

Minutes

Attendance: Steve Hoke, Mary Sirmons, Eric Martinez, Renella Mitchell, Dawn Jones, Jackie Clarke, Carly Pyle, Emily Carmichael, Cynthia Poitier, Monica Adelphonse

**Evaluation
Quality Assurance
Committee Meeting**

Facilitator: Steve Hoke

Date: 8/12/21

Time: 11:00 AM

Location: Virtual via
GoToMeeting

Due to the COVID 19
Pandemic we will not
have face to face
meetings until further
notice.

Monica Adelphonse
Health Planner

1. **Welcome/Introductions & Moment of Silence**
2. **Review and approval of agenda:** Agenda approved
3. **Review and approval meeting minutes:** Minutes Approved
4. **Updates**

A. Formulary Planning Meeting

No updates at this time.

B. Quality Assurance Plan/Indicators

Steve: That is still being worked on by Tallahassee Dawn?

Dawn: That is correct. We have not received permission to move forward or documents to work on.

C. Linkage to Care

Dawn: For the month of:

-June: Total of 19 linked into care, 16 previously positives, 3 new positives, and 8 enrolled into Ryan White program. All were successfully linked into to care.

Dawn: I have not received anything yet for the month of July.

D. Patient Care Updates

Cynthia: Some updates: HRSA has asked that every Part B and anybody in Ryan White services will have to assess a fee to the client for Ryan White Services. Now, HRSA also gave a waiver that we're able to set a nominal fee of \$1 per service. This is, like, a sliding fee scale that people are responsible for when they go to providers, and they may not have insurance or anything of that nature. Again, this is a federal mandate so we have to implement it. So starting next week, the clients are given a notification that we will start to assess this fee. Also, we're mandated to tell them how much is the maximum that we will be able to charge them for the calendar year, the program year. Our program year runs from April first through March 31st of each year. We will let them know, based on their income, whatever bracket they are, the maximum that we will be able to charge them. If they are at 100% or less than 100% of the FPL, the federal poverty level, they are not charged a fee at all. If they are above 100%-200%, they will be told how much based off of their income of the maximum we are able to charge them for the calendar year. And again, it goes by the total number of services they have received, and they will be they will be assessed this fee throughout the 6 months, because clients do re-eligibility every six months. So when it's time for them to come back in six months they will, when they call for their appointment, be told the total number of services that they have done. Because we will have that we're able to pull the number of services from outpatient, medical visit, lab visit, dental visit, mental health visit, all of the pharmaceutical provision, all of those services. The case manager will total the number of services and then based on the number of services, will give them the amount they are charged. So if you've had 10 services within the six months of your eligibility, then the charge \$10. You will be asked, are you able to contribute to this invoiced. If yes, it's whatever you can contribute. It is not that you have to contribute. If a client cannot contribute, then we will have them sign a form. No client will go without services if they are not able to contribute. If there are services that we do not pay or cover, the client will be given a form to keep track of those services to add onto the amount of services they have received.

Steve: Will this information be mailed out to clients to notify them?

Cynthia: Many of our clients have not consented to have things mailed to them. So, we are updating providers and other people so that they can help pass along the message.

Cynthia: Clients will also be given a form that they can keep track of services that we (Ryan White) do not cover. So, that information and the receipt, because we have to have the receipt, as well, so we're able to count services that may be paid out of pocket, that we do not cover. They are able to turn those in to be counted towards their amount of services they receive.

Eric: If an individual does not submit the form with the services they have completed out of pocket, this will not affect them receiving services correct?

Cynthia: Yes, it will not.

Cynthia: The second update is in regards to nutritional supplements, like your Boost and Ensure. We came up with a process that the nutritionist will complete a form to show why the clients needs the nutritional supplement. If the provider does not have a nutritionist, then the provider can provide us a note, progress note, or nutritional plan to show why the client needs

the supplement. The providers have been notified and aware of the new process. These are all of the updates at this time.

E. Other Updates

Carly: At Whole Family Health Center, we are continuing to vaccinate for COVID primarily with the Pfizer vaccine Mon.- Friday at both of our centers. Testing has increased and we're starting to see some difficulties in getting testing kits. We are treating at our isolation COVID treatment center. Anyone who tests positive, is being screened for the Antibody treatment eligibility. We are still doing HIV/STD testing. We are also trying to reduce traffic to the office, so we are going back to curbside pharmacy deliveries and setting to telehealth updates.

5. Open Discussion

None at this time.

Meeting Adjourned