

**Minnesota Council for HIV/AIDS Care and Prevention
Community Voices Committee Meeting
Monday, January 10, 2022
4:00 – 6:00 p.m.
Microsoft Teams Meeting
Meeting Minutes**

Committee Members Present:	
Megan Higdon	Joe Reyes
Stephen Jensen	Taylor Scott
James McMurray, co-chair	Teresa Jones
Lesa Nelson	Belinda Charleston-Green
Thomas Wik, Jr.	
Guests:	
Maren Levad	Charlotte Detournay
Hank Jensen	Asneth Omare
Hennepin County (Part A) Representative:	DHS (Part B) Representative:
Thuan Tran	Thomas Blissett
MDH (Prevention) Representative:	MCHACP Staff:
None	Carissa Weisdorf

I. Welcome and Introductions

- James McMurray called the meeting to order at 4:05 p.m. and introductions were made.
- The proposed agenda was reviewed and approved as printed.
- The November 8 meeting minutes were reviewed and approved as printed.

II. Open Forum

- James McMurray stated the purpose of the open forum and reminded the committee that this forum is ‘open’ for the most part.
- A request was made for more information on dental assistance. James responded that the committee would be talking about dental assistance at the meeting. James prefaced the discussion summarizing that questions from program participants about where they can go do come up often. Participants will be covered with expansion to more dentists who accept Program HH.
 - In response to a billing question, James shared that billing information might be available following the meeting.
 - James asked if there were any other questions or concerns; there were none.
- James brought attention to the lack of community member meeting participation and how this lack of participation might be due to technical connections and COVID issues. Carissa Weisdorf was asked if the committee met in person in 2020. She responded that there have been no in-person meetings since March 2020. James emphasized that the Community Voices Committee needs to hear from people living with HIV as that is what makes the Ryan White community so great.
- Joe Reyes pointed out some challenges of prescription medication changes, the corresponding diagnosis changes and the difficulties associated with

asking questions of providers when transferring from a treatment facility to another provider. Joe requested help with navigating through this issue.

- James stated that this request could be added to the committee list for review of what can be done.

III. Connecting the Work

- James McMurray reviewed the **December 14 Committee Report Summaries** document and opened the floor for committee updates.
- Carissa highlighted that MCHACP (meeting tomorrow at 9:00 a.m.) is looking at an action item from the Executive Committee to reallocate some of the Part A funding at the end of 2021 determined at \$55,000 for unspent substance abuse outpatient funding. Hennepin County, who manages the Part A funding, proposed this reallocation primarily to ensure the Ryan White Program does not lose the money, and that it is spent in the community and is moved to food bank home-delivered meals. The Council will consider it tomorrow at their January meeting.
 - The question was raised as to whether this was the only option. Carissa further explained that this option was considered due to how close it was to the end of the fiscal year. It had to be a service area that could be spent quickly (i.e., out to the community and spent). Currently there is a large need for food bank home-delivered meals due to the COVID situation. The Council had to decrease funding for that service area during the annual allocations, so that is why it was proposed that the money should go there and then chosen. She referred to the written response under 2. Rationale displayed on the screen and emphasized that this service area is highly prioritized by the Council.
 - The data entry, twenty-additional meals for twenty-seven clients was questioned. Carissa clarified that twenty-seven additional clients will be added in addition to those already being served. It was also questioned if the addition of twenty-seven extra clients was based on mileage and groceries; Thuan Tran responded, the cost to deliver the food packages is included in the rate.
 - It was brought to the attention of the committee that the increase in funding from \$40 to \$60 has been noticed, but the \$60 card does not go very far. Clients rely heavily on the card they receive monthly. James McMurray assured that it will be looked into going forward as there will be additional money to be spent.
 - Carissa Weisdorf reminded the committee that the Council will prioritize services for 2022 and complete their bi-annual allocations proposal. Major changes are made every two years. The committee will need to go to the CVC for priorities relating to what people are experiencing to better-inform the Council of priorities.
 - \$139,900, Ryan White funding and Rule 25: The question was raised as to how the Council would spend the money (e.g., substance abuse services, outpatient) and whether the program participant would need to be HIV positive. Carissa responded with a reminder that all Ryan White Program services require that a participant is HIV positive and clarified this service area provides Rule 25 assessments. She recommended looking to the government representative to learn how this service is delivered.

- Thuan Tran added that this service also includes coordination and referral for clients who require treatment.
- Membership and Training Committee update: Stephen Jensen added the committee interviewed four candidates who interviewed very well. They are putting together a slate for the Council which will be available in a couple of months. There is a significant need for Council membership so the committee would like to interview as many people as possible. The committee had a very detailed discussion on the attendance policy; it has not been finalized yet.

IV. Resources available for people aging with HIV

- James McMurray prefaced this discussion sharing that it would include talking about programs for people aging with HIV and different services available through Rainbow Health.
- Maren Levad, Aging Services Advocate at Rainbow Health (she/her/hers) introduced herself and provided an update on an aging initiative. They are in the early stages of launching a bigger aging initiative. The HIV/AIDS population is aging - HIV, 50 years or older or have been living with HIV for more than 15 years.
 - They are in the process of putting together programming for a monthly educational series. In the future, it will be possible to meet in person and provide social opportunities.
 - If funding is obtained, one of the things they will do is create an elder advisory committee under the aging criteria. This committee participation would be a paid opportunity. The committee would meet over the year of the grant cycle; they are looking for folks who can commit to that year and are willing to come in for lunch and develop a strategy for programming and services.
 - This is something they wanted to let folks know about. They will come back to this group once they get funding and are able to reach out to folks about joining their advisory committee.
- Charlotte Detournay, Program Manager at Positive Care announced that she would go over some of the Positive Care initiatives. Collaboration with the San Francisco Compass Program.
 - A Geriatrician has been inserted into their clinic for two half-days a week. Numerous patients have been seen.
 - They are currently promoting classes about brain health and how to age as well as exercise classes, etc. They tried to mirror the Compass program as much as possible.
 - A support group has been started since September 2021. With COVID cases rising, they have put a stop on support groups, but are hoping this newest wave subsides relatively quickly so they can resume within a month-and-a-half. This support group has been hosted by their social worker. Part of those groups is inviting the Geriatrician who holds a Q&A session, focus group and so on.
- The other initiative is their recent partnership with a housing facility who has received a huge grant to help individuals age in their homes. They have funding set aside to partner with that agency. If someone owns their home, the initiative supports work that can be done to help them age in their homes. They are looking to expand this initiative even though it is very new

partnership and are holding focus groups to see what they can do in the interim.

- Carissa Weisdorf announced that Charlotte provided a program flyer. If attendees preferred to receive it via e-mail, they were instructed to let Carissa know at the end of the meeting. James McMurray offered to send it out via e-mail.

V. Dental benefits and Program HH

- Hank Jensen, Customer Care Specialist, Program HH Dental Services displayed the Program HH Dental Services presentation and provided an overview of the presentation which included information, links, and opportunities for follow through after the committee meeting. Hank is the point person for dental and the customer care specialist who was previously Andy or Rob over the past couple of years. Hank thanked the committee and Minnesota HH stakeholders for the opportunity to discuss Program HH Dental Services.

The slide deck will be available upon request; Carissa will have a copy. Hank reiterated that this meeting was just a start, so more meetings can be added. Program HH staff and Leadership are ready to help with questions and concerns.

- Hank Jensen opened the floor to questions.
 - How long might it take before Ryan White sees a change in how many providers are going to possibly be taking Program HH after new legislation was passed? Hank responded that it will be interesting to see how it plays out. There is uncertainty as to how the base of providers is receiving this information. The state will have guidelines requiring a certain number of clients per clinic or clinics in the state. The rate change went into effect January 1, 2022.
 - It was pointed out that since this program change is part of a Minnesota healthcare program, the state team in charge of dental services and setting rates has been in engagement with the Minnesota Dental Association through information sessions and via news stories. They knew the program change was coming and approved. This information should trickle down to providers. We are reminding them that this is an option because of better rates.
 - A question was asked about getting information pertaining to what is covered with insurance and the possibility of reaching out to Hank. Hank responded that they could reach out to him through the phone number provided in the presentation or via e-mail.
 - Is there a \$2,000 yearly maximum benefit for Program HH? Hank responded that there is no maximum per year with Program HH benefits. Jo Ann added that Program HH benefits are far beyond what we cover on our website; some are covered on Medicaid programs.
 - There is no sharable full list of benefits currently, but this is something of interest to work on. James clarified that they do not have a handout from insurers, but Hank Jensen can be called Monday – Friday from 9:00 a.m. – 5:30 p.m.
 - Is a list of dentists that take Program HH available? Hank displayed the Dental Access Basics slide and responded that there is no list specific to Program HH. It is specific to Minnesota healthcare

- providers, however there is a searchable link, by dentist or specialty. Hank emphasized that the list may change in a moment's notice.
- What about payor of last resort? Hank explained that it varies which provider participants can use. It's hard to find a one-size-fits-all dentist. The primary dental plan was recommended as a starting point when searching to maximize dental plan benefits. Hank underscored the importance of shying away from recommending dentists as it is a conflict-of-interest to recommend certain dentists.
 - Hennepin Healthcare is the biggest healthcare provider to those living with HIV/AIDS. They have a full dental system on campus. Those getting HIV health care at Hennepin Health Care can get a referral to a dentist.
 - Clients closed to Program HH coverage due to over-income? How often is this happening, and what is causing it? Closed coverage due to over-income could be due to overtime which might impact clients in the long run. Hank pointed out that one of the challenges can be clients sending in one or two paycheck stubs that are out of cycle and include overtime, holiday pay opportunities which are not the best proof of income, and recommended working with Program HH eligibility specialists, Linda Atlas, Cindy Hansen, or Amy Gunderson. He added that medical expenses can be used to reduce income. Jo Ann further added that clients should use the appeals processes which were listed in the letter that was sent out to them. James shared that he had Amy Gunderson reach out to his case managers to look at what was going on due to numerous clients working mandatory overtime.
 - Hank Jensen reminded the committee to forward any questions to him via phone/ voicemail or e-mail and thanked everyone for their participation.
 - James McMurray thanked Hank Jensen and closed the floor for further discussions.
 - Carissa, James, and Thomas have copies of the slides available to anyone who is interested. James announced that the slides have been provided to Aliveness.

VI. Community Input

- Thomas Blissett announced the HRSA Policy Clarification Notice (PCN) 21-02 and said Minnesota Ryan White Parts A & B programs are working collaboratively to implement the HRSA new policy clarification notice in determining client eligibility and payor of last resort within the Ryan White Program. The policy clarification is HRSA's response to reducing administrative and client burdens while enhancing continuity of care.
 - The first is the elimination of the 6-month re-certification requirement which is replaced with the flexibility to complete timely eligibility confirmation, assessments of clients' changes to income and resident status. DHS and Hennepin County are currently exploring the elimination of the 6-month/ half-birthday re-certification process as the first step of implementing changes from PCN 21-02.
 - This meeting will provide space for Hennepin County (Part A) and DHS (Part B) to give updates on concepts connected to potential

- change and for community members to ask questions and discuss any key concerns that they may have with this potential change.
- We will continue to conduct annual confirmations and re-certifications following the current timeline based on clients' birthdays. What that means is a program participant will be eligible for one year and re-certify on their birthday month.
 - The elimination of this process will require federal and state approval to confirm that our ongoing processes will meet the requirement of conducting timely eligibility certifications and assessment of changes. They are working on internal channels at DHS to get approval; they do have approval from their project officer that they are in-line with PCN 21-02.
 - If implemented, it is anticipated that contracted core medical and support services will be able to end the 6-month re-certification process for individual services with the effective date determined by both DHS and Hennepin County. Once input is received, they are hoping to implement by mid-2022 or by fall 2022.
 - The 6-month re-certification would be replaced by guidance to ensure timely re-certification and assessment of changes. DHS and Hennepin County are to confirm in writing and work to update current providers. Centralized eligibility will follow the standards and eligibility procedures in place at the time of implementation. DHS is currently working with a vendor on technology changes that will be needed if the 6-month re-certification for Ryan White eligibility is eliminated.
 - Thomas Blissett opened the floor for questions and comments.
 - Will renewal of the yearly re-certification will be as easy as the 6-month re-certification online, etc.? Thomas responded that within this change, HRSA wants us to make it as easy as possible to do re-certification once implemented. They will try to get MOU and MOAs for electronic verification of income and residency to reduce the clients' burden to produce documents. This is the second piece of that clarification. The whole goal is to keep clients engaged in care and make sure people are not falling off. There is a lot of work to do on Part A and Part B because there are a lot of changes with this one policy change clarification notice.
 - As members of the Council and community, is this a good thing for us to do for the community at large - to eliminate the 6-month re-certification period or should we keep it? Thomas responded that he would strongly recommend removing it if the yearly renewal is as easy as the 6-month one. It was pointed out completing the 6-month one did not require assistance; but caseworker assistance was needed to do the yearly one. Thomas expressed appreciation for this input.
 - How do I handle this on my own or how do I navigate it? James offered to walk anyone through it.
 - Thomas Wik shared that he found the 6-month re-certification process to be pointless. It should be done yearly, but it needs to be easy to do.
 - Will income changes continue to be reviewed every six months? Thomas Blissett responded, "Yes and no", as it pertains to the 4-step eligibility process. They are looking at more than income and looking at continuity of care due to income changes. A half-birthday letter might go out to track changes and catch clients who might fall out.

- Would the elimination of the 6-month re-certification be good for the Ryan White Program, or would you lose someone? Thomas Blissett responded that they do not want to put any undue barriers in front of clients, so he is advocating for removing barriers and administratively mitigating waste fraud through the program on the back end. The half-birthday letter is one strategy towards this goal; the half-birthday letter will ask Ryan White Program participants if anything has changed. He emphasized that HRSA does not need re-certification prior to 12 months; they require that Ryan White reports any participant changes. Thomas Blissett reiterated that there are systems and processes in place through the case management team to mitigate harm if a client loses employment.
- Medical case management plans are updated every six months; therefore, would it be sufficient to query clients for changes at that time and go from there? Jo Ann responded, Yes. Thomas Blissett clarified that nothing has changed yet. This is currently community and provider engagement; there will be more meetings to come.
- Increased language on payor of last resort: Thomas reviewed the change aims to vigorously pursue and rigorously document why client is uninsured. If not a billable service, does not apply. There are, however, caveats. For example, did a client use all of their 'snap benefits'? It would apply if the client has exhausted all their Ryan White benefits. This language is specifically focused on clients who are uninsured. They are really focused on getting clients insured.
- 2022 FPG due to the substantial raise in social security? Thomas stated that takes effect in February or April and referred to the report data. More guidance will be coming out once closer to the switch to the 2022 FPO.
- James McMurray opened the floor to further questions and thanked Thomas Blissett for covering the changes that are coming.

VII. Planning for 2022 Meetings

- James McMurray queried the committee for ideas to implement in upcoming meetings and posed the question, "How will it go?" The committee was informed that the next meeting will be held on March 7, 2022.
- James announced that he has been in discussions with Carissa on the use of the hard topics meeting format where there is a neutral facilitator and a topic is chosen with a focused thirty-minute or so discussion. He shared that this meeting format really allows people to get involved. They have been looking at how to can get participants talking within committees, thereby hearing from the voices of the people. An overview of the hard topics format was provided.

VIII. New or Unfinished Business

- James confirmed that co-chair elections will take place at the next committee meeting on March 7

IX. Announcements

- James McMurray reminded the committee of the MN HIV Council applications and that positions are available. Apply today at mnhivcouncil.org.
- We are providing a \$10 gift card to thank you for participating in today's meeting. Please let us know if you prefer it is mailed or emailed to you.

- Do you have announcements you want the group to know? Email them to: HIVCouncil@hennepin.us.
- Joe Reyes was assured of his committee membership due to his participation in the meeting.

X. Adjourn

- James McMurray adjourned the meeting at 6:00 p.m.

Meeting summary:

- Open Forum: the committee discussed the lack of community member meetings participation and how this might be due to technical connections and COVID issues. Challenges associated with the transfer from treatment to another provider will be added to the committee list for further discussion.
- The December 14 Committee Report Summaries document was reviewed, and the committee provided updates. Carissa Weisdorf facilitated a discussion on the Executive Committee action item, Part A funding for unspent substance abuse outpatient funding scheduled for consideration at the January MCHACP meeting (tomorrow).
- Maren Levad, Aging Services Advocate at Rainbow Health and Charlotte Detournay, Program Manager at Positive Care provided presentations on new aging with HIV initiatives, including the addition of a monthly education series, an elder advisory committee, the addition of an in-clinic Geriatrician, classes mirroring the Compass Program, support groups, and a partnership with a housing facility that will enable individuals to age in their homes. A program flyer was provided.
- Hank Jensen, Customer Care Specialist at Program HH Dental Services displayed the Program HH Dental Services document and provided an overview of Program HH which included program information, links, and opportunities for follow through after the committee meeting. It was noted that an increase in the dental reimbursement rate was effective on January 1, 2022.
- Thomas Blissett announced a HRSA policy change: Minnesota Ryan White Parts A & B programs are working collaboratively to implement the HRSA new policy clarification notice 21-02 in determining client eligibility and payor of last resort within the Ryan White Program. The committee was afforded the opportunity to ask questions and provide feedback.
- James McMurray queried the committee for ideas to implement in upcoming meetings, and put out the question, “How will it go?” during the planning for 2022 meetings discussion. James provided an overview and facilitated discussions on the future use of the hard topics meeting format. The committee was informed that the next meeting will be held on March 7, 2022.
- James McMurray confirmed that Community Voices Committee co-chair elections will take place at the next committee meeting on March 7.
- Announcements: James McMurray reminded the committee of available MCHACP positions and how to apply. The link to the application was provided.

Documents distributed for the meeting:

- Proposed agenda

- Minutes for the 11/8/21 CVC meeting
- 2022 CVC Meetings flier
- 2021 HIV Council flier

Additional documents displayed during the meeting:

- December 14 Committee Report Summaries document
- Positive Care Center Golden Compass Program flier
- Program HH Dental Services presentation