Charge: Ensures the orderly and integrated and progression of work of the committees of the Ryan White Planning Council. Plans future activities.

MEMBERS PRESENT

Justin Smith
Aubrey Bragila
Emma Sinnott
Whitney Bulna

AACHPC STAFF PRESENT

Laura Still, Planner
Scott Lyles, Program Coordinator
Tabitha Taylor, Public Health Educator II

ADMINISTRATIVE AGENT STAFF PRESENT

| Brenda Mendiola | Quality Management Coordinator Administrative Agent |

OTHERS PRESENT

I.   **Call to Order:** AACHPC Chair, Justin Smith at 6:05pm

II. **Certification of Quorum:** Quorum was established and certified by Chair, Justin Smith

III. **Introductions/Announcements:** None

IV. **January 9th, 2018 Minutes: -** *Tabled*

V.   **Timeline:** Committee reviewed 2018 timeline and committee workload. Given current guidance from DSHS, SOC review likely to be finished in April/May.

VI. **Review and Discuss Standards of Care:**
     DSHS Draft: The Evaluations Quality Management Committee reviewed and discussed the DSHS draft service standards for the following service categories:
     • **Oral Health:** Comments given to DSHS are below:

#	Item	Page#	Comment (include Citation or Justification if applicable)
1.	**Dental and Medical History**	**4**	TB screening results – is this common for all dental histories?
2.	**Periodontal Screening or Examination**	**5-6**	1. Periodontal screenings: "Some forms of periodontal disease" can be removed because it is not a statement and does not offer any actual guidance. 2. Periodontal bullets then following sentence with list. It is unclear why some are bulleted and some are listed in a sentence.
3.	**Oral Health Education Standard**	**8**	1. Oral Hygiene – remove codes or indicate as examples • Include reference to ADA or other body. Do not need to define clinical guidelines practice here; just say "according to ADA," ADA in general or add additional codes to cover all parts (i.e., prosthetics). • Replace with "Oral hygiene instruction in accordance with the ADA," examples include code 'x, y, z, bullets 2, 3.' • Question using coding without knowing the codes are inclusive; otherwise say the codes are examples. 2. Pediatric sentence should be removed because it is included in Universal Standards
4.	**Oral Health Education Standard**	**8**	Daily use of over-the-counter fluorides to prevent or reduce cavities. Recommend change: "Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to patient. If deemed inappropriate, reason is stated." Reasoning:

			1. Edentulous patients have no need for fluoride.
			2. All patients are not at high caries risk and fluoride may be contraindicated for some.
5	**Oral Health Education Standard**	**8**	Daily brushing and flossing to remove plaque.
			Recommend change: "Daily brushing, flossing (or other interproximal cleaning) and/or prosthetic care to remove plaque."
			Reasoning:
			1. Floss is ineffective between teeth with larger spaces.
			2. Caring for dental prosthetics (dentures) should be a part oral hygiene instruction.

- **Medical Transportation-** Comments given to DSHS are below:

#	Item	Page#	Comment (include Citation or Justification if applicable)
1.	**Client Education Regarding Services Available and Limitations**	**6-7**	1. Could use further clarification: "Transport service hours should mirror" this part looks like what a client is using 2. 2nd bullet "must allow" is confusing. Must allow clients to confirm transportation to services? 3. Clients must confirm at least 48 hours in advance, transport providers must provide if appointment was made at least 48 hours in advance 4. Follow up 48 hours in advance is not enough time for the provider to ensure transportation to service, especially if on the weekend. Two (2) business days suggested as preferred wording to a random number of hours. Instead of random hours, say must have cancellation contingency policy in place.
2.	**Screening for Other Transportation Resources**	**7**	1. Clarify: "provider fare media" is confusing terminology 2. Strike: "Medicare-eligible clients" because Medicare does not provide transportation. 3. Say only "that client will be screened for other transportation resources" and strike the rest 4. Concern – puts requirements on agencies when services are stretched
3.	**Documentation of "No Shows"**	**8**	1. No-Shows – use of word "provider" is unclear 2. This section does not apply to Austin TGA. Is narrowly written for certain type of service. If there is not loss of funds, should not have to report the no shows. Not clear what is being tracked. 3. City Contract with Yellow Cab (used by several Austin Public Health divisions and units) does not include requirement to notify APH of no-shows. The taxi service doesn't charge for "no shows."
4.	**Access to Care**	**9**	"…where Medical Transportation services were required to access and retain a client in care." Needs clarification regarding type of Transportation service. This works for taxi service (the date and destination address are entered on the voucher), but not feasible for use of 31-day bus passes on specific dates.

Final vote for adoption by Planning Council
- **Mental Health-** Decided did not need further review after final vote by the full council in January
- **APA (LPAP) -**Tabled
- **Emergency Financial Assistance-**Tabled
- **Outreach –**Tabled
- **Substance Abuse Outpatient-**Tabled
- **Substance Abuse Residential-**Tabled

VII. Meeting Adjourned at 8:43 pm

NEXT SCHEDULED MEETING
TBD