

MN Council for HIV/AIDS Care and Prevention Meeting
July 11, 2017
9 am-12 pm
Health Services Building, Room L15
525 Portland Ave. S., Minneapolis
Minutes

Council Members Present:	Florence Kulubya-Nabeta (phone)
Alejandro Aguilera	David Neller
Robert Andrews	Lesa Nelson (Council Co-Chair)
Lisa Behr	Gelli Overton
Tom Bichanga	Val Rubin-Rashaad
Terral Ewing	Tyrie Stanley
Robert Gillum, Jr. (phone)	Matt Toburen (phone)
Lenny Hayes	John Vener, MD
Rachel Heule	Johnnie Williams
Ejay Jack	McKinzie Woelfel (Council Co-Chair)
Stephen Jensen	
Council Members Absent:	
Loyal Brooks	Valentine Momo
Roger Ernst (Council Co-Chair)	Thuan Tran
Bielca Guevara	Gwen Velez
Community Members/Guests/Consultants:	Chryssie Jones, MDH
Colleen Bjerke, DHS	Anika Kaleewoun, Hennepin County
Teresa Jones, Community Member	Nigel Perrote, City of Minneapolis
Dennis Anderson, Community Member	Jonathan Hanft, Hennepin County
Damion Mendez, Hennepin County	DeWayne Davis, All God's Children, Metropolitan Community Church
Walter Urey, Hennepin County	Jared Shenk, MDH
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Ryann Freeman	Rachel Heule
MDH (Prevention) Representative:	MCHACP Staff:
Krissie Guerard	Carissa Weisdorf, Coordinator
	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? **Yes**

- I. **Call to Order, Reading of Guiding Principles, Introductions**
 - Lesa Nelson called the meeting to order at 9:05 a.m. and read the guiding principles. Introductions were made.
- Consideration and Approval of Proposed Agenda**
 - Lesa motioned to approve the agenda; the agenda was approved by unanimous consent.
- Consideration and Approval of June 13 Meeting Minutes**
 - Lesa motioned to approve the minutes; the minutes were approved by unanimous consent.
- II. **Co-Chair Update**
 - McKinzie informed the council that the HRSA site visit is scheduled for July 25-27 and council and committee co-chairs will be meeting with HRSA staff. Emails have already been sent out about this.
- III. **Grantee Reports**
 - **Part A Update**
Jonathan Hanft, Hennepin County
 - FY 2016 Part A Progress Report was submitted June 30.
 - EIIHA (Early Intervention of Individuals with HIV/AIDS) was one significant focus of the report.
 - FY 2016 Final Financial Report is due July 30.

- FY2017 Full Grant Award Notice:
 - There was about a 2% increase this year, which amounted to \$101,328 of additional funds that need to be allocated at today's meeting.
 - Ryan White Part A scored 98/100 on the grant application.
 - Despite the current political environment, we ended up okay for the year.
- FY2017 Core Medical Services Expenditure Waiver was granted on June 20.
 - Ryan White would like to apply again for the waiver in 2018, but will be applying in December. Will need the council to consider alternative allocations with the waiver.
- HRSA/HAB Part A site visit is scheduled for July 25-27.
 - 3 day site visit.
 - On day one, council co-chairs will be present for a welcome/introduction session and for a Ryan White overview session.
 - Also on day one, there will be a Planning Council Leadership meeting, and we would like at least one co-chair from each committee to attend.
 - A lunch with consumers will be held on July 26 and we hope all consumers are able to attend. The discussion is intended to be about Part A services, so for those individuals who access services in Twin Cities' 13 County Metro Area; consumers are encouraged to invite other interested consumers.
 - HRSA requests 6 to 10 consumers minimum attend.
 - Council co-chairs are requested to attend the exit conference on July 27.
- FY2017 4th quarter expenditure report
 - Jonathan Hanft referred to the **FY2017 4th Quarter Expenditure Report** spreadsheet for this discussion.
 - The spreadsheet shows annual allocations, expenditures by quarter, and % of allocation spent by the end of the year.
 - Jonathan noted that substance abuse services were not fully spent and suggested that the Needs Assessment and Evaluation Committee can take a look at this in the future.
 - Jonathan noted that core medical services were underspent, which was the justification for the waiver.
 - Greater MN Set Aside spent 68%.
 - Overall spending was at 98%.
 - Part B spending was at 100%.
 - Housing Services was at 63%, not 0% as shown on document; a correction will be made and the spreadsheet will be sent again to members.
 - Lesa Nelson noted that under Greater MN Set Aside, Health Education should be moved to Food Vouchers.
 - Jonathan noted the change and will update the spreadsheet.
 - Jonathan noted that 95% of grant award combined funds were spent, but carryover was underspent probably because insurance is covering more people.
 - Early intervention was also underspent. Jonathan noted that there are 2 new providers who did not get up and running until half way through the year, so it should be fully spent this year.
 - Jonathan explained that Administrative and Quality Management expenditures were lower, but this was due to staff vacancies.
 - Terral Ewing mentioned that he was concerned about people losing health insurance next year and that some of the positive trends might be reversed, especially in regards to mental health services.
 - Jonathan explained that it is currently an unknown and it depends on congressional appropriations.
 - Rachel Heule noted that at least for 2018, mental health services will still be covered. CDC cuts could be immediate, however.
 - Part B spending:
 - 100% spent

- Medical case management was underspent
 - ADAP was overspent so the difference was covered by unspent administrative funds
 - \$178,000 can be requested to carryover for 2017. The council planned to spend carryover on outpatient health services last year, but this may not make sense going forward. The council will talk more about this in September.
- Anika Kaleewoun announced that there will be a training (Leading the Change) for consumers on August 9 at The Aliveness Project.
 - Terral Ewing asked if providers are required to have a consumer advisory board.
 - Anika responded that there has to be some consumer engagement process.
 - Anika noted that there is a provider vacancy on the Minnesota HIV/AIDS Quality Management Advisory Committee and to reach out to her if interested.
 - Terral emphasized that he would love for these trainings to also take place in Greater MN.
- **Part B Update**
Rachel Heule, DHS
 - Medical case management contracts are out as of July 1.
 - There will be a Part B HRSA visit in February 2018.
 - Rachel noted that they have not yet received their 2017 grant award letter, but they hear that they will receive flat funding.
 - A listserve for ADAP providers is being planned, so contact Rachel (rachel.heule@state.mn.us) if interested.
 - Ejay Jack asked what kind of information will be disseminated via the listserve.
 - Rachel replied that they will seek provider input and announce program changes via the listserve.
 - DHS is currently redoing their public website, so send any updates to Rachel (rachel.heule@state.mn.us).
- **Prevention Update**
Krissie Guerard, MDH
 - MDH got notice for the HIV prevention and surveillance combined grant, which will be due in middle of September.
 - MDH still hasn't received their next funding installment, so they are waiting to see what will happen. Krissie believes they will receive flat funding.
 - An RFP for syringes and AIDS testing went out July 7 and is due on August 7.
 - African American AIDS Task Force, Westside, RAAN received Prevention with Positives grants.

IV. Staff Update

Carissa Weisdorf, Hennepin County

- The Membership and Training Committee has met and agreed upon a timeline and process for considering changes to Robert's Rules of Order.
 - Carissa announced that a very quick survey will be developed and distributed at the September council meeting.
 - The Membership and Training Committee meeting on October 20 will include a focus group on Robert's Rules of Robert. All council members interested in providing feedback are invited to attend.
- An acronym list is available on the [website](#), or contact council staff if you would like a copy.
- Carissa announced that the Disparities and Elimination Committee survey on council engagement is still available to take; 22 of 26 members have already taken it.
- There will be a standards of care meeting in room 110 after the council meeting today.
- HRSA site visit consumer lunch flyer will be sent out today.
 - Jeremy Stadelman will send outlook invites for the co-chair and Executive Committee meetings during the HRSA site visit.
- Carissa gave a PowerPoint presentation on the Council's **Grievance Policy and Procedures** (the PowerPoint was sent to the council after the meeting and was handed out at the meeting).

- The policy is available at Mnhivcouncil.org/grievance.html
 - The PowerPoint covered the following topics:
 - Grievance prevention
 - What can be grieved:
 - Priority setting process
 - Needs assessment
 - Comprehensive planning process
 - Allocation of funds to service categories
 - Compliance with the open nominations
 - Who can file a grievance
 - Procedure
 - Grievance Committee response
 - Mediation, which only occurs if an informal resolution was not achieved.
 - Arbitration, which is the final remedy available to find a resolution for a grievance.
- Questions:
 - Alejandro asked about who the council is turning to during mediation/arbitration cases.
 - Carissa responded that we reach out to the Center for Mediation or another outside group.
 - Jonathan noted that there have only been two grievances filed and that both were resolved in informal mediation.
 - Terral noted that 5 days is a short amount of time to file a grievance for those living with HIV/AIDS.
 - Jonathan noted that HRSA approves the grievance process and that it goes through a legal approval process.
 - There is cost involved when requesting arbitration, which is a \$100 deposit; the grievant forfeits the deposit if they lose in arbitration.
 - Terral believes that this is a barrier for many.
 - Carissa emphasized that there is no cost for the grievance committee to convene, only if arbitration is requested.
 - Gelli Overton asked if there is a way to change the rule for cost and noted that this is a huge barrier.
 - Alejandro emphasized that the cost is only associated with arbitration requests.
 - The process is set up to prevent grievances from happening.
 - Council members need to understand the difference between conflicts like interpersonal issues, and grievable issues.

V. Committee Reports (also provided in written form)

A. Executive Committee

- **Action Item:** Post Award Allocations
 - Lesa Nelson mentioned that there was not quorum in the Planning and Allocations Committee so the item was recommended to the Executive Committee, who has now passed it to council.
 - Jonathan presented the **2017 Post Award Allocations Proposal** and noted that four services were allocated to:
 - MAI- Medical Case Management
 - Emergency Financial Assistance
 - Food Bank/Home Delivered Meals
 - Health Education/Risk Reduction
 - Lesa noted that things can be readjusted if we see that spending is not going as we anticipated.

- Jonathan projected the ***FY2017 Allocation with Core Medical Services Expenditure Waiver*** table for the council to reference (emailed to council members).
 - Jonathan noted that the table tracks increases and changes in funding.
 - Terral asked if this table is for all of Minnesota.
 - Jonathan replied that it just shows Part A funding, so just the 13 County Metro Area.
 - Lisa Behr asked how far ahead of time council members will get Q1 numbers.
 - Jonathan replied that the numbers should be available after about 2 months and noted that the most important update is at 6 months.
 1. If provider hasn't spent 40% by 6 months, we can move funds.
 - a. This will probably happen in September.
- Tyrie Stanley noted that the post award allocation money is for home delivery, not food vouchers.
 - Terral noted that it is shameful that there is a lottery system for food vouchers.
- Alejandro asked why the Medical Case Management numbers were so different in the various tables.
 - Jonathan explained that the Post-Allocation Proposal table only shows Minority AIDS Initiative funding, so not all of medical case management funding is included in all tables.
- **MOTION:** McKinzie Woelfel moved that the 2017 Post Award Allocations Proposal be adopted by the Council.
 - Lesa Nelson asked if there was any debate on the motion.
 - There was no further debate.
 - Council members in attendance voted:

Name	COI?	Vote	Name	COI?	Vote
Alejandro Aguilera		Yes	Florence Kulubya-Nabeta		Yes
Robert Andrews		Yes	David Neller		Yes
Lisa Behr		Yes	Lesa Nelson		Abstained (facilitation)
Tom Bichanga		Yes	Gelli Overton		Yes
Terral Ewing		Yes	Val Rubin-Rashaad		Yes
Robert Gillum Jr.		Yes	Tyrie Stanley		Yes
Lenny Hayes		Yes	Matt Toburen		Yes
Rachel Heule		Yes	John Vener, MD		Yes
Ejay Jack		Yes	Johnnie Williams		Yes
Stephen Jensen		Yes	McKinzie Woelfel		Yes

19-0, 1 abstained due to facilitation. Motion carries.

- B. Community Voices
 - See ***Committee Report Summaries*** handout
- C. Disparities Elimination
 - See ***Committee Report Summaries*** handout
- D. Membership & Training
 - See ***Committee Report Summaries*** handout
- E. Needs Assessment & Evaluation
 - Alejandro Aguilera discussed the ***Council Operations and Monitoring Plan Evaluation Results***

- Alejandro noted that in the future, we need to clarify if the survey was about the specific meeting or all council meetings.
 - Alejandro suggested it might be best to look at all council meetings.
- Alejandro noted that overall, council members are more vocal and more comfortable speaking up.
- Alejandro announced that, based on the results, the Needs Assessment and Evaluation Committee has already taken action. He explained that the grievance policy and procedure presentation at today's meeting was developed because of the survey results.
- A survey will be administered every 3 months.

F. Planning & Allocations

- See **Committee Report Summaries** handout

VI. Service Area Presentation

Needs Assessment and Evaluation Committee

- Alejandro presented on **Medical Case Management, Including Treatment Adherence Services**
- It was noted that Jeremy needs to add the data sources to the document.
- Carissa noted that these are being posted to the [website](#).
- Ejay asked when the de-duplication process occurred and how it effects the numbers.
 - Terral added that Greater MN will direct people outside of TGA to use TGA services, so how does that impact the numbers?
 - Lesa noted case managers are pushing people to graduate from medical case management.
 - Alejandro explained that he uses medical case management to keep on track; and he finds it empowering.
- Jonathan and Ejay wondered why there is a star on "At Epi Risk" on the care continuum.
 - Medical case managers can also educate partners.

BREAK

VII. Assessment of the Administrative Mechanism Training

- Jonathan presented the **Assessment of the Administrative Mechanism PowerPoint** (the PowerPoint presentation was sent to the council via email after the meeting).
 - The council's responsibility for Part A is to evaluate how well we implement the plan. Other questions to consider are: Did we implement your plan? Did we get funds out in timely way? Did we meet the needs of the community?
 - The PowerPoint covered the following topics:
 - What is the Administrative Mechanism?
 - How funds are disseminated locally by the administrative agency
 - Cycle:
 - Needs Assessment
 - Integrated plan
 - Priority setting
 - Allocations
 - Procurement
 - Monitoring/evaluation
 - Outcomes
 - Legislation, Policy and Guidance
 - Outcomes and Measurement Objectives
 - Awards to service providers were completed in a timely manner
 - A process to monitor spending to limit amount of unspent Part A funds

- Process for Evaluation of the Administrative Mechanism
 - Receive assessment instrument from grantee prior to August Council meeting
 - Review info and complete and return instrument to Council staff end of 3rd week in August
- Questions:
 - Lisa suggested that it would be nice to know reasoning for underspending.
 - Jonathan agreed that he can provide that information.

VIII. Ryan White and Prevention Funding Structure Presentation

- McKinzie noted that this ranked #2 for the trainings that people want to hear about.
- Johnathan presented on Part A (the PowerPoint presentation was sent to the council via email after the meeting).
 - The PowerPoint covered the following topics:
 - Funding cycle
 - Annual
 - Part A fiscal cycle: March 1- Feb 28
 - Components
 - Formula
 - Supplemental
 - Minority AIDS Initiative MAI
 - Grant application
 - Needs Assessment
 - Methodology
 - Resolution of challenges
 - Evaluation and technical support capacity
 - Organizational information
 - Allowable use of funds
 - 45 CFR Part 75, Subpart E- Cost Principles
 - Core medical (13 defined services)
 - Support (15)
 - Administration 10% cap
 - Clinical QM 5% cap
 - Services aggregate administrative costs 10%
 - Unallowable Costs
 - Direct payments to Ryan White Program eligible clients
 - Terral asked why DHS issues gas cards rather than reimburse mileage.
 1. Colleen explained that HRSA hasn't gotten very involved in this piece, but she hopes that Terral comes to Part B site visit to advocate for his position on this.
 - Clothing
 - Employment and employment readiness services
 - Funeral and burial expenses
 - Property taxes
 - Payer of last resort

- Can't be used or services for which payment has been made or can reasonably be expected to be made by another payment source.
 - Providers must make reasonable efforts to secure non-RWP funds whenever possible
 - Grantees and contracted providers must vigorously pursue Medicaid enrollment
 - Eligible Individuals
 - Establish and monitor procedures to ensure that all funded providers verify and document client eligibility
 - HIV diagnosis
 1. Terral asked about why there is a requirement to verify status every 6 months if HIV status doesn't change.
 - a. Anika replied that the centralized eligibility efforts hope to address this issue.
 - Residence
 - Income
 - Insurance status
 - Charges for services & Cap on Charges
 - 100% FPG = cannot be charged
 - 101-200% = 5% of gross income
 - 201-300% = 7% of gross income
 - Over 301% = 10% of gross income
 - Charges are cumulative and must be tracked
 - Colleen Bjerke emphasized that clients aren't refused service if they can't pay.
 - Program Income
 - Income from fees for services performed
 - Medicaid/care and other insurance reimbursement
 - Cost-sharing
 - Fees from clients
 - Pharmaceutical rebates
 - Any program income must be reported by grant recipient or subrecipient
 - Program income must go back into the program
 - Unobligated balances and carryover
 - Must submit an estimate of UOB by Dec. 31
 - Estimates by grant component
 - Sources
 - Timeline
 - Proposed use of carryover funds
 - Only formula funds can be carried over
 - Maintenance of Effort
 - What local dollars are obligated and spending on services
- Questions:
 - Lisa Behr asked if Ryan White Program funds for legal services can be used for arbitration costs.
 - Jonathan replied that it is not allowable.
- Part B: Colleen Bjerke presented the DHS Part B funding structure (the PowerPoint presentation was sent to the council via email after the meeting).

- The PowerPoint covered the following topics:
 - The grant's fiscal year is April – March
 - Contracts follow the State's fiscal year
 - Funding sources:
 - Base:
 - Formula funding awarded by HRSA based on number of cases in MN.
 - Available for HRSA defined Core Medical and Support Services.
 - Follows same rules as Part A in terms of how funding can be spent except it covers the entire state.
 - Current year award is \$1,974,107.
 - Supplemental
 - Annual competitive grant with the amount available varying from year to year.
 - If awarded, it begins on September 30.
 - Funds must be used for HRSA core or support services or ADAP with same spending requirements.
 - ADAP
 - Formula award.
 - Provides FDA approved medications.
 - \$5,976,071 is the current funding amount.
 - ADAP formulary mirrors the state medical assistance formulary.
 - MAI
 - Part B can be awarded for grants used for supplemental support education and outreach services to increase number of eligible racial and ethnic minorities.
 - Formula based.
 - Rebate
 - Must be first used for ADAP activities, then can be used for other expenses.
 - There is no administrative cap.
 - FY2018 allocated \$2.4 million in rebate funds for Ryan White allowable services, MDH, housing services, expanding ADAP formulary and increasing income eligibility from 300% to 400% FPG (Federal Poverty Guidelines).
 - Must spend rebate before Part B base.
 - Part B funds were not used until July of this year.
 - State allocation
 - Annual allocation from state general fund.
 - Questions:
 - Tyrie: how will MDH continue to use funds for PrEP?
- Prevention: Krissie Guerard presented the funding structure for Prevention (see ***Prevention HIV and State Federal Funding Structures*** handout or it was emailed following the meeting).
 - Federal, state, and DHS are the funding sources:
 - State: \$1,281,000
 - Has to go out the door and there are no administrative costs are allowed.
 - DHS: \$1,435,124
 - Federal:
 - Runs on a 5 year cycle.

- Currently on year 6 due to an extension.
- Application is submitted every year.
- This is formula based.
- In 2018, prevention and surveillance have been combined.
- Current Presidential budget has 17% cut to CDC, so we don't know what next year really looks like.
- Optional funds are available via competitive funding for an innovative idea; Minnesota will apply for this, but they don't have a project defined yet.
- Requirements: there are 7 areas where 75% of funding has to go.

II. Mock Allocations Training

- Carissa presented a PowerPoint on the Allocation Process (the PowerPoint presentation was sent to the council via email after the meeting).

III. Unfinished Business/New Business

- None.

IV. Open Forum

- None.

V. Announcements

- None.

VI. Adjourn

- **MOTION:** Lesa moved to adjourn the meeting. The meeting adjourned at 12:03pm.

Meeting Summary:

- The Council approved the Post Award Allocations proposal.
- The Council was briefed by Carissa Weisdorf, Council Coordinator, on the Grievance Policy and Procedures.
- The Council was briefed by Jonathan Hanft, Hennepin County, on the process for the Assessment of the Administrative Mechanism.
- The Council was briefed by Jonathan Hanft, Hennepin County, on the Part A Funding Structure.
- The Council was briefed by Colleen Bjerke, DHS, on the Part B Funding Structure.
- The Council was briefed by Krissie Guerard, MDH, on the Prevention Funding Structure.
- The Council was briefed by Carissa Weisdorf, Council Coordinator, on the allocations process.

Documents Distributed Before the Meeting:

- Proposed Agenda
- June 13 Meeting Minutes
- **Action Item:** Post Award Allocations
- FY 2017 Post Award Allocation Recommendation
- FY16 4th Quarter Expenditures
- July Committee Report Summaries
- Scored Results from Council Operations and Monitoring Plan Evaluation
- Council Operations and Monitoring Plan Evaluation Results
- July 11 Standards Input Flyer

Documents Distributed At the Meeting:

- Part A Update
- Part B Update
- Prevention Update
- Prevention HIV and State Federal Funding Structures
- Council Grievance Policy and Procedure PowerPoint
- Highlighted Service Area: Medical Case Management, Including Treatment Adherence Services
- Mock Allocations Table
- SARS: Medical Case Management, Non-Medical Case Management, Health Insurance Premium, and Health Education/Risk Reduction
- Leading the Change Flyer
- MN HIV/AIDS Quality Management Advisory Committee Membership Application
- Minnesota HIV/AIDS Quality Management Advisory Committee

JS/cw