Ryan White Part A Grant andCore Medical Service Expenditure Waiver
Public Input Meeting
November 14, 2017

Participant responses to 4 questions related to the Core Medical Service Expenditure Waiver included the following:

Question 1: How has Minnesota been successful in increasing access to HIV preventative and care services for people living with HIV and people at risk?

- How do you measure success and for which group? Those groups with disparities have not really been measured because providers have not been funded to reach that population
- Yes, we are successful in addressing the needs of people who most affected (white men). However, we are not so successful in addressing the needs of other groups/demographics.
- We are able to provide care to un- and under-insured, and undocumented folks
- We have had resources to try targeted programs to reach out to disproportionately affected groups (but how effective have we been?)
- There is more attention and focus/funding on disproportionately affected people (but how successful have they been?)
- In dividing into Part A and B, MDH and DHS, there has been more 'heads' or approaches on the problem
- If the same things are funded, the same results will be achieved
- Because of the Council, we can now set priorities
- Having consumers engaged in the Council and CAB's has improved success
- The longevity of providing services and medical care has improved services through experience and constant improvements
- CBO's are funded to test people and so will have better chance of identifying
- By combining prevention and health care, we have better results (2)
- MN has worked hard to make sure services are equitable between rural areas and the TGA
- Another success has been insurance access through ACA which includes coverage of preventative services
- ADAP program is successful
    - the way it is implemented
    - raising the bar on income has really helped (people would otherwise be unable to afford their meds)
    - the expanded formulary
    - the decision to cover health insurance premiums

Question 2: Are PLWH in the MSP-TGA service area able to readily access core medical services? If not what are the issues?

- PLWH are sometimes not aware of the core medical services available to them (my experience when visiting La Clinica)
- People of color LWH/A are not aware of the myriad of core medical services available to them (3) (lack of marketing)
- The barriers in terms of cultural values and diversity have increased the difficulty of access (2)
    - Core medical services aren't supported by support services (such as language issues) (2)
- Yes, from a capacity aspect we have the capacity to serve more people (2)
- Yes, people have access
    - People who have been in the system know how to access services

    - The AIDs line is helpful
- No people don't have access
    - Service delivery is diffuse and not under one roof
    - A lack of coordinated statewide system of care and buy-in from service providers and anyone else in the system (2)
    - Rural and divergent areas, people don't have as good an access (ex: doctors are not welcoming/educated on HIV)
    - Clients don't know what are the funding streams for their services; and because they don't know they are RW, they don't know what is possible
- Having social connections in the area gives people access to more information and links to services

Question 3: Ryan White services are divided into core medical and support services. What support services do you think help link PLWH to care and retain them in care?

- RW is a comprehensive ACT – all components help link PLWHA to care and retain them in care
- Housing (if homeless, will instantly fall out of care) (5)
- Food bank (everything - includes congregate dining, etc) (3)
- Emergency Financial assistance (2); food vouchers and outreach
- Psycho-social – support groups (2), peer to peer groups (in the trenches)
- Non-Medical Case Management (and specifically benefits counseling)
- To get people in care, for the majority, need the support services in order to get to the medical care and be retained (2)
- Linguistic
- Oral health care
- Referral for Health Care (AIDS line)
- Transportation
- ADAP
- Health insurance premium
- Home health care
- To get people to engage, need to include food, accurate information, real peers;

Question 4: Ryan White Funding requires that 75% of funding must be spent on core medical services. If this requirement did not exist, what support services would you like to dedicate more funding to?

- Emergency Financial Services (5) (less of the lottery/better access)
- Housing services (plenty of Section 8 going to refugees when POCLWH/A and PLWH are having difficulties finding housing) (2)
- Food Bank (2) (food and emergency go together)
- Transportation (2)
- Outreach (wider and more inclusive with Peer-to-peer)
- A live person for Referral services
- Psychosocial services
- Develop cultural competency to eliminate barriers to access, retain in care

Extra Question:
How can we ensure better coordination among providers?

- If the system doesn't change – have to get some new providers at the table; (ex: terminology and identification; changing paradigms between generations)
    - Get people a better understanding of the community to do the work and then follow-up on the referral
- Need to hire and develop staff who can reach the populations you want to reach; easily reached and connected
- Establish a center/space for providers to get to know each other better so they can refer and then hold them accountable