



Executive Committee Meeting

January 12, 2015

CHOICES

1726 Poplar Avenue

4:00 PM

Attendance	Committee Members	Attendance	Committee Members
P	Paul Eknes-Tucker*	P	Joseph Mitchell
P	Chris Mathews*	P	Cedric Robinson
P	Shearlean Dowell	P	Robert Wilkins
P	Denford Galloway**	P	Melissa Wright

**Denotes Co-Chair*

***Secretary*

A=Absent

P=Present

Others Present: Nycole Alston, Jennifer Pepper, Johnathan Russell, Fatimah Stout, Jamar Horton, Mardreque Harris

I. Call to Order

Committee Co-Chairs

Paul Eknes-Tucker called the meeting to order at 4:00 PM.

II. Statement of Confidentiality/Conflict of Interest

Paul read the Statement of Confidentiality and Conflict of Interest policy. No committee members had any new conflicts of interest to disclose.

III. Welcome/ Introductions/ Moment of Silence and Remembrance

Paul welcomed everyone to the meeting and a moment of silence and remembrance was observed.

IV. Roll Call

Denford Galloway called roll and a quorum was present to conduct business.

V. Approval of Agenda

The agenda was approved by common consent.

VI. Approval of Minutes of December 8th

The minutes were approved by common consent.

VII. Grantee and Lead Agent Report

Jennifer Pepper, Program & Quality Manager

Jennifer Pepper, Program & Quality Manager, gave a brief overview of the Grantee report.

A. FY15 Reallocations (attached)

- The Grantee has seen patterns of underspending in the last two years and would like to go ahead and make reallocations to prevent this in the upcoming year.
- There will be reallocation requests beginning at the end of the first quarter of next year.
- The Grantee is working to get some projections from providers and there will be more detail on this at the next H-CAP meeting.
- Included in the meeting packet is the beginning of the Grantee Report and 2015 Allocation table.

- The table indicates:
 - a. The first two blue columns are the allocations as they currently stand.
 - b. The purple columns tell what the percentages mean in terms of dollars based on an assumption of flat funding.
 - c. The green columns are the allocations the Grantee are asking the committee to consider.
 - d. The orange columns show what allocations mean in terms of dollars.
- Attached is a Reallocation Request Narrative prepared by Jennifer on January 12, 2015, breaking down the percentages as far as increases and decreases, and a list of considerations the Grantee made in submitting the recommendations.
- The Grantee is asking for the Executive committee to review the narrative; once reviewed it can be presented at the H-CAP meeting for approval.
- One of the larger reductions the Grantee office is asking for allocations in Outpatient Services category for both in MAI and Part A.
- Some of the projections for this grant year include:
 - ✓ \$185,000 for equipment purchases (one time purchases that will not reoccur).
 - ✓ Change from unit costs to FTEs at largest providers and may be adding a provider in Southeast Shelby County.
- Overall the Grantee is asking for \$91,809 in allocations above this year projected expenses.
- In Medical Case Management in Part A the Grantee is asking for an overall decrease of \$5,409.
- The Grantee is asking to redirect some of those funds to the Health Insurance and Premium Cost Sharing Category.
 - ✓ The Grantee is closely working with the four northern counties in Mississippi because they do not have access to insurance assistance.
 - ✓ The vendor for that service this year is Friends For Life and they have sent their Medical Case Manager down due to open enrollment period.
 - ✓ The goal is 50 enrollees by the end of open enrollment period.
 - ✓ The Grantee has estimated based on looking at the plan available in Mississippi (co-pays, premiums) a cost of 10,000 per client.
 - ✓ In this category there need to be at least \$300,000-\$500,000 in that category based on that estimate to cover cost in the next grant year.
 - ✓ The Grantee is asking to put a total of \$321,000 in this category.
- In EIS, the Grantee is asking to decrease this category by \$81,000. EIS is funded by both Part A and MAI.
- The Grantee is asking for a decrease in Oral Health Care by \$40,567.
- There is a potential of \$250,000 in carry-over in Oral Health Care category. The Grantee has submitted a request on December 31st to carry over to HRSA.
- In Medical Nutrition Therapy the Grantee is asking for an increase of \$32,454 due to a staff vacancy. The vacancy has been filled at a higher salary rate.
- Local ADAP, this year the Grantee is expecting to expend 102% of allocations.
- There are no changes being asked in Mental Health or Substance Abuse recommendations under Part A.
- For Core Services under Part A, currently there is 91% of the funding at hand.
- Based on the proposed reallocations will lower this percentage to 87.9% which is an overall decrease of 167,000.
- In Food Bank the Grantee is asking for a decrease, although there has been an increase of

\$54,652 in Part A.

- In Medical Transportation the Grantee is asking for a decrease of \$32,454.
- In EFA, asking for a decrease but overall considering Part A and MAI it is still \$17,000 above expenditures.
- Outreach Services is about continuing support for special projects that the Grantee funded this year.

B. 2015 Report Due Date (attached)

- Jennifer and Nycole Alston, Planning Group Manager, wanted to get all due dates out a week prior to each meeting so therefore an outline was designed as to what will be presented at each meeting.
- The changes that are presented are service utilization and expenditure data which will be presented on a quarterly basis as to oppose to a monthly basis.
- With reallocations, the expenditure data will be presented as well if any for that particular month.
- Also other changes to the H-CAP Report Due Dates are the Grantee will provide prevention expenditures and service utilization report at the Priorities and Comprehensive Planning committee meetings.
- This will be given on a quarterly basis however, if there are any reallocation recommendations they will come to the Priorities and Comprehensive Planning committee first, as well as any unobligated funds.
- Denford Galloway moved to approve the H-CAP Report Due Dates. Shearlean Dowell seconded the motion. The motion carried.

VIII. Planning Group Report

Nycole Alston, Planning Group Manager

Nycole Alston, gave an overview of the Planning Group Report.

A. Committee Assignment (attached)

- The H-CAP committee currently has nine new members.
- Nycole presented a new roster with an overview of current members as well as new members.
- Each committee must be reflected such as H-CAP having 33% consumer representation unaligned consumer representation.
- Elgin Prachett and Dominique Banks have been added to the Community Partnership committee.
- Elise McNutt, Henry Jay Johnson, Brandon Williams, and Lee Goins have been added to the Evaluation & Assessment committee.
- Michael LaBonte, Rosalyn McGhee, and Derrick Newby have been added to the Priorities & Comprehensive Planning committee.
- Paul Eknes-Tucker suggested moving to the Priorities & Comprehensive from Community Partnership committee.
- Christopher Mathews made the suggestion of asking other members if they wouldn't mind switching to other committees.
- Nycole stated she will allow the Co-Chairs to ask committee members if they would like to join a new committee.
- Jennifer asked if the merge of the two committees (H-CAP and Prevention Planning committee) is successful, how many Prevention committee members who are already apart of the H-CAP committee need to be assigned to a standing committee. Nycole stated only Joseph Mitchell and Cedric Robinson. Rachel Brooks, Edward Wiley, and Jimmie Samuels who are TCPG representatives are already assigned to a standing committee. Jennifer also asked will it be beneficial to go ahead and assign Joseph and Cedric to a committee. Nycole stated it is up to the Co-Chairs to assign them to a standing committee.
- Rosalyn McGhee, Henry Johnson, and Lee Goins stated they will be able to attend their assigned committee meeting this week.

- Nycole will contact the new members as to what committee they are assigned to.
- B. 2015 H-CAP Meeting Calendar (attached)**
 - Nycole mentioned the 2015 H-CAP meeting calendar included in the meeting packet.
- C. Care and Prevention Integration Ad-Hoc**
 - The Ad-Hoc committee met on December 15th at Community Foundation.
 - Nycole presented the committee an overview of what is required from HRSA for Care and what is required from the CDC for Prevention.
 - Nycole spoke with Dana and Melissa from the State of Tennessee pertaining to how the Prevention committee and H-CAP committee can integrate.
 - The committee felt no changes should be made until they have the community voice meaning those that are not a part of the H-CAP group or Prevention.
 - The Ad-Hoc committee stated the Prevention committee is the only committee that consumers feel they can come and voice their opinions.
 - The committee felt H-CAP is too structured.
 - Nycole spoke with Kenneth Lewis, Provider Services Coordinator, and they felt the Consumer Input Meeting will be a great way to allow consumers to speak and give input.
 - It was suggested that if Prevention goes away there need to be a standard meeting so consumers can come and talk to the Grantee openly at least every month.
 - Chris Mathews stated he does not oppose to this especially if the Grantee can seek out high risk heterosexuals.
 - Jennifer stated the Grantee is flexible to designing any type of mechanism the consumers feel they need.
 - Denford Galloway added the consumers do not feel they are a part of the H-CAP committee. The consumers feel lost when they are at H-CAP meetings because they do not understand the terminology and the gist of what is going on. He also stated the consumers would like pre-meetings to understand information prior to the meetings.
 - Joseph Mitchell added Prevention is the meeting the consumers feel they are heard, they are somebody, and their opinions are considered.
 - Many of the consumers felt the time of the meetings were surrounded around the Providers instead of the consumers. Many of the consumers feel the U-Shape makes them feel unwelcome at the meeting by sitting in the back.
 - Nycole stated many things will not change such as being appointed by the mayor, but the logistics of how the room is set up can be changed and the time of the meetings can be changed.
 - Transportation reimbursement also was an issue that was brought up at the Ad-Hoc committee meeting and it is something that can be considered.
 - Melissa Wright asked has the consumers been approached about being a part of the H-CAP committee.
 - The Ad-Hoc committee was charged with looking at logistically how they plan to fix the problems of the H-CAP and Prevention committee to become one.
 - Nycole will wait until after the next Consumer Input meeting to schedule an Ad-Hoc committee meeting.
 - Nycole will be in contact with the Ad-Hoc committee to schedule a meeting and she will make sure it is before the Executive meeting.
 - Jennifer asked has there been any outreach to other Planning Groups to see how they address consumer input.
 - Nycole has researched other Planning Groups and she will share the information.
 - Nycole asked the Executive committee if they had any structural changes they would like to see at the next upcoming H-CAP meeting as far as the logistics of the room, the lay-out, etc.
 - Chris asked would it be better to ask the consumers what type of set-up they feel would make them feel inviting to the H-CAP meetings.
 - It was suggested to add rows, place the chairs in a large circle, etc.
 - Jennifer suggested not making any changes until the consumer input meeting.
 - Nycole will have a report for the Executive committee after the Consumer Input meeting and the Ad-Hoc committee.

D. Reallocation Policy (attached)

- During the HRSA site visit they mentioned there need to be a policy in place in which the Grantee can make funding decisions independent of the Planning group.
- The Grantee does have authority to reallocate funding within a category independent of the Planning Group in order to provide necessary service to a client.
- The Grantee is asking to reallocate funds across service categories.
- The Grantee will have the authority to reallocate funds across service categories independent of the Planning Group by no more than 10% of its original allocation of the current grant year.
- Any reallocation of funds across service categories, that exceed 10% of either service categories' original allocation amount, must be approved by the HIV-Care and Prevention Group.
- Any unbidded funds not granted from the request for proposal (RFP) process of the grant cycle or any unobligated funds will require review by the Priorities and Comprehensive Planning committee to determine what amounts of funding will be allocated to service categories.
- Jennifer suggested adding a timeline to the obligated funding.
- Johnathan Russell, Budget Coordinator, suggested having it obligated by the end of the first quarter. He also stated to the committee to begin looking at a wish list.
- It was suggested in the section (Allocation of unobligated/unbidded funds) to add the verbiage **at the end of the first quarter by the Priorities and Comprehensive Planning committee.**
- Jennifer suggested taking out unbid and adding unobligated.
- Chris Mathews asked if the committee could look at a template or a sample for a wish list.
- Johnathan stated he could have this by next month meeting.
- Nycole asked when speaking of wish list, is this in reference of the Grantee's services.
- Johnathan stated categories of services that are under spent.
- Joseph Mitchell moved to accept the amended motion with the addition of adding the first quarter and changing unbidded to unobligated. Christopher Mathews seconded the motion. The motion carried.

E. New Member Orientation: Jan 23rd

- The rescheduled date for the new member orientation is 23rd at the Junior League of Memphis (3475 Central Avenue). All the new members have been informed with the exception of one individual not being able to attend.

F. H-CAP Retreat: Feb 27th tentative

- The Community Partnership committee has approved the location for the H-CAP Retreat which will be held at the Civil Rights Museum, February 27th from 8-4PM. The Grantee is still searching for a facilitator. Nycole has a project call with HRSA on Friday, which she will inquire about TA from a HRSA representative. If any Co-Chairs would like to join in on the call please feel free to.

IX. Committee Summary Report

Committee Co-Chairs

A. Priorities and Comprehensive Committee

- The Priorities and Comprehensive Committee did meet in December. There was no quorum. The Committee will review the Needs Assessment online.

B. Evaluation and Assessment Committee

- The Evaluation and Assessment Committee will meet this Wednesday.
- The committee is looking at the EFA and the Food Bank Standard of Care.
- Melissa Wright, Committee Co-Chair went to all to the committee meetings to present the findings.
- Food Bank Standards of Care had a lot of suggestions that she is taking back to her committee on Thursday.
- One of the main issues of the Food Bank Standards of Care is all undocumented clients are eligible because of concerns of the food stamp letter.

- Paul Tucker-Eknes made a suggestion in reference to 101-200%. If a client isn't eligible they are 100 below and he wanted it to be consistent 101-200 or either 100-200.
- There were concerns with the EFA Standards of Care such as:
 - ✓ Making sure the Standards state that eyeglasses are related to HIV and it doesn't state that in the Standards of Care wording.
 - ✓ The emergency dollars need to be in the client's name. If there is a minor who has HIV in the household then the exception will be the guardian that is taking care of the minor.
 - ✓ Educate the consumers on the Standards of Care to make sure they clearly understand the significance of the extra \$500.00
 - ✓ Paying for a client's mortgage on a one time basis.
 - ✓ There was a suggestion to increase the \$500.00 to \$700.00
- Jennifer stated HRSA cannot pay for mortgage but can pay for rent.
- Melissa's goal during her committee meeting is to come to an agreement and present this to the H-CAP meeting so the Standards can be in place by March 1st.
- Chris charged the Grantee to look at the EFA providers and come up with practices and trainings so all providers are doing the same thing across the board.

C. Community Partnership Committee

- The Community Partnership Committee met on January 8th at the Church Health Center. The next meeting is February 12th.

D. Prevention Planning Committee

- The Prevention Planning Committee met on January 15th at 12PM at the Central Library. The next meeting is March; the date will be sent via email.

X. New Business

Committee Co-Chairs

- a. Agenda items December H-CAP meeting
- Reallocation FY15
 - Reallocation policy
 - Update on the Standards of Care

XI. Other Business/Public Comment

Committee Co-Chairs

Joseph Mitchell introduced the Haven (Friends For Life) two new Outreach Specialist Jamar Horton and Mardrequis Harris.

XII. Announcements

Committee Co-Chairs

No new announcements.

XIII. Adjournment

Committee Co-Chairs

The meeting adjourned at 5:27 PM.

Next Meeting: February 9, 2015 at 4PM (CHOICES, 1726 Poplar Avenue).



 Paul Eknes-Tucker, Committee Co-Chair

2/10/15-

 Date Approved

 Chris Mathews, Committee Co-Chair

 Date Approved

 Nycole Alston, Planning Group Manager

 Date

Reallocation

“Reallocation is the process of moving program funds across service categories after the initial allocations are made. This may occur right after grant award, since the award is usually higher or lower than the amount requested in the application, and during the program year, when funds are underspent in some service categories and additional needs exist in other service categories. The planning council must approve such reallocations.”

Source: <http://hab.hrsa.gov/manageyourgrant/files/happartamanual2013.pdf> (page 192)

HRSA Guidelines Concerning the Reallocation of Funds

“Data provided by the grantee can help planning councils evaluate the expenditure patterns of the EMATGA as a whole as well as service categories. If money is not being spent in an efficient manner, planning councils can know early on and reallocate funds to another service category.

Grantees may redirect funds within a service category without planning council approval, but require such approval for reallocation across service categories. Any redistribution of funds by the grantee that is not consistent may lead to a grievance by the planning council. The planning council must be informed of the changes to service priority allocations that result from any redistribution of program funds by the grantee. As with the initial disbursement of funds, the outcome of any redistribution must be consistent with the priorities and resource allocations of the planning council. Any redistribution of funds by the grantee that is not consistent may lead to a grievance by the planning council”.

Source: <http://hab.hrsa.gov/manageyourgrant/files/happartamanual2013.pdf> (page 107)

Reallocation of Funds within Service Categories

The grantee will have the authority to reallocate funds within service categories independent of the Planning Group in order to provide necessary services to clients.

Reallocation of Funds across Service Categories

If the funds allocated in a service category cannot be used in the same service category within the TGA, they will be considered for reallocation to another service category by the Priorities & Comprehensive Planning committee. The committee will conduct a review of service utilization data and trends, expenditure data, and recommendations from other Planning Group committees and the Grantee, regardless of amount.

Need for reallocations across service categories may be supported by written documentation of the following:

- Client service utilization, highlighting findings by service category, number of unduplicated clients, their characteristics, number of units of services provided, or trending data on previous years funding;
- Impact of additional funds on service provision, such as wait lists, patient care, and/or meeting emergent needs; and/or

- Funding from other sources that may impact clients, service utilization and/or delivery;
- Projected outcomes on the number of clients served and/or the number of service units or performance measure outcomes to be affected by a change in funding.

Rapid Reallocation Process

Under the 2009 Ryan White legislation, the TGA will lose future funding if it does not spend at least 95% of its formula grant. To avoid this penalty, during the last 90 days of the current grant year, the Grantee will have the authority to reallocate funds across service categories independent of the Planning Group. The Priorities Committee will be notified within 7 days of any changes executed by the Grantee, and all such changes will be reported to the HIV Care and Prevention Group at the meeting subsequent to such changes being made. ADAP will be included as a category for reallocation after other service categories have been considered for reallocation.

Source: <http://hab.hrsa.gov/manageyourgrant/files/happartamanual2013.pdf> (page 220).

FY15 Service Priority	SERVICE CATEGORY	Proposed Part A FY15 Allocations	Proposed MAI FY15 Allocations	Part A Total Funding 03/01/15 - 02/28/16	MAI Total Funding 03/01/15 - 02/28/16
1	Outpatient/Ambulatory Health Services	39.00%	2.00%	\$2,109,498.00	\$11,957.00
3	AIDS Drug Assistance Program	0.00%	0.00%	\$0.00	\$0.00
2	Medical Case Management (include treatment adherence)	21.30%	0.00%	\$1,152,111.00	\$0.00
6	Health Insurance Premium and Cost Sharing Assistance	5.95%	12.50%	\$321,834.00	\$74,730.00
4	Early Intervention Services	1.00%	60.50%	\$54,090.00	\$361,695.00
5	Oral Health Care	15.25%	0.00%	\$824,868.00	\$0.00
11	Medical Nutrition Therapy	1.60%	0.00%	\$86,544.00	\$0.00
8	AIDS Pharmaceutical Assistance (local)	1.30%	0.00%	\$70,317.00	\$0.00
7	Mental Health Services	2.00%	0.00%	\$108,179.00	\$0.00
12	Substance Abuse Services - outpatient	0.50%	0.00%	\$27,045.00	\$0.00
21	Home and Community-based Health Services	0.00%	0.00%	\$0.00	\$0.00
22	Home Health Care	0.00%	0.00%	\$0.00	\$0.00
23	Hospice Services	0.00%	0.00%	\$0.00	\$0.00
	Core Services Subtotal	87.90%	75.00%	\$4,754,486.00	\$448,382.00
9	Food Bank/Home Delivered Meals/Food Pantry	3.50%	0.00%	\$189,314.00	\$0.00
15	Psychosocial Support Services	3.20%	0.00%	\$173,087.00	\$0.00
16	Case Management (Non-medical)	0.00%	0.00%	\$0.00	\$0.00
14	Medical Transportation Services	0.60%	0.00%	\$32,454.00	\$0.00
13	Emergency Financial Assistance (utilities and eyeglasses)	2.75%	0.00%	\$148,747.00	\$0.00
10	Housing Services	0.70%	0.00%	\$37,863.00	\$0.00
26	Linguistic Services	0.00%	0.00%	\$0.00	\$0.00
24	Child Care Services	0.00%	0.00%	\$0.00	\$0.00
29	Respite Care	0.00%	0.00%	\$0.00	\$0.00
28	Legal Services	0.00%	0.00%	\$0.00	\$0.00
17	Outreach Services	1.35%	25.00%	\$73,021.00	\$149,461.00
18	Health Education/Risk Reduction	0.00%	0.00%	\$0.00	\$0.00
19	Treatment Adherence Counseling	0.00%	0.00%	\$0.00	\$0.00
27	Rehabilitation Services	0.00%	0.00%	\$0.00	\$0.00
20	Substance Abuse Services - residential	0.00%	0.00%	\$0.00	\$0.00
25	Referral for Health Care/Supportive Services	0.00%	0.00%	\$0.00	\$0.00
	Support Services Subtotal	12.10%	25.00%	\$654,486.00	\$149,461.00
	GRAND TOTALS	100.00%	100.00%	\$5,408,972.00	\$597,843.00