance

- iv. Client is not receiving medical transportation assistance from another agency
 - b. The bus passes will be valid for one entire day and clients should be encouraged to make as many appointments as possible on that one day.
 - c. The **maximum number** of bus passes that can be issued to one client in a one month period is **3**. Directors of funded agencies may override the maximum with documentation provided in CareWare.
 - d. If funding is available, clients who receive 4 or more services in a month may receive 31 day bus passes. These bus passes are to ensure client participation including Client Advisory Board Meetings, Community Connections, and compliance in the continuum of care. Should a client abuse this privilege in any manner, the client will no longer be eligible for medical transportation assistance for the remainder of the grant year.
 - i. If appointments are missed, clients will be unable to receive transportation assistance the following month.
7. Gas Cards
- a. To be eligible for gas cards, clients must have access to a private vehicle.
 - b. The mileage to and from or between clients home and the appointment must be shown using a map search and mileage logged.
 - c. Gas cards of \$10.00 are intended to be utilized for at least 2 authorized appointments in a month.
 - d. The **maximum number** of gas cards that can be issued to one client in a one month period is **2**. Directors of funded agencies may override the maximum with documentation provided in CareWare.
 - e. If funding is available, clients who receive 4 or more services in a month may receive \$20 gas card. These gas cards are to encourage client participation in Client Advisory Board Meetings, Community Connections, and compliance in the continuum of care. Should a client abuse this privilege in any manner, the client will no longer be eligible for medical transportation assistance for the remainder of the grant year.
8. Taxi Service
- a. To be eligible for cab service clients must meet the following:
 - i. Client lacks private transportation, or the ability to utilize private transportation.
 - ii. Client lacks the ability to successfully navigate public transportation
 - iii. Only available when a written physician's order is obtained proclaiming the client is unable to utilize the public transportation system and the client has special needs not met by public transportation.

PROCEDURES:

1. Agencies funded for medical transportation must be able to enter into contracts with transportation providers or be able to provide means of medical transportation for clients.
2. The Medical Case Manager (MCM) will assess client's barriers to care and transportation needs at initial enrollment, at six month reevaluations, or as changes in client situations arise.

3. Clients will be screened for alternative means of transportation such as reduced fare card, ADA Transportation, Medicaid Transportation, and outlying county specific transportation options. Ryan White Part A funded medical transportation is available when no other means of conveyance is available. If a client is eligible for Medicaid or ADA transportation, they are to access transportation services under these programs. RW funded transportation is **payer of last resort**.
4. Clients will be informed that medical transportation services are only for HIV related services.
5. Out of county clients with private transportation must include the calculated distances for services as justification for assistance.
6. Taxi service is reserved for clients who have physical or mental disabilities and cannot access the JTA bus system. Clients will understand that taxi service is only available when a written physician's order is obtained proclaiming the client unable to ride the JTA bus system.
7. Clients shall notify their MCM of upcoming appointments at least three days prior to the appointment date to ensure continuity of service. All appointments must be verified before authorizing medical transportation assistance.
8. MCM will verify eligibility is up to date, confirm RW funded appointment, and provide client with means of transportation. MCM must complete documentation in the form of a case note and transportation service in CAREWare.
9. Clients will be assessed for transportation needs by their case manager every 6 months as part of the individualized service plan.
10. For clients who are not case managed, the agency providing the Ryan White Part A services may authorize transportation if the client is otherwise eligible.
11. The bus passes and gas cards must be logged by each funded agency and available for review at the annual monitoring. Bus passes and gas cards that were provided to clients who were not eligible will need to be reimbursed back to the Ryan White Part A program.
12. The Transportation Form must be completely filled out and attached to the client file including a copy of the medical transportation bus pass/gas card and the signature of the client.



TRANSPORTATION FORM



Date: _____ Ryan White Number: _____

Last Name, First Name: _____ Ryan White Expiration Date: _____

Client needs transportation to access a Ryan White Part A service (choose all that apply):

<input type="checkbox"/>	Outpatient Ambulatory Health Services	<input type="checkbox"/>	Medication pick-up
<input type="checkbox"/>	Oral Health Services	<input type="checkbox"/>	Nutrition Counseling
<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	Health Insurance Assistance
<input type="checkbox"/>	Medical Case Management	<input type="checkbox"/>	Other (specify): _____

The appointment dates and times must be verified by case manager to receive assistance.

Appointment Date/Time:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Reason for transportation assistance:

<input type="checkbox"/>	Client lacks private transportation or ability to utilize transportation
<input type="checkbox"/>	Client lacks eligibility for other transportation funding
<input type="checkbox"/>	Client has maximized other funding and has no alternative transportation assistance
<input type="checkbox"/>	Client has not received transportation assistance from another agency
<input type="checkbox"/>	Client lives out of county and requires transportation assistance
<input type="checkbox"/>	Other (specify): _____

Type of transportation assistance provided:

<input type="checkbox"/>	Bus Pass	Bus Pass Number: _____
<input type="checkbox"/>	Gas Card	Gas Card Number: _____

Copies of transportation assistance (bus pass or gas card) should be included with this form.

Clients who miss 2 appointments within a contract year who received a gas card or bus pass for the appointments that were missed will be ineligible for transportation assistance. The ineligibility should be stated in their common notes in CAREWare. Clients may appeal in writing to the authorizing agency for reinstatement. This form should be filed in the client's chart with a copy of the provided gas card or bus pass.

SIGNATURES

By my signature below I verify the above information

Client or Legal Representative Signature: _____ **Date:** _____

Legal Representative Relationship to Client: _____

Case Manager Name: _____ **Date:** _____

Case Manager Staff Signature: _____

INTEGRATED COMP PLAN COMMITTEE

Ryan White Part A Office ♦ 1809 Art Museum Drive, Suite 100 ♦ Jacksonville, FL 32207

Wednesday, September 12, 2018 **Minutes of the Meeting**

Call to Order: 2:01 p.m. by Dan Merkan, Committee Chair.
Moment of silence followed by self-introductions.

Attendees:

Debbi Carter	Katrina Odell <i>(Co-Chair)</i>
Dawna Cornelissen	Beth Parker <i>(Ex-Officio)</i>
Irfan Kakezai	Sandra Sikes <i>(staff)</i>
Christie Mathews	Herb Smith
Dan Merkan <i>(Chair)</i>	Graham Watts <i>(Phone)</i>

Guests

Joseph Mims	Max Wilson
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Action Item: Reviewed the Jacksonville TGA's Integrated Comp Plan and compared it with the State's Comp Plan. Dan divided the attendees into three groups, each taking a Goal and comparing the local to the state. The focus was to see how we can align the Jacksonville comp plan with that of the state's plan.

Goal 1 (Group was Mims/Carter/Parker/Smith)

Looked at a couple of the strategies. One of the things noticed was difference in approach. Jacksonville looks at what is going on at the local level and writes objectives based on our needs, where the state takes a more global approach; it's more of a guideline. We can use the state's comp plan as a guidance to see how well aligned we are with the state's objectives. Appears one of the biggest difference between the two plans is that the Jacksonville plan is already working on PEP and PrEP, where the state is still in the planning phase of publicizing PEP and PrEP and setting up processes to implement these programs.

The state's plan is written more simplistic; probably due to the fact that it has to be more global, less constricting. Looking at Jacksonville's plan, it needs to be simple enough for anyone to pick up and read and understand it.

Another difference is that the local comp plan has a number of activities centered on youth. The Planning Council's sub-committees focus on youth and on senior adults. The state plan focuses on the MSM and the Black Hetero Men and Women populations.

Goal 3 (Group was Wilson/Mathews/Kakezai)

Appears that the state did a poor job in addressing health inequities and disparities, and used PEP and PrEP and cultural training as the answer.

The goals are clearly stated on both plans, however there are a lot of activities listed on the Jacksonville comp plan. Question was asked if we are able to take the state's goals and see where they coincide with what we're doing in our area, and maybe make our local goals directed more toward the state's goals? Answer was that this was started as we were finishing the Jacksonville goals, but we ran out of time. Some of our objectives and strategies read more like they're activities. Perhaps if we shift our objectives and strategies, they will come more in line with what they're doing over here.

The committee was in agreement that the Jacksonville Comp Plan needs to be re-worked in terms of language and in using the state's example as guidance. The Comp Plan does not need to be scrapped and started again from scratch, but rather the existing plan be re-worded and put in such an order that it will be better synchronized with the state's plan.

Question asked regarding objective 3.2; what have we done with any of the information we've collected so far? Has anything come out that is impacting the patient population? Have we implemented any of these strategies? How has this gotten back to our patient population? We write a lot of things down on paper, but how does it actually get out to our community? Another comment made was that our suggestions to proactively

engage providers in matters of racism, homophobia, etc. were really insightful, but we've done nothing on that.

Trauma informed care is one of the biggest things we need; also motivational interviewing, and behavioral modification. These are the type of things we need to incorporate in what we're doing so that we can actually affect change, not only in our client's lives, but in our clinics. Receiving the same standard of care, whether you're at the Health Department, or CAN, or UF CARES, is important.

Question was asked about what it would take to create a committee that would focus only on Goal 3? Answer was that it would take resources, people, and time. One member talked about creating an assessment tool to find out how the providers are addressing health inequities and disparities. He's given some thought to the questions that might be asked in this tool, but what comes to mind is *'Am I going to reject my own internal biases?'*, and *'how do we address our own internal biases?'* Before we can go any further, we need to find out what other tools are out there right now.

Another question came up, asking if this committee, Integrated Comp Plan, is the right group to become the advocates for Goal 3? Conversation was that the advocate group should be comprised of both prevention and patient care. ICPC has been working with FACCAPP, and their joint product was the Integrated Comp Plan 2017-2021, so we hit the mark there.

Comment was made that we can do a lot with emails, rather than scheduling more face-to-face meetings or creating another sub-committee. Another member stated that she wanted to see more data in the form of numbers, so the objectives can be measured. An example given was, *'how would you measure cultural competency?'* Perhaps a first step would be to take a good look at Goal 3 and write down two specific things that you would like to see come of that Goal?

Members agreed to list two things that they would like to see come out of Goal 3, and will email them to Dan Merkan and staff by next week (9/19/18).

Committee will look at reviewing training list and EBI list once a year and update. This will include cultural competency training given by Ryan White agencies, and by any other public agencies or entities, such as the training being contemplated by the Sheriff's Office for their newly formed LGBT Task Force.

Idea was floated about putting together 15-minute training modules for testing, counseling, and linkage staff. Training would be on skills they could use when dealing with patients and encouraging them.

Goal 2 (Group was Merkan/Odell/Watts/Cornelissen)

We need to capture some percentage of the state's plan and reflect them in our local plan. Some suggestions for changes to the Jacksonville Comp Plan would be as follows.

Blend together Objectives 2.1 and 2.2; delete the activities in these two sections and replace with the combined objectives and combined activities under a broad activity such as barrier reduction or plan of care and probably doing quarterly or every six months. Instead of two separate objectives, have fewer activities.

Under strategy 2.1.3, deleting the two activities and forming a role for client satisfaction, whether that will be focus groups or customer satisfaction surveys. This would seem much easier to get. We need to get rid of some of the fuzzy, idealistic activities that we thought of, but in reality, aren't measurable.

For objectives 2.2 and 2.3, collapse these. Utilize peer navigators and the MCM Supervisors' group to help in this.

INTEGRATED COMP PLAN COMMITTEE

Thursday, September 13, 2018 Minutes of the Meeting

Page 5

Another observation was that the state's plan mentioned insurance premium assistance, where ours did not; however, we do have a robust premium assistance program. Can this be added to our plan? Dan agreed and stated that there are probably several more programs the TGA currently does that weren't mentioned.

Moving forward, we had a lot of great discussion today, but no real conclusions at this time. The next step is to review all the things we talked about today and figure out a strategy on how we begin moving that into the next steps. Dan asked everyone to think about how that will work and what that will look like.

Wrap-Up:

Public Comments: None.

Announcements:

- UF Health sponsoring a symposium on *Innovations in Healthcare Delivery* on Friday, September 28.
- AETC presenting updates to PEP, PrEP, routine testing, and more. This will be November 9 from 9:00 to 3:30 at the FDOH office - 900 University Boulevard.
- Pride Parade and Festival will be October 6 & 7 in Riverside.
- Youth Block Party is starting their monthly planning meetings for 2019 YBP. First meeting will be September 26 at 2:00 - Art Museum Drive.

The meeting adjourned at 3:35 p.m.

Action Items for the
Planning Council:

None.

Meeting Minutes distributed via email on 09/21/18.

Minutes reviewed by


Dan Merkan, Committee Chair

9/26/18

Meeting Minutes will be approved by the Planning Council on 09/27/18.

Metropolitan Jacksonville Area HIV Health Services Planning Council's
COMMUNITY CONNECTIONS COMMITTEE

Ryan White Part A Office • 1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Thursday, September 13, 2018 Minutes of the Meeting

Call to Order: 12:00 Noon by Debbi Carter, Committee Chair.
Mission Statement read by Jacqueline Johnson, followed by a moment of silence.

Attendees:

Debbi Carter (<i>Chair</i>)	Brian Law	Selene Pickens
Zane Urbanski (<i>Co-Chair</i>)	Kristin Maranville	Sandra Sikes (<i>staff</i>)
Carole Faria	Ranjeet Martin	Rikki Stubbs
Steven Greene (<i>Phone</i>)	Dan Merkan	Laurie Turner
Elinor Holmes	Foxxie Moody	Barrett Tyson
Elaine Hosking	Tonetta Neal	Linda Williams
Jacqueline Johnson	DeWeece Ogden	Paul Williams
Cat King		

Absent-in-Service (*Positive Living Conf.*)

Justin Bell	Johnathan Harris	Sharon Hunter
Mary Glenn	Veronica Hicks	Antoinette Turner

Absent

Dwayne Brown	Amy DeGuzman	Wendy Moses
Stephon Collins	Nathaniel Hendley	Samuel Reese
Rhonda Cue	Brandon Montanez	Jisell Sobalvarro
Wade Davis	John Moore	

Guests

Kendall Guthrie	Sherrie	Vincent
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Announcements: Healing Women and Men's Support Group meets 1st Thursday of the month at the NFAN Office. Meeting begins at 12:30 p.m. and lunch is served. Healing Women and AHF are sponsoring 'Picnic in the Park' on Friday October 5. Picnic begins at noon and location is Boone Park; you must RSVP by September 21.

World AIDS Day Luncheon – tickets are available now; cost is \$45.00 per person. Please contact Jasmine at NFAN to purchase. The luncheon will be Friday, November 30 at the Omni Hotel.

COMMUNITY CONNECTIONS COMMITTEE

Thursday, September 13, 2018 Minutes of the Meeting

Page 2

AIDS Walk will be Saturday, November 3.

River City Pride Parade will be October 6 in Riverside. The Festival and Arts Market will be on the 7th.

Consumer Advisory Boards:

AHF. No C.A.B. meeting last month. Next meeting will be Wednesday, September 19 at 11:00 a.m. Location is 2 Shircliff Way (St. Vincent's Hospital complex), on the 7th floor.

DOH. Meets every 3rd Thursday at the Health Department, 515 W. 6th Street, at noon. Lunch is provided.

UF CARES. Meets the 3rd Tuesday of every month at 11:30 a.m. Location is UF Health on 8th Street, 3rd floor clinic lobby area. Meetings usually start with information on research protocols. There were 12 people attending the August meeting. Telemedicine was discussed, along with *My Chart*, and the upcoming IMPACT conference.

Unfinished Business:

500/501 Class. Plans are being finalized for Rod Brown of FDOH to conduct the 500/501 class. At least 10 people are needed to hold the class, and members were asked to complete the sign-up sheet and turn in today. The class is scheduled for October 15-17, which is a Monday, Tuesday, and Wednesday. We do not have a morning start time yet, but classes are all day. Class will be at 1809 Art Museum Drive.

New Business:

None.

Program:

Avery Garner of Brookdale Cypress Village talked about short-term rehabilitation and other services that Cypress Village offers. He ended by answering a number of questions from the audience.

COMMUNITY CONNECTIONS COMMITTEE

Thursday, September 13, 2018 Minutes of the Meeting

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Wrap-Up:

Public Comments:

Observation was noted that the Planning Council's monthly calendars do not provide any details about the meetings listed, or give locations or contact information.

The meeting adjourned at 1:05 p.m.

Action Items for the Planning Council:

None.

Meeting Minutes distributed via email on 09/20/18.

Minutes reviewed by

Debbi R. Carter (Debbi Carter)
Debbi Carter, Committee Chair

Meeting Minutes will be approved by the Planning Council on 09/27/18.

Unfinished

Business

POLICIES and PROCEDURES

Issued: 09-30-14

No. 2014-02

Amended: 09-27-18

**POLICY FOR TAXI SERVICE USE
BY PLANNING COUNCIL MEMBERS**

This policy is established for Planning Council and Associate members who are authorized to use taxi service in order to attend Planning Council and committee meetings.

Planning Council members' taxi service is funded by the Administrative Agency's budget, and is authorized by the Ryan White Part A Program Manager, and not the Jacksonville Planning Council.

Definitions:

- 'Members' shall be defined as Planning Council members who have been voted on by the Council and appointed by the Mayor, and Associate members who have been appointed by the Planning Council.

Eligibility:

- Planning Council and Associate members who lack private transportation or the ability to utilize private transportation are eligible to use the taxi service.
- Members should advise Planning Council Staff of their need for on-going taxi service.
- Short-term or temporary need for transportation (i.e., car is in the shop for repairs) is not considered an on-going need.
- Planning Council staff will submit paperwork to add the names of Council and Associate members to the city's Purchase Order for taxi service.

POLICIES and PROCEDURES

Issued: 09-30-14

No. 2014-02

Amended: 09-27-18

Procedure to Access Taxi Service:

- Members should call Mary Martinez at 630-4661, or Sandy Sikes at 630-3504, two days in advance of needing a taxi ride.
- Any change to the regular pick-up or return address should be stated during the initial request.
- Members who have last minute cancellations should call Checker Cab directly at 999-9999, and then contact Mary Martinez at 630-4661.
- Members may not request taxi service directly with the cab company.

Unauthorized Charges & No Shows:

- Two no-shows for taxi service will be allowed for Planning Council and Associate members during the Ryan White year. A warning letter will be sent to the member following their second no-show. A third no-show will affect the member's availability for future taxi service.
- Taxi service is available for members to attend the following meetings:
 - ✓ Planning Council
 - ✓ Community Connections
 - ✓ Women, Adolescents, & Children
 - ✓ Priority & Allocation
 - ✓ Membership
 - ✓ Pharmacy & Therapeutics
 - ✓ Bylaws
 - ✓ Executive
 - ✓ Coordination (Integrated Comp Plan, EIIHA)
 - ✓ Ad-Hoc and/or sub-committees of the above committees

Approved by: _____

Beth Parker, Planning Council Chair

POLICIES and PROCEDURES

No. 2018-01

Issued: 09-27-18

**POLICY FOR TAXI SERVICE USE
BY COMMITTEE MEMBERS AND COMMITTEE APPLICANTS**

This policy is established for committee members and applicants who are authorized to use taxi service in order to attend Planning Council and committee meetings.

Taxi service to attend Planning Council or committee meetings is funded by the Administrative Agency's budget, and is controlled by the Ryan White Part A Office.

Definitions:

- 'Committee Members' shall be defined as individuals who have already joined and are on a committee's roster.
- 'Committee Applicants' are individuals who are not yet a member and who may not have attended any meetings, but have applied for committee membership with a completed application form.

Eligibility - Committee Members and Applicants:

- Committee members or applicants who lack private transportation or the ability to utilize private transportation may be eligible to use the taxi service.
- Short-term or temporary need for transportation (i.e., car is in the shop for repairs) is not considered an on-going need.
- Members or applicants with access to private transportation (i.e., you own a car) should not request taxi service for the purpose of saving gas or wear-and-tear on their own vehicle.
- Committee members or applicants must become members of the Community Connections committee and attend at least 50% of their meetings.

POLICIES and PROCEDURES

No. 2018-01

Issued: 09-27-18

- The Taxi Program is only available for the individual to attend the committee he/she is a member of or applying to. There is a limit of two committees that transportation will be provided for, plus Planning Council meetings. Taxi service will not be provided to attend events that the committee is involved in.

Applying for Taxi Service Program

A committee member or applicant should submit a *Request for Taxi Service by Committee Member* form. This form, completed and signed, should be given to the Planning Council support office. This form advises the Planning Council Staff of the member or applicant's need for on-going taxi service.

Planning Council staff will review the form, and if the committee member or applicant does not qualify, then a letter will be mailed to them. If the person initially qualifies, then staff will conduct a brief telephone interview to gauge the applicant's interest in joining the committee and their ability to participate, or in the case of a committee member, their continued interest in the committee.

Staff Procedures:

Planning Council staff will be responsible for adding and deleting names of individuals receiving taxi service to the city's Purchase Order.

The process of making transportation arrangements is time consuming and labor intensive. In order to guarantee good service, this initial pilot program will be capped at five members for a period of 90 days. Planning Council staff will report on a quarterly basis to the Membership Committee on how the process is going on their end, and if there are any issues that can be worked out. If there are no major problems, then the Planning Council staff can look at increasing the cap by one person, for a total of six. Planning Council and Associate members will take priority over committee members.

POLICIES and PROCEDURES

No. 2018-01

Issued: 09-27-18

If more than five people apply for taxi service, a Wait List will be established.

Pick-up and return location for the committee member will be based on the address they listed on the application form.

Member Procedures:

Committee Members or Applicants should call Mary Martinez at 630-4661, or Sandy Sikes at 630-3504, two days before the meeting in order to request a taxi. The following day (1 day before meeting), staff will call the committee member back and let them know what their pick-up time is, and provide them with their confirmation numbers.

Committee Members who have last minute cancellations should call Checker Cab directly at 999-9999, and then contact Mary Martinez at 630-4661 to advise that the taxi was cancelled. Member will need to provide Checker Cab with both confirmation numbers (for pick-up and return).

Committee Members may not request taxi service directly with the cab company.

Two no-shows for taxi service will be allowed for committee members and applicants during the Ryan White year. Following the second no-show, the member will receive a warning letter, with a copy going to the Membership Committee. The member could be dropped from the taxi service program following their third no-show within a year. A last minute cancellation where a taxi was still sent will be treated in the same manner as a 'no show' above.

Approved by:

Beth Parker, Planning Council Chair

NEW

BUSINESS



FCAW10

NOVEMBER 3, 2018

SAVE
THE
DATE

10th Annual First Coast AIDS Walk

9am Registration & Vendor Fair – 10am Walk – Location Pending

Follow Us on Facebook. Sponsorships Available. theaidswalk@aol.com

For

Your

Info . . .

Reports from the Consumer Advisory Boards (C.A.B.s) are now being presented at the Community Connections meeting.

Community Connections meets at noon, the 2nd Thursday of the month - at 1809 Art Museum Drive, large conference room.



**RYAN WHITE PART A OFFICE
SOCIAL SERVICES DIVISION
PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT
1809 Art Museum Drive
Jacksonville, Florida 32207**

2018-2019 Service Providers

Aids Healthcare Foundation (AHF)

- Outpatient and Ambulatory Medical Care

CAN Community Health (CAN)

- Pharmaceutical Assistance
- Non-medical Case Management – Eligibility
- Oral Health
- Emergency Financial Assistance
- Outreach
- Psychosocial Services

Florida Department of Health – Duval County

- Pharmaceutical Assistance
- Emergency Financial Assistance
- Oral Health

Gateway Community Services

- Substance Abuse – Residential

Jacksonville Area Legal Aid

- Legal Services

Lutheran Social Services

- Medical Case Management
- Mental Health
- Nutrition Therapy
- Home and Community Based Health
- Outreach
- Transitional Housing
- Health Education/Risk Reduction
- Psychosocial Services

Northeast Florida AIDS Network

- Medical Case Management
- Health Insurance Premium Assistance
- Outreach
- Psychosocial Services
- Transportation

River Region Human Services

- Substance Abuse – Residential

UF CARES/ Rainbow Center

- Outpatient and Ambulatory Medical Care
- Medical Case Management
- Outreach
- Psychosocial Services
- Nutritional Therapy

\$356,606 was not spent last year (3/1/17 through 2/28/18).

Are there special projects or staff needs that you have in mind that you'd like to use this money for? Remember, whatever staffing or projects you plan to implement, the money for this must be used by 2/28/19. For the carry-over, we do not have to comply with the 75/25% ratio where 75% must be targeted for core medical services. Sandy Arts read a list of projects she's collected from several agencies.

Temporary housing (<i>transitional housing</i>)	Assessments and psych evaluations
Personal hygiene and cleaning supplies	Peer navigators
Food pantry	Health insurance
Mental health services	Positive nutrition
Legal services	A hepatitis project
Legal care coordination	transportation

Linda Williams – we need outreach for our senior community. Need a full-time person in position of peer navigator or similar position that would concentrate on seniors. This person would coordinate a team of volunteers who would take on the task of networking with local independent living communities, to provide regular and consistent workshops to fortify a healthy and thriving older generation. Incorporate other areas of wellness besides HIV prevention and testing treatment, such as emotional, spiritual, relational, and financial health through networking with our local community resources.

To be included in the \$40,000 Outreach/Peer Navigator in next section.

Steven Greene – people who no longer have Medicaid pac waiver are struggling. All of our former Pac Waiver clients are asking for help. Even when they call their providers, they feel like they're hitting a brick wall in terms of actually getting anything done. Maybe if we had a team of peer navigators who knew the Medicaid system and would field these questions, we might ease their burden a little.

Beth answer that this has been brought up, and one of the things discussed was that peer navigators could assist with that. Beth feels like we do need additional funding for outreach and to hire more peer navigators.

Outreach/
Peer
40,000

Katrina Odell talked about Youth Block Party – could use funding.

Outreach
2,000

Heather Kilpatrick talked about the need for a case manager or a peer navigator for legal services. As it stands now, the legal staff are the ones transporting the clients to appointments, to the Social Security office or DMV, or assist in getting food. Their time would be better spent handling legal issues, if there was a peer or case manager who could do these other services.

Legal Svs
65,000

Needs more funding before end of grant year for legal services.

Chrissy Edmonds discussed a possible Hepatitis-C program to collaborate with other agencies and identify, screen, and treat Hepatitis-C in co-infected HIV patients. Funding would cover approximately ten (10) patients per month. They would be partnering with Gateway, LSS, and the Jail Link program for this collaboration. The funding would cover the initial medical appointment of the client. That cost is generally \$193.43 per patient plus another 10% to cover overhead. After the initial appointment, the client would be enrolled in the program, and the cost of the Hep-C medication would be paid by another source, Health Fund Solutions. Anticipated cost for a six-month period would be around \$13,000.

OAMC
13,000

Beth Parker talked about the health insurance premium assistance program. As it stands now, they will probably be about \$70,000 short of what they need between now and the end of the grant year (2/28/19). There is information coming down from HRSA that may also allow the TGA flexibility to pay for Medicare premiums. Health insurance premium assistance does cover co-pays for infectious disease office visits.

Ins.
Premium
Asst.
70,000

A question was brought up about co-payments for medications. This is already covered; a client's medical case manager would set this up. Also brought up was an observation that with several changes that have come about recently, medical case managers sometimes need to meet with their clients more than one time a month; can this be accommodated? The answer was that the case manager can see the client numerous times throughout the month, however they can only bill one time.

<p>An agency would like to start a new program on Positive Nutrition. Donna Fuchs from NFAN has been working with Dr. Lauri Wright of UNF on a program where UNF would host a nutrition course consisting of four classes, one class per week. Week 1's curriculum would be '<i>Eating for Health</i>'; Week 2 would be '<i>Eating on a Budget</i>'; Week 3 would be '<i>Managing Health Issues with Diet</i>'; and Week 4 would be '<i>Putting Nutrition into Action</i>'. UNF would take charge of running this program, providing a classroom and instructor who is a registered dietitian. There would be positive re-enforcements/gift cards (promotional items) for students who complete the course and transportation would be provided to participants. Total cost of the program is expected to be approximately \$17,000. Question was asked about which category this would come under, and the general consensus was either Medical Nutritional Therapy or Food Bank.</p>	<p>Medical Nutrition Therapy</p> <p>18,000</p>
<p>Funds are needed for Food Bank. LSS food bank is stocked with canned and packaged food; NFAN uses Save-A-Lot gift cards.</p>	<p>Food Bank</p> <p>20,000</p>
<p>Heather Vaughan talked about a program LSS has where a client who comes in for the food bank can also request personal hygiene items they need. LSS is serving about 50 to 60 clients per month. To continue funding this program until the end of the grant year, they would need an additional \$3,000.</p>	<p>Food Bank</p> <p>3,000</p>
<p>Transportation: is it possible to purchase a monthly bus pass for a client, rather than giving them a one-day bus pass several times through the month? The cost of a 30-day Star Card from JTA is \$50.00. This could be a pilot program to see how effective it is and how well it can be monitored. However, a monthly bus pass goes against the TGA's transportation policy because the policy requires that Ryan White clients receiving a bus pass or gas card only use that pass or that card to access medical visits (i.e. doctor or dental appointments, counseling, or case management). There was a brief discussion and this topic will also be brought up at the Eligibility Ad-Hoc meeting scheduled for August 10.</p>	<p>Medical Transp.</p> <p>15,606</p>
<p>Regarding transitional housing, the TGA could reinstate a program where funds were used for a one-time emergency assistance or for first month's rent.</p>	<p>Trans. Housing</p> <p>15,000</p>

The Substance Abuse Residential Treatment will be running out of money soon. One provider will need around \$50,000 to \$75,000; another provider will also need more funding.

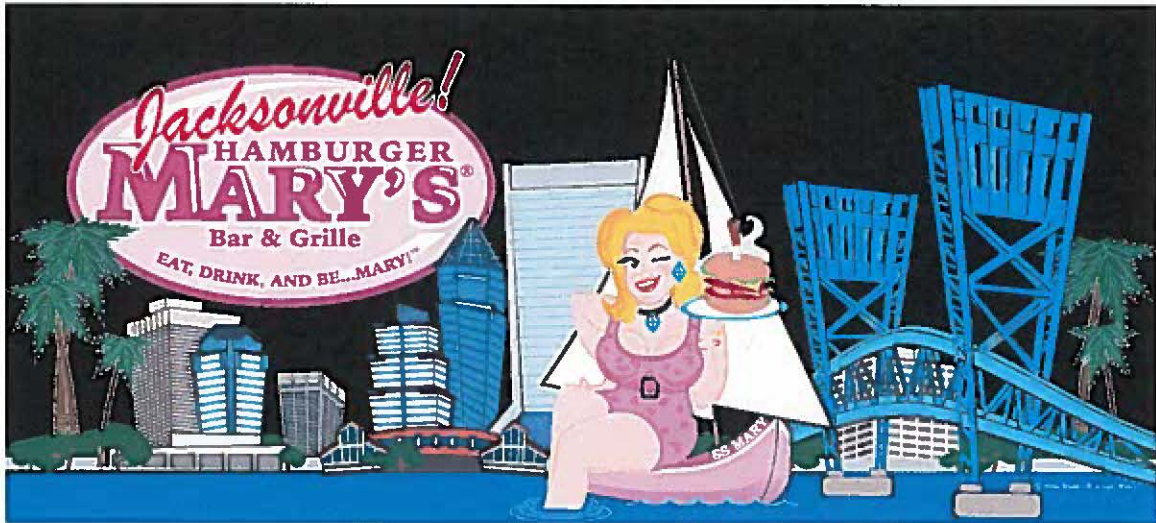
SA –
Residential
95,000

Another need mentioned was assistance for psychiatric evaluations. Provider has been fielding requests from other agencies that are sending clients to that provider wanting free assessments.

Glen Edwards talked about Telemedicine. This may be funded under OAMC. Sandy Arts replied that UF CARES is currently funded for OAMC; we would have to balance what UF CARES currently has for OAMC and then what would be the cost of a visit and would they need additional funding to spend out what they currently have or would they need more funding? Beth asked if the provider had a ballpark figure on the amount they are looking for between now and the end of February. Glen said they have not calculated the numbers yet, but will soon. It would not be an actual cost. As everyone is aware, right now the majority of their clients are covered under Medicaid, Medicare, or private insurance. UF is experiencing the problem of generating enough units to pull down from the current outpatient medical funding because more and more people who we provide services are already insured. So it's becoming more troublesome for us to try to put down what we have, but we can right now, Telemedicine is a comfort for us to be able to get [inaudible]. Beth commented that it sounds more like a shipped in language than dollars. Sandy Arts clarified with Glen and he agreed that the question on Telemedicine is not that the provider is asking for additional dollars, they are just asking if OAMC dollars can be used for Telemedicine. Sandy said that the question on Telemedicine falling under OAMC would be determined by the Eligibility Ad-Hoc committee and it will be added to their future agenda to discuss.

No \$\$\$

Referred to
Eligibility Ad-
Hoc
committee



Please come out and help support Jewel J. (14yo) who is currently fighting osteosarcoma. Join us in Ham BINGO at the famous Jacksonville Hamburger Mary's on Beach Blvd. This fundraiser will be held on Tuesday, October 9th, 2018 at 7pm. The amount of the bingo cards will be \$10.00 (10 games) and there are a variety of prizes. So grab your friends and come out to support us through fun and game.

If you have any questions or need additional information, please contact Jackie Johnson at (904) 888-9357 or text.

Metropolitan Jacksonville Area HIV Health Services Planning Council

Council and Committee Meetings

October 2018

Mon	Tue	Wed	Thu	Fri
1	2	3 10:00 Membership Committee	4 9:00 Women, Adolescents, & Children's Committee	5
8	9 9:00 Executive Committee at NFAN Office: 2715 Oak Street	10	11 12:00 Community Connections 1:45 Priority & Allocations Committee	12
15  500/501 Class w/ Rod Brown	16 500/501 Class w/ Rod Brown (Prior registration required)	17 500/501 Class w/ Rod Brown (Prior registration required)	18	19
22	23	24	25 3:00 Planning Council Meeting	26
29	30	31	<p><i>Unless otherwise noted, all meetings will be held at the Part A Office, 1809 Art Museum Drive—1st floor.</i></p> <p><i>Meeting dates and times are subject to change. To confirm a meeting, please contact Planning Council staff at 630-3504 or SSikes@coj.net.</i></p>	