

**METROPOLITAN WASHINGTON REGIONAL
HEALTH SERVICES PLANNING COUNCIL
Care Strategy, Coordination & Standards Committee**

**64 New York Avenue, NE
Washington, DC 20002**

April 14, 2009

MINUTES

Council Members	Present	Absent	HAA	Present	Absent
Hawkins, Pat - Chair	X		Clark, Brenda	X	
Cooke, Robert			PC Coordinator		
Corbett, Wallace			Sandra Panes	X	
Davis, Barbara			Administrative Agents		
Deely, Maureen	CC		Alston, Jonathan		
Franks, Corrie			Allison, Glenna		
George, Jennifer Jones			Balderston, Stacy		
Maramara, Ben			Barnum, Dave		
Mason, Philip			Ramey, Devi		
Smith, E. Robert	X		Simmons, Michelle		
Smith, Laurence	X		Guests		
Solan-Pegler, Nicolette			B., Michael	CC	
			Burke, Denise	X	

CALL TO ORDER & APPROVAL OF AGENDA

Pat Hawkins called the meeting to order and agenda was approved.

APPROVAL OF MINUTES

The minutes were approved with the following additions:

Re: Report on Issues of Eligibility and Documentation by Brenda Clark the “discrepancies” were specified to be issues of financial eligibility in Virginia and proof of citizenship in Maryland.

The minutes were approved as revised.

OLD BUSINESS

Presentation – Brenda Clark

A. Eligibility Criteria for Ryan White clients – Final Proposal

Brenda noted that although all jurisdictions are asking for similar things, they are asking for them differently. HIV status, income, residency, and medical insurance status. Brenda's next step is looking at what is similar and different across the EMA and the group will decide what they want and what they don't want. There was plenty of further discussion of what types of identification are required in Virginia, DC, and MD and telling of personal stories. Next steps are for committee to recommend requirements and what documentation should be sufficient to receive services.

Pat suggested sending a motion to Executive committee to get rid of West VA & VA income requirements. Further discussion noted that under HRSA regulation the Planning Council can set means tests, not the individual jurisdictions.

Brenda noted that an increase in the means may help if removing is not an option.

Recommend people start treatment with a medical record or with their preliminary positive test to initiate the process. (including a list of acceptable proof) The concept should be as barrier free as possible.

To remove means testing except for EFA and that EFA be the same across jurisdictions.

Case managers have 90 days to meet eligibility requirements/due diligence. Client will attest that information they provided is true so discrepancy is not on the agency.

B. Parity & Portability develop a work plan to address this request

C. Data Task Group – Update. PS&RA Calendar

D. CDQ Update

Pat Hawkins requested Sandra to work with Katherine to obtain utilization data to know how many people in primary care are identified as having mental health & substance abuse problems, and how many are getting treatment. (per provider possibly) To make sure we know the co-morbidities to determine how much money needs to be put in. Then we can get the CDQ in place for people who are using other things that are not as good.

NEW BUSINESS

A. Client Level Data & Planning

What does the Planning Council think is important to address during the presentation. Last year there was 12 clinical indicators for Primary Care. How many people are in Hart? The number of routine layers. Hepatitis B virus screening lab work to be reworded if deemed necessary. If 100% of people who need it get it as opposed to routine testing for the entire population.

Do we still need to report on it or not? Also, how many people got vaccinated.

B. Calendar for PS&RA

FUTURE ACTIONS

Review standards for primary care.

ADJOURNMENT

FINAL