**Governance Committee**

October 21, 2019

**Chair:** Jeff Combs

**Present:**Dr. Joseph Miner, Dr. Marc Babitz, Heather Borski, Paul Patrick, Lloyd Berentzen, Gary Edwards, Jeff Combs, Jerry Edwards, Nate Checketts

**Phone:**

**Visitors:** Tyler Fisher, Kalynn Filion, Janae Duncan, Emma Chacon, and Allison Allred

**Voting Members:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Combs

**Co-Chairs:** Heather Borski & Jeff Combs

**Minutes**

Approve minutes from October 7, 2019 Governance meeting with the addition of the following:

* Check grants were discussed at the October 7, 2019 Governance meeting and an agenda item was requested for Emma Chacon to present at the October 21, 2019 Governance meeting.

**Motion to approve minutes with above addition: 1st:** LloydBerentzen **2nd:** Heather Borski

**Voting Members:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Combs

**HIV Care Grant - Part B States/Territories Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental Awards -** Tyler Fisher

* This is a non-competing continuation for the HIV Formula Grant for the Ryan White Part B Base Grant.
* This includes the AIDS drug assistance program base grant as well as the ADAP Supplemental Grant.
* The focus of these grants is to provide care across the continuum for people living with HIV, especially those who are low income, under 250% poverty.
* There is a 10% cap on administrative costs.
* 75% of the award must go to core medical care.
* Award request is $4,250,386 based on a formula.
* The majority of the award funds contracts followed by direct services.
* This year there is a reduction in personnel being charged to this grant through utilizing other funding sources to support in office personnel.
* There are about 1,052 clients currently enrolled in the program. This number changes daily with the rolling recertification.
* About 708 clients are enrolled in ADAP services which covers direct medication costs as well as insurance premiums/copays.
* Viral suppression is nearing 90% for those who are currently on the program.
* About 250 clients are enrolled in the supportive services. These are clients that are not enrolled in the ADAP program but are receiving medical transportation, emergency financial assistance, food vouchers, as well as other services available.
* Average medication costs for insured clients is about $366 per script.
* Average medication costs for uninsured clients is over $1,200 per script.
* Max cost this year has gone down from over $3,000 last year to about $2,600.
* Ryan White dollars are primarily for treatment or care after a client has been diagnosed but there is a service category for early intervention services that allows funding of linkage to care.
* As clients are identified, disease intervention specialists at the Salt Lake County health department lead them to care.
* 80% of clients are along the Wasatch Front.
* The 20% (and growing) not located along the Wasatch Front receive services via University of Utah’s Clinic 1-A traveling clinic down to St. George.
* Mid-town clinic in Ogden, UT services clients located north.
* Partnerships are being built with IHC as well as research into Telemedicine to broaden treatment.
* Medical transportation provides shuttle services and is now working with Lift as well as providing bus passes to clients.
* Lloyd Berentzen feels this may not be exempt.
* Paul Patrick motions to change the status to non-exempt.
* Dr. Miner feels that this still exempt due to the information and facilitating services in areas. Unless locals would like to add clinical services, Dr. Miner maintains this grant as exempt.
* Utah county Weber Morgan health departments expressed interest but did not respond to RFP’s due to a misunderstanding of what medical case management is and standards of care.
* Lloyd Berentzen would like to see access to services be made more convenient.
* Due to the Salt Lake County health department holding a contract to provide service, that contract would make the status non-exempt.
* Lloyd Berentzen seconds motion to change status to non-exempt.
* All agreed. Motion carries.
* Lloyd Berentzen moves to approve grant as presented.
* Tyler Fisher will provide a breakdown of the location of clients receiving services to Governance.
* Paul seconds to approve grant as presented.

**Motion to change status to non-exempt - 1st:** Paul Patrick  **2nd:** Lloyd Berentzen

**Motion to approve grant as presented - 1st:** Lloyd Berentzen  **2nd:** Paul Patrick

**Vote Yes:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Combs

**Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program -** Kaliynn Filion

* Year 2 of a 5-year grant cycle with reapplication every year for continuation.
* This grant was previously presented to Governance in April and brought back for budget review.
* Additional funding was requested at initial presentation to Governance to account for increase in salary at local health departments.
* Upon receiving the notice of award last month, level funding was awarded with no additional funds.
* The concern is that state employees received a 2% raise mandated by the Governor and the local health departments were not.
* To address this, the budget was reviewed, and funds were reallocated to give each local health department a modest increase.
* There are suggestions to negotiate within the budget to reallocate the funds to support staffing and meet the requirements of the Grant.
* Provisions and budget descriptions were sent out to all local health departments.
* Weber Morgan withdrew from the grant making funding payable out of the local health departments.
	+ Weber Morgan stated that they wanted to refocus efforts on the breast and cervical program.
	+ The funding that was allocated to Weber Morgan is now being reallocated based on requests and willingness to provide addition services.
* This is a cost reimbursement contract with the cost based on number of clients.
* Per the previous Governance presentation, it was agreed that for every person served, there would be a $200 pot of money available to bill against for staffing.
	+ An increase was not considered in the cost reimbursement to cover this.
* Health Officers are asked to relay information about services that can be done with the funding available.
* A reduction in the number of women served can be implemented if need be.
* The budget for support tools and supplies have been reduced to free up money in that area to increase salaries without reducing the funding to local health departments.
* The billable amount remains the same.
* Funding was $7,000 which will serve $200 per woman for 35 women. Staff is paid out of that $200.
* 7 of the 13 local health departments are currently participating:
	+ Bear River, Salt Lake, South East, Tooele, Tri County, Utah County, and Wasatch County.
* The $200 is the amount negotiated with Governance in 2018 and is not a CDC decision.
* Staff reports that it is difficult to accomplish and report in the given amount of time per client.
* The $200 amount may be negotiated within the grant period for next year’s application.
* WISEWOMAN is not intended to pay for screening services, it is intended to pay for the health behavior support services.
* A normal health coaching session is on average of about 30mins.
* Higher risk women require 3-5 sessions per year.
	+ 60% get at least 3 sessions.
	+ For example, funding will pay up to 24 sessions of Weight Watchers for a client.
	+ Weight Watchers coach will issue a voucher for sessions. This does not come out of the $200.
* This was originally a fee for service contract and the structure was changed to a cost reimbursement contract at the request of local health officers 2-3 years ago.
* The same amount of money is received, but in a different way.
* A rate change will be discussed by Governance in February or March 2020.
* Each health department is receiving a compliance report which acts as an update that shows what is being accomplished and completing tasks required by the grant.
* The funding breakdown has not changed from the last presentation to Governance.

**No vote needed.**

**Other Agenda Items:**

* **CHEC/EPSDT Contracts - Emma Chacon**
	+ CHEC - Child Health Evaluation and Care
		- CHEC may be dropped for consistency as CHEC is a Utah term and not used federally.
	+ EPSDT - Early Periodic Screening, Diagnosis, and Treatment.
	+ Brought to Governance because of concern about payment on the CHEC contracts.
	+ In terms of distribution between the professional services and administration services, some of the health departments are only doing administration right now.
	+ If you are logged in as Administrative, it is the 50/50 match.
	+ If you are logged in as Professional, it is the 75/25 match.
	+ Eric Grant constructed a free access data base that staff are using to log in 15-minute intervals when they are conducting professional related work.
	+ The original offer was to distribute a tool that staff are required to keep accounting and activities separate from their time sheets and then reconciled the two bi-weekly.
	+ CMS is serious about this tool and have already deferred about .5million dollars over this issue.
	+ Activity must be logged every 15 minutes.
	+ The reimbursement issue in Utah County is that the reports are being filled out as completely Professional time. No Administrative time is noted.
		- This will not be accepted by CMS in an audit.
	+ Modifying reports has been communicated but there has been no response resulting in payments being placed on hold.
	+ Local health departments have funding in both Professional and Administrative. Adjustments may be made from one to the other.
	+ Reports must be as accurate as possible in order to ensure payment.
	+ Past reports may be modified to reflect the actual breakout as much as possible.
	+ CMS will not accept that staff are spending 100% of their time at the Professional level.
		- Professional services are the use of clinical expertise in some way.
	+ It is unknown if all 13 health departments are participating in the CHEC program.
	+ 15-minute logging will continue until CMS notifies a new approved methodology.
	+ A meeting with nursing directors and business managers to discuss Skilled Medical Professional versus Administration logging in order to ensure reports are filled out correctly and payments are taken off hold.
		- Jill Parker will coordinate this meeting.
	+ A discussion/meeting will be planned about possibly combining the Education, CHEC/EPSDT, and TCM (targeted case management) contracts.
	+ If anyone is having an issue with reimbursements, contact Rex Olsen and/or Carrie Aguiar.
	+ Another area where enhanced funding is available is in the claims processing area.
		- CMS sent a letter asking for information about the claims processing area to validate that they are able to get the 75% enhanced funding.
	+ The issues is not getting the contracts out, the issue is payment for the contracts due to incomplete reporting.
* **MICHVE funding updates will be added onto the next Governance agenda.**
* **Jill has also requested an update on silver and cost sharing.**

**Next Meeting - November 4, 2019 - 11:30am - Room 401**

**Motion to Adjourn**

**Motion 1st:** Jeff Combs  **2nd:** Dr. Joseph Miner

**Voting Members:** Dr. Joseph Miner, Heather Borski, Paul Patrick, Gary Edwards for Ralph Clegg, Lloyd Berentzen, Jeff Combs