

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Clinton Droster, Julie Patterson – Co-Chairs

Strategy and Finance Committee Minutes

Wednesday, March 6, 2024

1: 00 pm to 2:30 pm

Start: 1:07 pm **End:** 2:31 pm

Facilitator: C. Droster

Moment of Silence Welcome and Introductions

Approval of Agenda: March 6, 2024

Addendum:

Motion: F. Ross	Seconded: J. Patterson	
Vote: In Favor: All	Opposed: 0	Abstained: 0

Approval of the Minutes: February 7, 2024 Addendum:

Motion: J. Patterson	Seconded: F. Ross	
Vote: In Favor: 7	Opposed: 0	Abstained: 1- C. Droster

<u>Recipient Report – March 2024 - Fiscal Report Review – M. Baker</u> RYAN WHITE PART A PROGRAM - CLEVELAND TGA YTD EXPENSES BY SERVICE CATEGORY

Priority	Category	Total	YTD	YTD Spending	Unduplicated
Ranking		Awarded	Spending %	Total	-
	Core Services Total	\$3,545.646.00		\$2,920,839.41	
5	Outpatient/Ambulatory Health Services	\$1,259,597.00	84.33%	1,062,244.21	2282
6	Medical Case Management	\$1,221,912.00	85.11%	1,039,917.33	935
1	Oral Health Care	\$302,252.00	73.32%	222,336.78	285
11	Mental Health Services	\$280,500.00	82.82%	232,315.77	724
14	Medical Nutrition Therapy	\$79,993.00	79.58%	63,659.02	168
8	Early Intervention Services	\$334,310.00	70.08%	234,284.30	397
12	Home Health Care Services	\$11,896.00	98.49%	11,716.82	31
13	Home/Community Based Health Care	\$54,186.00	100.33%	54,365.18	28
	Support Services Total	\$848,090.00		\$778,038.0 1	
3	Medical Transportation	\$110,170.00	90.42%	99,610.24	1212
15	Emergency Financial Assistance	\$5,200.00	34.91%	1,815.51	5
7	Non-Medical Case Management Services	\$345,620.00	89.12%	308,005.89	1330
9	Psychosocial Support	\$54,000.00	90.44%	48,838.67	90
16	Food Bank/Home Delivered Meals	\$88,100.00	94.32%	83,091.52	408
4	Other Professional Services	\$245,000.00	96.60%	236,676.18	149
	All Totals	\$4,393,736.00	84.19%	\$3,698,877.42	3148

OVERUTILIZED ON TARGET UNDERUTILIZED

Fiscal Report Review – M. Baker

This is an indication of where we are at this point, which is closely at 84% expenditures for the grant. There are several things in green, and some that have moved to red, as those items in red indicates



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funds are mostly being spent for the grant period. By Full PC, we will have a different way to display tis report, so as to be clearer and less overwhelming.

*Question: J. Patterson - When going over 100%, does this mean money will be moved around later? *Response: M. Baker – It will likely be the case when we are at last few months of the grant year, to make sure things are in place before carryover. Also, looking at the summary with nearly 84% of the budget utilized, the target for this timeframe is 91%. Trends show higher utilization in Other Professional Services, Psychosocial Support, Foodbank/Home Delivered Meals, and Non-Medical Case Management. They also show we are hovering around the basic needs in our TGA, and that those in care are utilizing RW services well.

*Question: J. Patterson - What is referred by high-utilized?

***Response:** M. Baker – High-utilized refers to those things that move swiftly at the end of the grant period, as it relates to over, under, and on target usage. This is not about CAREWare data, just what is presented at the time.

*Comment: C. Droster – Also, EFA (Emergency Financial Assistance) should even out by end of year.

New/Old Business

Client Utilization Data: Part A and Part B

This data request, pulled on March 4th, looks at the past year on individuals who utilize Part B services within the Ohio Ryan White Cuyahoga TGA and the reporting date is for February 1, 2023 to January 3, 2024.

Ohio Ryan White Part B / ADAP Data Analysis

Cleveland Part A TGA

February 1, 2023 – January 31, 2024 – as of 3/4/2024

Table 1. No. of Clients Per County	Table 2 No. of Clients Per Program
Ashtabula - 29	Medical Case Management - 271
Cuyahoga - 1198	Non-Medical Case Management - 146
Geauga - 10	Part A / Access Point Care - 270
Lake – 72	
Lorain – 128	
Medina - 22	
The number of distinct clients with an application	The number of distinct clients per Part B
during the requested report dates per county.	program enrollment during the requested report dates within Cleveland TGA counties.

Table 3. Utilization of Services, PPL Disbursements

Service	No. of Clients	Total Dollars	Avg. Cost Per Client
HIPP (Health Insurance Premium Program)	462	\$1,270,743.00	\$2,750.53
Mental Health	1	\$2,823.00	\$2,823.00
OAHS (Outpatient Ambulatory Health Services)	5	\$632.00	\$126.40
Oral Health	4	\$1,793.00	\$448.25

The number of distinct clients that received a service during the requested report dates by service category, including the total dollars spent and average cost per client per service category. Mental Health, Oral Health, and OAHS are full payments. Co-payments for these categories are included in the HIPP service category.



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Table 4. Othization of ADAP/OTDAP (Office Drug Assistance Program) Services, CVS Dispenses									
Service	Service No. of ADAP Clients		Avg. Cost Per ADAP Client						
ADAP Co-Pay	625	\$1,573.913.68	\$6,700.87						
ADAP Formulary	138	\$486,483.59	\$10,513.21						

Table 4. Utilization of ADAP/OHDAP (Ohio Drug Assistance Program) Services, CVS Dispenses

The number of distinct ADAP clients who received an ADAP service during the requested report dates, including the total amount spent and the average cost per client per service.

Brief Summary of Part B Housing Guidelines

Housing

EFA Housing services provide transitional, short-term, or emergency housing assistance to maintain a client in current housing, prevent eviction, or help transition to housing that is more suitable for client needs; therefore, the approval must be accompanied by a housing strategy plan that addresses transitioning to stable housing. Short-term temporary housing and emergency rental assistance will be transitional in nature.

- Temporary emergency hotel or motel stays are capped at sixty (60) nights in a Ryan White year.
- A payment for up to 93 months' rent cannot exceed \$1,500 per month I a Ryan White year per client household.
- Moving fees (capped at \$2,000 per RW year).
- Other necessary housing services (such as housing application fee) are capped at \$500 per instance of EFA.

No funds may be used for any expenses associated with the ownership. Additionally, housing funds may not pay for taxes, rental deposits, mortgage payments, recreational vehicles, or any item that would increase the property value of the home (hot water heater, centralized heating and air conditioner, roof, vinyl siding, renovations).

<u>Summary</u>

We are waiting on improvements and changes to our enrollments, so we're able to capture all of our enrollments, but for now, these are the current enrollments that were able to review. The majority of Part B individuals were in medical case management or were getting enrolled into OHDAP from the Part A access point of care, which is shown by service category on the total dollar amount as well as the average cost per client per service category. We currently have help through HIPP (Health Insurance Premium Program) for Mental Health, Outpatient, Ambulatory Health, and Oral Health services. Last, most clients within the Part A region showed HIPP and PPL payments documented using RWAD (Ryan White Application Database), as HRSA's Part B rules differ from Part A rules, in which not all can clients are eligible to enrolled in the Part B database.

*Question: J. McMinn – Does the new food service starts April 1st?

*Response: K. Ruiz – Yes.

*Comment/Question: J. Patterson - With different versions of EFA, it is important to roll info out to all, not just to providers, but also Part A, Part B, PC, and wider communities, as many say they don't access them because of not being aware they exist. Also, for EIS, are you paying for PrEP navigators?
*Response: K. Ruiz – The Bureau for HIV/STI does fund EIS, and PrEP navigators come from that. The money used is actually Part B funds, across the state. For EFA, Non-Medical Case Management focuses on referrals, whereas MCM focuses on outcomes.



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*Question: J. McMinn - Do you think Part A keeps up with Part B services?
*Response: K. Ruiz – It may be not so much needing to do this, as in waiting until it becomes important.
Also, our fee schedule is on website for review anytime.

Finalize PSRA Evaluation/Feedback Survey - Tabled

Standing Business

Determine whether there is a need for a work group meeting this month

L. J. Sylvia - If we don't need a workgroup, we can do this with chairs for now.

C. Droster – Those who want to be a part for now: Clinton, Julie, Lj, Faith, Jason, and Talib.

J. Patterson – It was thought we would wait for data first, like April or May.

M. Baker - We will have final deadline for invoices by April 12th, a little sooner than end of April.

C. Droster - In past years when we are crunched for data, we go back to the previous year for data.

J. Patterson – We could meet this year, look at data from the previous grant year at the end of March, and not look at flagging or resource allocation until an April workgroup.

C. Droster - For now, we will put off the workgroup until April.

Parking Lot – None.

Announcements

B. Gayheart -Reminder of the upcoming, in-person MRM Orientation for new, pending, and current members, set for Wednesday, March 27, 2024 at Neighborhood Connections Ctr., 1971 E. 66th St., in Cleveland's Midtown Corridor area.

Adjournment:

Motion: J. Patterson Seconded: J. McMinn

Attendance

		Jan	Feb	Mar	Apr	May	June	Aug	Sep	Oct	Nov
	S & F Members						PSRA				
1	Clinton Droster, Co-chair	20	0	20							
2	Julie Patterson, Co-chair	20	20	20							
3	Michael Deighan	20	0	0							
4	Jeannie Citerman-Kraeger	20	20	0							
5	Biffy Aguiriano	20	20	20							
6	Anthony Thomas	0	20	20							
7	Naimah O'Neal	10	10	0							
8	Jason McMinn	10	10	10							
9	Faith Ross	10	10	10							
	Total in Attendance	8	7	6							

PC Members: B. Gayheart, K. Ruiz

Attendees: T. Mahdi

Staff: M. Baker, Z. Levar, L.J. Sylvia, T. Mallory