

EXECUTIVE COMMITTEE
June 29, 2018
TELECONFERENCE CALL 3:00pm

MINUTES

MEMBERS PRESENT:

Joseph Pirone
Anthony Santella, PhD
James Tomarken, MD
Anthony Marmo
Katelin Thomas
Victoria Osk, Esq.

MEMBERS ABSENT:

Lawrence Eisenstein, MD
Nancy Duncan
Traci Shelton
James Colson
Marci Egel

STAFF

Georgette Beal
JoAnn Henn, UWLI
Nina Sculco

STAFF ABSENT

Tavora Buchman PhD

I. Welcome & Introductions

Dr. Santella called the June 29, 2018 Executive Committee conference call to order at 2:05pm and welcomed everyone.

II. Approval of May 10, 2018, Executive Committee Minutes

A motion was made by Mr. Marmo and seconded by Ms. Thomas to accept the corrected minutes in regards to attendance.

3 abstentions 0 Opposed 3 approved Motion carried

III. Approval of July 11, 2018 Planning Council Agenda

In addition to the usual agenda items, the focus of the July Planning Council meeting will be the Priority Setting and Resource Allocation (PSRA) process.

Ms. Thomas made a motion which was seconded by Mr. Pirone to accept the July 11, 2018 Planning Council agenda.

0 Abstentions 0 opposed 6 Approved. Motion carried.

IV. Administrative Update

- The HRSA Strength and Weaknesses document for the FY2018-19 grant application highlighted the strengths and cited no weaknesses which resulted in a score of 98. Feedback from the various sections will be taken into account when writing the FY19-20 grant application.
- According to HRSA guidelines, eyeglasses cannot be covered under EFA. The amount that was earmarked for eyeglasses will not be reallocated and will be used for food vouchers instead.
- A copy of the final HRSA site visit report was shared with the Executive Committee members. The EMA will have 30 days to respond once a formal corrective action

template is received. One of the recommendations was to request Technical Assistance (TA), which was done. A conference call was conducted regarding the Service Standards and how best to separate Compliance and Quality Improvement components. A universal template will be created.

Dr. Anthony Santella commented on recommendations made at the end of the HRSA Site visit regarding NSDOH monitoring UWLI. There were also some comments regarding client eligibility. This concern was in regards to the program at the Suffolk County Correction Center and verification of income for jail inmates. Ms. Beal stated that since inmates don't earn income while incarcerated and can't physical provide proof income eligibility was "assumed" for the population. These individuals would now have to complete a self-attestation that there is no income. This proof is required once a year.

The question was raised that if an individual is being held pending trial or charged with a felony or misdemeanor, are SSI or any other benefits discontinued. Ms. Victoria Osk informed the executive committee that if an individual is held pending trial, SSI benefits are discontinued immediately. If HRSA is requesting income verification, she suggested creating a simple document that can be checked *yes* or *no*.

- I expect to receive benefits _____
- I do not expect to receive benefits _____

There was a general consensus that the document need not be complicated nor especially detailed. It needs to be compliance-based with minimal wording and documentation that meets that compliance.

Another HRSA finding related to cultural competency. The majority of documents, various materials, and the Planning Council's website are in English. In order to better reach and serve the community, it is necessary to provide that information in other languages as well. The challenges are determining which dialect to use for a particular language, choosing a different domain which allows for translation on the website, and the amount of time and personnel to implement these changes.

There is a procurement policy and RFP process. The Oral Health Care RFP will be re-issued and will be incorporated with the next round of RFPs to be released in the fall. FQHC will re-submit their request. OHC funds (\$127,000) will need to be allocated elsewhere. At the present time, no pressing needs or requests have been made for additional funds. Agreeing that the decision on how best to disperse this money can be done at the executive level; a motion was made by Dr. Santella for the Executive committee to decide on the best use of the \$127,000, which was seconded by Ms. Osk. Ms. Thomas suggested asking the funded agencies if additional funds are needed.

The Grantee Grievance procedure was reviewed and needs to be updated. The recommendations for the new grievance policy are not major. It is good practice to update documents as needed. The old policy still cites Title I. Dr. Tavora Buchman, and Ms. Nina Sculco from NCDOH, together with the county's lawyers, will oversee the process as Nassau County is the Grantee (recipient). As this is not a county-based issue, the grievance policy will cover both Nassau and Suffolk County. Dr. Tomarken stated that is important to have a good internal policy for equitable process to address any issues that may be brought forward. It should be transparent and accessible, well documented as well as properly thought out.

V. PC Membership Update-

No new Planning Council applications have been received. There is still a need for unaligned consumers to raise the percentage to HRSA requirement of 33%. Outreach and recruitment efforts are ongoing. Membership currently consists of 32 members.

VI. Announcement

There were no announcements.

VII. Adjournment

Motion was made by Mr. Pirone and seconded by Ms. Thomas to adjourn the June 29, 2018 Executive Committee meeting. The next Executive Committee conference call is Tuesday, September 4, 2018 at 2pm.