

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

<b>Council Members Present:</b>	Florence Kulubya-Nabeta
Alejandro Aguilera	James McMurray (Phone)
Dennis Anderson	Valentine Momo
Robert Andrews	David Neller
Lisa Behr	Lesa Nelson (Council Co-Chair)
Tom Bichanga	Gelli Overton
Loyal Brooks	Nigel Perrote
Roger Ernst (Council Co-Chair)	Val Rubin-Rashaad
Terral Ewing	Tyrie Stanley
Robert Gillum, Jr.	Matt Toburen
Bielca Guevara	Thuan Tran
Rachel Heule	Gwen Velez
Destiny Holiday	John Vener, MD
Ejay Jack	Johnnie Williams
Stephen Jensen	
<b>Council Members Absent:</b>	
Lenny Hayes	McKinzie Woelfel (Council Co-Chair)
<b>Community Members/Guests/Consultants:</b>	Aaron Peterson, Hennepin County
Walter Urey, Hennepin County	Colleen Bjerke, DHS
Ryann Freeman, Hennepin County	Jared Shenk, MDH
Anika Kaleewoun, Hennepin County	Kari Irber, DHS
<b>Hennepin County (Part A) Representative:</b>	<b>DHS (Part B) Representative:</b>
Jonathan Hanft	Rachel Heule
<b>MDH (Prevention) Representative:</b>	<b>MCHACP Parliamentarian:</b>
Chryssie Jones	Pat Reymann, PRP
<b>MCHACP Staff:</b>	
Carissa Weisdorf, Coordinator	Jeremy Stadelman, Admin Specialist (minutes)

Quorum Present? **Yes**

**I. Call to Order, Reading of Guiding Principles, Introductions**

- Roger Ernst called the meeting to order at 9:08 a.m. and Rachel Heule read the guiding principles. Introductions were made.

**Consideration and Approval of Proposed Agenda**

- Roger moved to approve the agenda; the agenda was approved by unanimous consent.

**Consideration and Approval of August 8 Meeting Minutes**

- Roger moved to approve the minutes; the minutes were approved by unanimous consent.

**II. Co-Chair Update**

- Roger reminded the committee about the eLearning module and explained that all members have been asked to complete it. Members can contact Jeremy Stadelman or Carissa Weisdorf if they need computer access.

**III. Grantee Reports**

- **Part A Update**

*Jonathan Hanft, Hennepin County*

- Jonathan gave a special welcome to new members elected at last month's meeting.
- The FY 2017 Program Terms Report is due September 30.

- The FY 2018 Grant Application is due Oct 30.
  - The funding ceiling is equal to \$6,198,211.
- Update on FY 2018 Appropriations for Federal HIV/AIDS Programs:
  - There is flat funding for Ryan White.
  - Significant cuts to Ryan White have been proposed in the current House of Representative's budget; this budget is unlikely to pass the Senate, however.
  - Matt Toburen asked what Minority AIDS Initiative (MAI) funding is used for.
    - Jonathan explained that there are two MAI funds; Part A MAI and Part B ADAP MAI.
      - The Part A grant totals \$352,000 and it funds three programs that are targeted to African Americans and Latinos. The council has allocated MAI funds to outpatient health services and medical case management.
      - Colleen Bjerke explained that for ADAP, MAI funds assist individuals in accessing HIV/AIDS medications. Some funds are also used for medication education and outreach.
    - Jonathan added that Ryan White MAI funds are separate from the Secretary's budget and that our MAI funding has not been threatened.
  - Matt explained that there are currently three budgets being proposed by the federal government: the first is the President's budget, which calls for massive cuts to Ryan White; next, the House of Representative's budget proposes cuts to Ryan White and increases in abstinence only education; finally, the Senate's budget proposes flat funding for Ryan White and an increase to the National Institutes of Health (NIH), which could be used for HIV/AIDS research.
    - Matt noted that the Senate has proposed the best budget and explained that negotiations for budget reconciliation are ongoing.
  - Jonathan explained that a Continuing Resolution (CR) has been passed by Congress, which will fund the government until December. There will be flat funding until a final budget is agreed upon.
  - Rob Andrews asked Jonathan to explain what flat funding means.
    - Jonathan explained that flat funding means we get the same award from one year to the next (no increases or decreases).
  - Gwen Velez asked what Ryan White Parts C and D fund.
    - Jonathan explained that the Part C and D recipient is HCMC; Ejay Jack will provide more information in the Part C and D updates today.
  - Ryan White Part F funds are used for dental reimbursement and AIDS Education Centers.
- The 2017 All Provider Meeting is scheduled for November 8.
  - Ejay Jack noted that in year's past there have been limits on the number of people from each organization who can attend the All Provider meeting and he wondered if this is true for this year's meeting.
    - Jonathan explained that it is up to the provider to determine how many people to send, but there no limits.
- FY2017 1<sup>st</sup> Quarter Expenditure Report:
  - Jonathan referenced the [FY2017 1<sup>st</sup> Quarter Expenditure Report](#) and explained that there are three reports: Part A and B; Part A; and Part B.
  - Jonathan noted that outpatient health care services and mental health support services are usually a quarter behind.
  - Jonathan indicated that Part A and B spending is at 12% and explained that it is low because Part B is required to spend their rebate funds first.
  - Jonathan explained that Part A is at 23% and noted that there was lower spending in core medical services, which is why we applied for and were granted a waiver.
  - Jonathan announced that the next expenditure report will be most important because it will show 6 months of spending, and it will indicate if we need to redistribute funds. Jonathan hopes to have it available next month.
- **Part B Update**  
*Rachel Heule, DHS*
  - The Non-Medical Case Management RFP closes today, September 12.

- Update on the Centralized Eligibility Project:
  - DHS is still in the process of getting client and provider feedback.
- For open enrollment 2018, the deadline for submitting available insurance plans is October 2.
- Notice of award of Part B supplement:
  - Funds went to early intervention services and ADAP.
- Terral Ewing noted that at the United States Conference on AIDS he requested time with Part A and B project officers, but was not granted any.
- Matt announced that Part B received \$900,000 in supplemental competitive funding.
- **Part C Update**

*Ejay Jack, Hennepin County*

  - Ejay presented a PowerPoint on Ryan White Part C funding updates (the PowerPoint was emailed by Carissa Weisdorf to the council on September 13).
    - Ejay explained that the HCMC Positive Care Center is the recipient of Ryan White Part C funds.
    - Outpatient services are funded, and include:
      - Targeted testing
      - Clinical diagnostic services
      - Therapeutic measures for preventing and treating disease
      - Referrals to appropriate providers
    - At least 50% of total funds must be spent on Early Intervention Services (EIS).
    - At least 75% of funds must be spent on core medical services.
    - Not more than 10% of the total RWHAP Part C grant funds can be spent on administrative costs.
    - HealthPartners is a sub-recipient, and about 20% of Part C funded clients utilize HealthPartners.
    - Ejay noted that the number of uninsured had decreased from 2014 to 2016 due to the Affordable Care Act (ACA).
    - Ejay explained that most clients were those who fall below the federal poverty guidelines.
    - 100% of clients are linked to care.
    - 69% of clients were retained in care in 2016.
      - To be considered retained in care, clients must have four visits in a two year period.
        - One visit must be between January and June, and another visit must occur between July and December. In addition, two more visits are required at any time during the year.
    - Viral suppression was 89% in 2016.
    - The percent of Part C clients who were prescribed Antiretroviral Therapy (ART) was at 94% in 2016.
    - In 2016, Part C received \$478,995.
    - So far in 2017, Part C has only received a partial award, but they expected to receive \$467,500, which amounts to a 2.4% cut. Ejay noted that HCMC absorbed the majority of the cut.
    - In 2018, Part C has requested \$497,323.
- **Part D Update**

*Ejay Jack, Hennepin County*

  - Ejay presented a PowerPoint on Ryan White Part D funding updates (the PowerPoint was emailed by Carissa Weisdorf to the council on September 13).
    - Ejay explained that Part D funds provide family centered outpatient and ambulatory care to low income, underinsured, and medically underserved women and children.
      - The sub-recipient is Children's Hospital.
    - In 2016 and 2017, Part D received \$463,679.
    - For 2018, there was a competitive request for \$495,310, and they received \$490,022 (72% goes to Children's Hospital).
    - Questions/Comments:
      - Loyal Brooks noted that in 2017 Part D has only been partially awarded, but they expected a 2.4% cut; Loyal wondered how they know there will be a cut.
        - Ejay explained that their project officer announced that there was going to be a cut; the partial award reflects the cut.

- Jonathan stressed that members need to be aware of all sources of funding when making decisions about Ryan White funds; these updates are useful for future council decision-making.
- Ejay explained that most Part D funds go to physicians FTE, and mainly for care coordination.
- Matt emphasized that improving retention is one of our most powerful tools, and he asked Ejay what his recommendation is to the council to improve retention.
  - Ejay explained that the key to retention is having good relationships; with clinics and clinic staff to clients. Having positive and successful initial linkages is integral.
- Alejandro noted that Ryan White is comprehensive and all the parts work together synergistically. What's important to know is where money is going and who it is helping. Being aware of other these parts as we make allocations is very important.

- **Prevention Update**

*Jared Shenk, MDH*

- None.

#### IV. **Rebate Forecast**

*Kari Irber, DHS Budget Manager*

- Kari referred to the ***HIV Rebate Forecast Update-September 2017*** document to explain the Part B Rebate Forecast.
  - Kari explained that rebate funding comes from pharmaceutical rebates.
    - Rebate does not include formula grants for Part B; just reflects what's being spent.
    - Drug revenues come from ADAP and insurance.
  - Expenditures include: insurance payments, medications, other rebate uses (non-insurance or pharmaceutical costs).
  - For FY 2017, revenue was \$14.2 million and expenditures were at \$13.8 million.
    - Kari noted that there is about a million dollars still out in encumbrances.
    - The trend for pharmaceutical costs were about what was expected. Insurance costs, however, were not spent at the expected levels because some premiums were reduced via legislation after the open enrollment premium estimates.
      - Rachel added that DHS is applying for a state innovation grant this year, which would reduce insurance costs for 2018. DHS won't know until later in the fiscal year if the grant is approved, so they must forecast for both scenarios.
  - Jonathan noted that it would be helpful to have more information on revenue sources and expenditures.
    - Kari replied that she could add more detail and send to council staff who can send it to council members.
    - Kari noted that rebate goes up and down a lot.
  - Rachel reiterated that Part B/ADAP is required to spend rebate money first. She also explained that they went to a co-pay system last year, which has made it difficult to make forecasts.
  - Matt asked Kari to talk about more about the 2018 projection.
    - Kari explained that they started the projection by pushing out some expenditures that did not occur in 2017 to 2018.
    - The 2018 projection is based on what was received in the past, not based on other supplemental funds.
      - Colleen noted that first year programs are often underspent as they get going, which plays a part in the projection.
        - Because there was a downward trend in years past, they projected to receive less than they actually received.
        - Colleen stressed that there are similar issues with rebate funds not being spent among all states; Minnesota is not in the top 20 of states that left the most money on the table.
  - Bielca Guevara asked if rebate funds can be spent on new staff.

- Kari explained that there are limitations on how you spend these funds.
- Tyrie Stanley asked what the rebate funds are for and where they come from.
  - Rachel explained that they are rebates from medications based on contracts the state has with pharmaceutical companies.
- Gwen Velez asked Rachel to explain what ADAP is.
  - Rachel explained that ADAP stands for AIDS Drug Assistance Programs. ADAP covers medications for clients who don't have insurance or are underinsured.
- Terral Ewing noted that there is an agency in Greater MN that has its own program with rebate money and he wondered if it effects the rest of the state. Terral is concerned that it isn't equitable.
  - Colleen noted that 340B pharmacies can use rebate funds, and overall, it benefits the system.
- Rebate funds can be spent on ADAP, Ryan White core medical or support services.

## V. Staff Update

*Carissa Weisdorf, Hennepin County*

- Carissa announced that all council members should take the eLearning module by October 10.
  - Logistics:
    - The link to the module was emailed on August 8 and [is also available on the current members tab on the council website](#).
    - Please use Internet Explorer.
    - Carissa asked the council if there was anyone who would be interested in a session where computers would be available to take the module.
      - Only one member indicated that this was something they would be interested in.
  - Carissa asked members to let Jeremy know when they complete the module.
    - Send a copy of the certificate to [Jeremy](#); alternatively, you can print the certificate and bring it Jeremy. If you have an email application open (like Outlook) an email will be created automatically that you can send to Jeremy.
  - Stephen Jensen asked if Carissa could indicate which members have already taken the module.
    - Carissa agreed to email the link again; she will also provide a list of those who have completed it.

## VI. Robert's Rules of Order training tidbit

*Pat Reymann, MN Council for HIV/AIDS Care and Prevention Parliamentarian*

- Pat led a training about amending a motion where council members participated in the role playing of a scenario that demonstrated the process.
  - Pat offered the following tidbits about amending a motion:
    - When amending a motion, only make one amendment at a time; and this is only done during debate.
    - Amendments are made before voting on the final motion; "I move to amend by..."
    - Amendments can be made at any time during the debate process.
    - The job of the chair is to clarify the process and make outcomes known.
    - During a motion, we do not usually need to record who seconds a motion; exception may be during recorded financial votes.
    - Members can yell out "division" to make the chair take the vote in another way (e.g. by standing or a show of hands).
    - "I move to amend by adding..." automatically means it will be at the end of the motion.
    - Debates should only be about what is pending, not items that are not germane to the debate.
    - Difference between "insert" and "add":
      - Add will be at the end of the motion.
      - Insert will be somewhere within the motion.

## VII. Committee Reports (provided in written form)

- **MOTION:** Alejandro moved that committee reports be accepted as written. The motion was seconded and approved by unanimous consent. After the motion, Roger Ernst indicated that there was a time sensitive survey from the Membership and Training Committee that the council needed to tend to. Other committee reports were accepted as written.
- Executive Committee
  - See **Committee Report Summaries** handout
- Community Voices
  - See **Committee Report Summaries** handout
- Disparities Elimination
  - See **Committee Report Summaries** handout
- Membership & Training
  - See **Committee Report Summaries** handout
  - Lesa Nelson announced that there will be a focus group on Robert's Rules of Order after October's council meeting. Carissa will send out an RSVP. Lunch will be provided.
  - Lesa announced that the committee had developed a survey on Robert's Rules of Order; it was distributed to the council.
- Needs Assessment & Evaluation
  - See **Committee Report Summaries** handout
- Planning & Allocations
  - See **Committee Report Summaries** handout

## VIII. Service Area Presentation

### *Needs Assessment and Evaluation Committee*

- John Vener presented on Medical Nutritional Therapy and Food Bank/Home Delivered Meals.
- Questions:
  - Terral asked if these providers go through the same process as other organizations for other services.
    - Jonathan responded that, yes, all services are procured through an RFP.
      - Terral wondered if we reach out to all entities/organizations to inform them of RFPs.
        - Jonathan indicated that we send RFPs out to the council so members can circulate with their networks, but he would welcome suggestions to reach providers we aren't currently funding.

## BREAK

## IX. Quality Management Update and Understanding Data

### *Anika Kaleewoun, Part A Quality Management Coordinator*

### *Aaron Peterson, Part A Data and Outcomes Coordinator*

- Anika Kaleewoun presented a PowerPoint that provided a Quality Management update to the council (a handout of the **Part A Quality Management and Understanding Data Presentation** was provided to the council and an updated PowerPoint was emailed by Carissa Weisdorf to the council on September 13).
- Aaron Peterson presented a PowerPoint that provided a training on understanding data to the council (a handout of the **Part A Quality Management and Understanding Data Presentation** was provided to the council and an updated PowerPoint was emailed by Carissa Weisdorf to the council on September 13).
  - The presentation demonstrated how the goals of the Minnesota and TGA Integrated HIV Prevention and Care Plan 2017-2021 and the goals of the Clinical Quality Management Plan align.
  - Questions:
    - What does eHARS stand for?
      - Enhanced HIV/AIDS Reporting System

- What does ART stand for?
  - Antiretroviral therapy
- Matt asked Aaron what work he has on the horizon.
  - Aaron replied that the eHARS and CAREWare match will happen in early October.
    - An overall goal is to improve targeted interventions.
- Bielca asked how providers can help to improve measures.
  - Anika explained that providers should work to meet targets in their quarterly reports; we plan to give feedback about statuses.

**X. Unfinished Business/New Business**

- None.

**XI. Open Forum**

- None.

**XII. Announcements**

- Carissa announced that a prize is possible for those who complete the eLearning module by October 10.
- Roger announced that the Executive Committee approved a change to the bylaws which clarified the process to amend the bylaws.
- Matt announced that the MN AIDS Project (MAP) was organizing two events that would allow the HIV community to meet with the candidates for Minneapolis and St. Paul mayor.
  - October 2: Meet with the Minneapolis mayoral candidates at Marshall Flats from 4pm to 6pm.
  - October 4: Meet with the St. Paul mayoral candidates at MAP from 4pm to 6pm.

**XIII. Adjourn**

- **MOTION:** Lesa Nelson moved to adjourn the meeting. With unanimous consent, the meeting adjourned at 11:53am.

**Meeting Summary:**

- Jonathan Hanft, Hennepin County, briefed the council on the Part A 1<sup>st</sup> Quarter Expenditure report.
- Kari Irber, DHS, gave the council an update on the HIV Rebate Forecast.
- Pat Reymann, Parliamentarian, led a training about amending a motion using Robert's Rules of Order
- Anika Kaleewoun, Hennepin County, provided an update on Quality Management activities.
- Aaron Peterson, Hennepin County, led a training on understanding data.

**Documents Distributed Before the Meeting:**

- Proposed Agenda
- August Meeting Minutes
- September Committee Report Summaries
- Survey on Robert's Rules of Order
- Service Area Presentations: Medical Nutritional Therapy and Food Bank/Home Delivery Meals
- FY2017 1<sup>st</sup> Quarter Expenditure Report
- Part A Quality Management and Understanding Data Presentation
- Integrated Plan Monitoring Plan Reporting Table

**Documents Distributed At the Meeting:**

- Part A Update
- Part B Update
- HIV Rebate Forecast Update- September 2017
- Federal AIDS Policy Partnership: FY2018 Appropriations for Federal HIV/AIDS Programs
- Demonstration Script for Amending a Motion