

FY 2017 Part A
Core Medical Waiver
Minneapolis-St. Paul
Transitional Grant Area

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Hennepin County Public Health

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May 4, 2017

Steven R. Young, MSPH
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Division Director Young:

The Minneapolis-St. Paul (MSP) Transitional Grant Area (TGA) is applying for a waiver of the seventy-five percent core medical services expenditure requirement for FY 2017. The MSP TGA continues to meet all requirements of Ryan White funding. We contend that receiving this expenditure waiver and dedicating additional funding to Ryan White support services will improve our ability to serve to people living with HIV.

Submitted in this application:

1. A description of the how the MSP TGA partnered with members of our community to decide to apply for this waiver
2. A narrative explanation of the state and local policy issues that have necessitated our application for this waiver and why we will better serve our community if this waiver is granted
3. An inventory of all HIV services that are currently funded with Ryan White dollars
4. A proposed allocation of Ryan White funding that was created in partnership with members of the MSP TGA community, if our application is approved
5. A signed letter from co-chairs of the Minnesota State and MSP TGA planning council—the Minnesota Council for HIV/ADS Care and Prevention
6. A signed letter from Office of HIV/AIDS in the Minnesota Department of Human Services
7. A signed letter from the Minnesota State Medicaid Director
8. A signed letter from the Minnesota Program HH Director (ADAP Program)
9. A signed letter from Hennepin County Medical Center (Largest Core Medical Service Provider)

At the center of our application for a waiver of the seventy-five percent core medical services requirement is our dedication to serving people living with HIV within our jurisdiction. To ensure that our service to our community continues, we ask for approval of this waiver application.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Susan Palchick'.

Susan Palchick
Public Health Director

Minneapolis-St. Paul Part A Transitional Grant Area: Narrative Request for a Waiver of the Core Medical Services Expenditure Requirement

Minnesota is a nationally-recognized leader in healthcare. Minnesota fully implemented health care reform under the Affordable Care Act. Minnesota expanded Medicaid early, established a state operated insurance exchange, *MNSure*, and has a Basic Health Plan, *MinnesotaCare*. By expanding health insurance and reforming the health care delivery system, the state has improved public-resources management, the quality and value of health care, and residents' wellbeing. To prevent and to alleviate chronic illnesses, such as HIV, and to create health and prosperity for all, Minnesota is coordinating patient-centered care with the social determinants of health. The state also strives to eliminate health-care inequities, to create protections for people with pre-existing conditions like HIV, to strengthen public health and health-care access, to invest in the expansion and improvement of the health-care workforce, and to encourage consumer and patient wellness in both the community and the workplace.

As part of this waiver application, the newly formed Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) led a public process to secure input from affected communities, including consumers of Ryan White HIV/AIDS funded services, support service providers and core-medical service providers. From this public process, the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA) Part A Grantee (Hennepin County Public Health), Part B Grantee (Minnesota Department of Human Services), the State's CDC HIV Prevention Grantee (Minnesota Department of Health), and the Council - including council members who living with HIV (PLWH) and members who are core medical service providers—agree that the best way to respond to the changing landscape and address the care and prevention needs of people living with HIV (PLWH) is to request a waiver from the Part A 75% core medical services expenditure requirement. (See *Attachment E* for a full description of the public input process)

Underlying issues that influenced the grantee's decision to request a waiver.

The vast majority (over 95%) of Minnesotans have access to insurance coverage. Minnesota's rate of uninsured was cut in half between 2013 and 2015 and is now at the lowest rate (4.3%) in state history. An increase in the number of Minnesotans enrolled in state health insurance programs, Medical Assistance (Medicaid) and MinnesotaCare primarily drove this increase in health insurance coverage. Coverage in the private health insurance market also

increased with 10% of Minnesotans receiving individual coverage through *MNSure*, the State's health insurance exchange. Additionally, the MSP-TGA has no current or anticipated waiting lists for core medical services. (*Attachment A* - ADAP letter)

Table 1 presents estimated insurance rates for the MSP-TGA's population and diagnosed PLWH residing in the 13-county grant area.

Table 1	TGA	%	PLWH	%	Data Source
Total Population	3,456,257	100%	6,873	100%	MDH [^] , US Census Bureau
Health Insurance					
Medicare	545,807	16%	692	23%	University of Minnesota [°] , MN CAREWare, StratisHealth
Medicaid	735,323	19%	1680	27%	University of Minnesota [°] , DHS*
MinnesotaCare (Basic Health Plan)	90,109	1.9%	127	3.5%	University of Minnesota [°] , DHS*
Qualified Health Plan (<i>MNSure</i>)	38,008	1.1%	198	2.8%	University of Minnesota [°] , DHS*
Qualified Health Plan + APTC [†]	31,261	0.9%	198	2.8%	University of Minnesota [°] , DHS*
Uninsured		4.3%	374	5.4%	MDH [^] , University of Minnesota [°]
Income as % of FPL (up to/cumulative)					
138% (Medicaid eligible)	482,377	14%	3,100	45%	ACS**, MN CAREWare, MDH [^]
200% (MinnesotaCare eligible)	742,613	22%	3,665	53%	ACS**, MN CAREWare, MDH [^]
300% (Ryan White eligible)	1,173,712	35%	4,482	65%	ACS**, MN CAREWare, MDH [^]
400% (APTC [†] eligible)	1,597,667	48%	6,076	88%	ACS**, MN CAREWare, MDH [^]

[^]Minnesota Department of Health (eHARS), ^{**}U.S. Census Bureau American Community Survey 3-year population estimates (2011-2013), [°]University of Minnesota State Health Access Data Assistance Center, ^{*}Minnesota Department of Human Services (MMIS), [†]Advanced Premium Tax Credit (All RWP eligible QHP enrollees qualify for an APTC)

Low rates of uninsured have impacted the utilization of Ryan White Program resources for core medical services including mental health, home and community-based health services and clinic-based treatment adherence support provided through medical case management. The MSP-TGA's unobligated core medical services Part A allocations balances increased between FY2013 and 2015 from \$37,705 to \$182,791. As a result, the Council reduced the Part A allocation to mental-health services by \$80,400 for FY2017 without any anticipated impact on service utilization or access.

Several state policies also contribute to our ability to request a waiver, including Minnesota's expansive public-programs benefit set, high access and availability standards, and high network-adequacy standards. Minnesota public programs are among the most expansive Medicaid benefit sets in the nation. It provides coverage for all Ryan White core medical services including home and community-based health services, along with a host of rehabilitative services.

The Minnesota Department of Human Services (DHS) contracts with non-profit health plans to administer public health-insurance benefits. DHS requires that these health plans follow strict guidelines for access and availability. Contracts are also required to be offered to all state-designated essential community providers. These standards are established using generally accepted practice parameters and in accordance with Minnesota Statutes, section 62D.124. Similarly, network adequacy standards are outline in Minnesota Statues 62K.10. These standards require that each designated provider network must include a sufficient number and type of providers, such as providers that specialize in mental-health and substance-use-disorder services. This ensures that covered services are available to all enrollees without unreasonable delay. As a result, few people experience disruptions related to access or differences in provider networks.

In Minnesota and across the nation, there is a growing recognition that the social determinants of health (SDOH)—the conditions in which people grow, live, work, and age—have a far greater impact on health than medical care alone. Because established research indicates that SDOH make a large contribution to people's health, Hennepin County Public Health Department and the Council plan to allocate more of its Ryan White funding to supportive services that address SDOH to enable outreach and retention in care.

Documentation supports core medical services are available and accessible

Hennepin County Public Health is submitting documentation to support the availability and accessibility of core medical services for all individuals with HIV/AIDS, identified and eligible under Title XXVI in the Part A MSP-TGA's 13-county grant area. Supporting documentation includes:

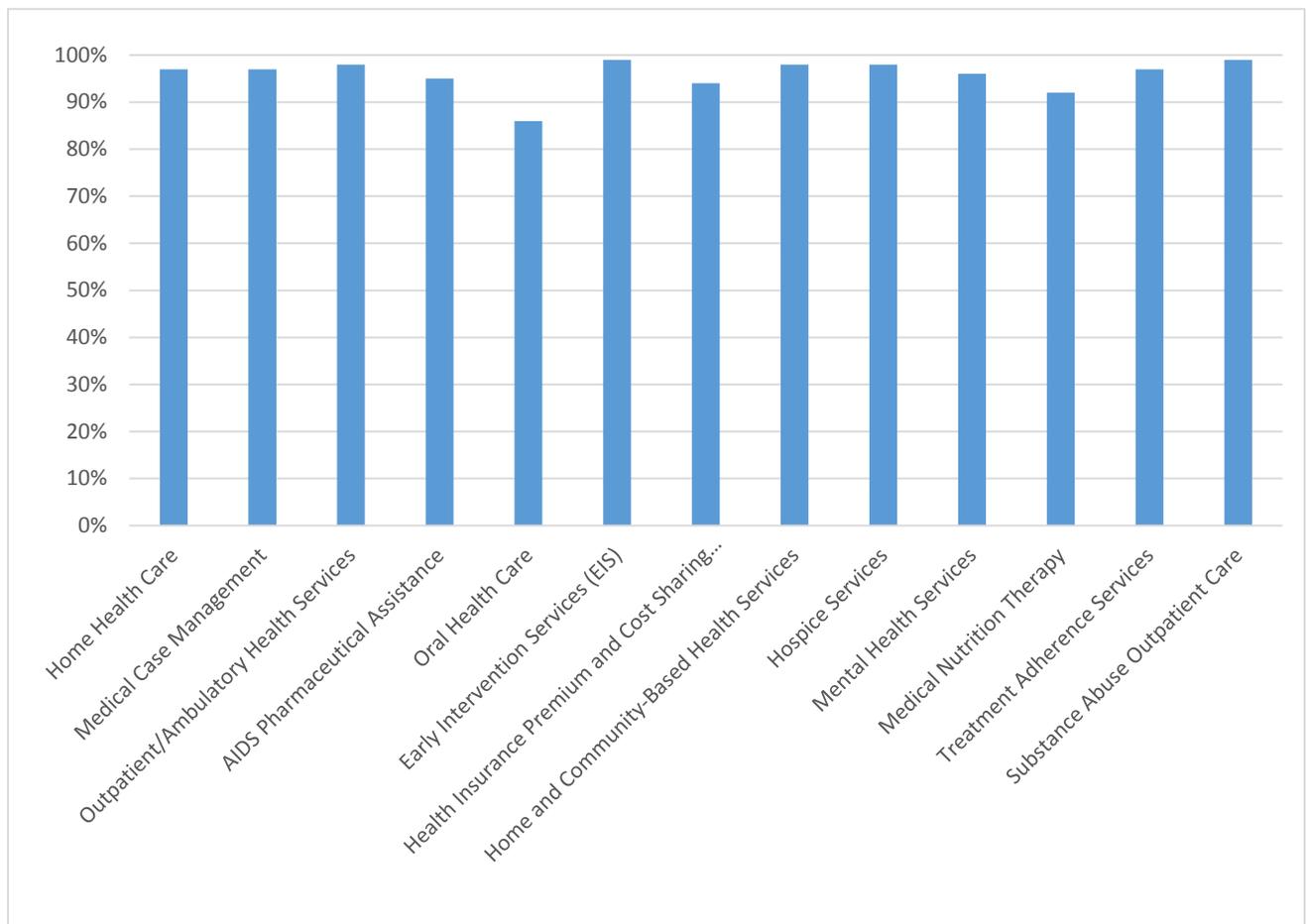
- Income and Insurance Coverage (Table 1, page 4)
- HIV Services Inventory (*Attachment B1 & B2*)
- Service Utilization (*Attachment C*)

- Part A Allocation Plans (*Attachment G*).

In addition to these documents, Hennepin County has provided information on our Consumer Needs Assessment, state and county health-insurance policy, oral-health services to further demonstrate that core medical services are available and accessible.

Consumer Needs Assessment (CNA): The 2015 CNA contains responses from over 500 consumers, providing direct feedback about barriers to care and gaps in services from affected communities. The vast majority of respondents (97%-98%) reported being able to access core medical services, including outpatient healthcare, home health care, home and community-based health services, hospice, mental health, medical case management (MCM) including treatment adherence services, and outpatient substance abuse treatment. **Figure 1** shows the percent of Ryan White clients in the MSP-TGA who reported being able to access core medical services when needed.

Figure 1: Percentage of survey respondents needing services and able to access them



Additionally, 91% of CNA respondents indicated a medical professional or HIV clinician was most helpful in finding and connecting them to HIV-related medical care. Overall, 61% percent of PLWH who participated in the CNA survey reported receiving assistance in paying for health insurance premiums, while 68% of American Indian/Alaska Natives and 76% of Latinos participating in the survey reported receiving assistance for premiums.

Health Insurance: Minnesota has one of the lowest rates of uninsured residents in the nation. Between 2013 and 2015, the rate of uninsured dropped from 8.2% to 4.3%. Minnesota has enrolled an additional 1,026,023 individuals in Medicaid and Children's Health Insurance Program (CHIP), a net increase of 17.52%. The increase in health insurance coverage has been driven by enrollment in publicly-funded, state health-insurance programs. Currently, one in five Minnesotans rely on Medicaid or *MinnesotaCare*. *MinnesotaCare* is the state's Basic Health Plan. Coverage obtained through *MNSure* covers 10% of Minnesotans on individual or small group plans. As of June 30, 2016, at least 1,919 of the MSP-TGA's PLWH were covered under Medicaid, *MinnesotaCare*, or by a Qualified Health Plan (QHP) through *MNSure*. Individuals with income below 138% of Federal Poverty Level (FPL) are eligible for Medicaid. Those between 138% and 200% of FPL are eligible for *MinnesotaCare*.

In addition to Medicaid and *MinnesotaCare*, *MNSure* offers four levels of coverage (Bronze, Silver, Gold and Platinum) through its Qualified Health Plans (QHP) and a catastrophic plan for enrollees who are under 30 years of age or meet other criteria. Minnesota's Program HH (the AIDS Drug Assistance Program) provides premium assistance and formulary drug co-payments and deductibles for RWP eligible PLWH—with incomes up to 400% of the FPL—enrolled in one of four gold level coverage QHPs if they are ineligible for Medicaid or *MinnesotaCare*. These plans were selected based on inclusion of comprehensive antiretroviral medications in all classes and access to all of the MSP-TGA providers that offer HIV specialty care. HIV benefits counselors help DHS evaluate *MNSure*'s QHPs for affordability, health benefits, drug formularies, and provider choice prior to each open enrollment period. Benefits counselors, insurance enrollment assisters, and medical case managers (MCM) help clients chose a plan that maximizes cost-effectiveness and provider choice. To date, DHS has not received reports of medication or HIV specialty care access problems from PLWH enrolled in a QHP.

Program HH is accessible to Ryan White Program clients who are uninsured, experience a gap in coverage, or have an income below 400 percent of the federal poverty

guidelines. In the MSP-TGA, 1,230 people received Program HH services in 2016. The number who received assistance paying for their medications was 1,189, and 531 received assistance paying their insurance premiums. Furthermore for those with insurance, Program HH supplements Medicare, employer-sponsored insurance, or other private insurance, increasing the affordability of HIV medications. For people with HIV who are on Medicare, the Part D prescription drug benefit is also more affordable. Program HH chooses healthcare plans with medication deductibles and co-payments that count towards out-of-pocket expenses. As a result, a person living with HIV gets through the coverage cap (or donut hole) faster.

Minnesota through its RWP Part A and B programs and state insurance exchange, MNSure assists PLWH in accessing health insurance and financial services through strong programs such as medical case management, benefits counseling, and insurance outreach and enrollment programs. Medical case managers (who are funded through Part A, B and state appropriations) and benefits counselors (who are funded through Part B and ADAP rebates) are key in helping all eligible clients enroll in new plans. These services play a crucial role in assisting the MSP-TGA's PLWH to enroll in expanded Medicaid or QHP's through MNSure. Medical case management and benefits counseling ensure that the MSP-TGA's PLWH continue to receive assistance in enrolling in Medicaid, MinnesotaCare, a QHP through MNSure or a select private plan on the open market with premium and prescription co-payment assistance through ADAP if ineligible to enroll through MNSure. MCMs and benefits counselors work with their RWP clients during open enrollment periods to ensure that those eligible to enroll in insurance through MNSure receive assistance to maintain continuity when client eligibility and plan changes occur. Medical case managers and benefit counselors routinely assist people to migrate from one plan to another and resolve provider accessibility issues. Additionally, Minority AIDS Initiative funding is designated at two specialty MCM providers for African American and Latino PLWH to reduce insurance access disparities experienced by these communities.

To ensure that all RWP-eligible recipients in the MSP-TGA know about enrollment opportunities and that they chose the most cost-effective coverage, Hennepin County Public Health and DHS train case managers, benefits counselors, and MNSure assisters on MNSure open enrollment, Minnesota Health Care Program Policy changes, and how to help clients enroll in a new plan through MNSure.

Minnesota's strong outreach and enrollment programs are another important aspect that contributes to core services availability in the MSP-TGA. DHS distributes personalized mailings and holds public meetings. The personalized mailings included detailed information about how insurance changes would affect each client specifically. The public meetings are educational events that have time for questions and answers. The meetings are held at different locations in the MSP-TGA. Informational forums are held for the Latino community where interpreters are available for Spanish-speaking clients.

MNSure outreach grants target members of the LGBT community for insurance enrollment through MNSure. The Minnesota AIDS Project (MAP) conducts MNSure enrollment outreach events at the Twin Cities LGBT Pride Festivals. MAP also employs two benefits counselors and eight insurance enrollment assisters to help members of the HIV and LGBT communities enroll in insurance through MNSure. Sub-Saharan Youth and Families Services (SAYFSM), a Part A sub-recipient of RWP funding for medical case management, mental health, psychosocial support and medical transportation services, also received a MNSure outreach grant. SAYFSM provides linguistically and culturally specific services to African-born PLWH. SAYFSM also employs three assisters to help African immigrants obtain health care coverage through MNSure.

Oral Health Services: Although this service was identified as a high need in the CNA, oral health services are available to all PLWH in the MSP-TGA who are eligible for Ryan White Program services. Minnesota's Part B and ADAP program rebate funds provide comprehensive dental services for those without dental coverage. The State's largest HIV care provider, Hennepin County Medical Center, also receives Part F funding. Additionally, reimbursement is set to increase in Minnesota's Governor's proposed state budget for 2018. The Governor's budget includes a 54-percent increase in rates for all dental services provided to Medicaid and MinnesotaCare enrollees. This will increase access to dental providers for the nearly 1.1 million people enrolled in Medicaid and MinnesotaCare. Additionally, Program HH recently expanded the benefit set for dental services.

Funding Allocations and Service Utilization: In FY 2016, 2,866 unduplicated clients received Part A-funded services and 3,639 PLWH in the MSP-TGA received RWP Part A and/or Part B funded services. Among Ryan White clients, 72% were enrolled in Medicaid or other forms of public health insurance, and 95% accessed core medical services through health

insurance coverage. In FY 2016, Hennepin County Public Health dedicated \$3,613,300 of Part A and \$305,600 in Part A MAI funds to core medical services. Hennepin County dedicated \$1,273,961 in Part A funds to supportive services. Of the total Part A and Part A MAI funding, 75.5% was dedicated to core medical services.

The following Part A funded services are provided to PLWH in the MSP-TGA who are uninsured, covered by Medicaid, MinnesotaCare, a QHP, or a select private plan on the open market: Outpatient Healthcare Services for uncovered services, deductible and co-payment coverage (17%); MCM (45%); early intervention services (3%); home and community-based health services not covered by insurance (4%); emergency financial assistance (2%); food bank/home delivered meals (12%); housing services (2%); psychosocial support services (2%); outreach services (3%); health education/risk reduction (2%); and legal services (2%). Part B and state funds also provides resources for PLWH in the MSP-TGA to cover premium payments and prescription co-payments and deductibles; MCM; oral health care; medical transportation; non-medical case management (benefits counseling); and referral for healthcare and supportive services. Funding is also available to assist with out-of-pocket costs that can impose barriers to accessing medical care.

How a waiver positively contributes to addressing service needs for HIV non-core services including the ability to perform outreach and linkage of HIV-positive individuals not currently in care.

A near-term goal of Minnesota's 2017-2021 Integrated HIV Prevention and Care Plan is to increase the percentage of individuals who are linked to and retained in care. In an era when effective treatments for HIV are available and adherence can significantly reduce HIV transmission, supportive services that address the social determinants of health have a major role in outreach, engagement, and retention in care. Securing a core medical services waiver will allow Hennepin County Public Health the flexibility to allocate additional funding to crucial supports services that engage and retain in care populations that the HIV epidemic most affects, including men who have sex with men, communities of color, at-risk youth, and immigrant populations. With this waiver, Hennepin County Public Health will best be able to meet the needs of PLWH in our community. In the public-input meeting on the MSP-TGA waiver application, members of the public who both provide Ryan White services and who depend on Ryan White for their HIV care identified food services as an important Ryan White supportive

service. According to the public, food services help the MSP-TGA perform linkage of HIV-positive individuals not currently in care. Food services also help retain people living with HIV in care.

Support services along with medical case management (MCM) combined comprise 70% of Part A allocations to services in FY2016 and these programs will be sustained in FY2017. MCM supports retention in medical care and treatment adherence and provides a gateway to Part A funded services such as food bank/home delivered meals, emergency financial assistance (EFA), psychosocial support and housing services that are not covered by insurance and address social determinants of health necessary to engage in and stay connected to care.

Part A allocations for support services such as housing assistance, EFA, and medical transportation are essential to outreach, maintaining access and retention by mitigating economic barriers. Participants in developing Minnesota's Statewide Coordinated Statement of Need consistently ranked culturally competent services as a high priority in all categories, particularly support services, meaning culturally specific providers and interpreters who are knowledgeable about HIV and confidentiality of HIV status. Services that address basic needs such as food and nutrition, EFA, and rental assistance are crucial to continued access to HIV treatment and remain a top priority.

How a core medical services expenditure waiver will allow for implementation consistent with the applicant's proposed percentage allocation of resources, comprehensive plan, and SCSN.

Below (Attachment G, page 36) are the proposed Minnesota Council for HIV/AIDS Care and Prevention FY2017 allocations based on the FY 2017 Part A award being the same as the FY2016 award. If the Part A expenditure waiver is approved, core services that will receive reduced allocations include home and community-based health services and medical case management, specifically clinic-based treatment adherence services. The need to fund these services has recently declined due to the availability of other funding sources. Therefore no impact is anticipated in access to core medical services as a result of this waiver request.

Support services that receive increased funding in the proposed allocation plan are home-delivered meals and on-site meals, two service activities under food bank/home delivered meals. Demand for these services has been historically high, necessitating an increase of funding to

meet client needs for nutritious food. In FY2015 and 2016, the ability to reallocate funds from core medical services to support services mid-year was limited by the core medical services expenditure requirement. This expenditure request and the shift to funding services that address the social determinants of health is consistent with Minnesota and the TGA's comprehensive plan and statewide coordinated statement of need (SCSN).

There is broad recognition of the need for the waiver as demonstrated by the letters of support secured from the Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Council for HIV Care and Prevention, including people living with HIV, providers of core medical services, and support service providers. One of the largest core medical service providers in Minnesota, Hennepin County Medical Center, also submitted a letter of support for this waiver.

Attachment A
Letter from State ADAP Director



**DEPARTMENT OF
HUMAN SERVICES**

Community Supports, Disability Services Division

March 21, 2017

Steven R. Young, MSPH
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Division Director Young:

This letter is being provided to Hennepin County Public Health for inclusion in their request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services expenditure requirement. In Minnesota, there are currently no waiting lists for medications on the AIDS Drug Assistance Program (ADAP) formulary. As of the date of this letter, we also do not anticipate that there will be an ADAP waiting list in the near future. Minnesota's ADAP formulary is comprehensive and includes all pharmaceutical medications covered by Medical Assistance, Minnesota's Medicaid Program.

The Minnesota Department of Human Services Program HH (ADAP Program) supports Hennepin County Public Health's request for a waiver of the core medical services requirement. In 2013, Minnesota Governor Mark Dayton authorized Medicaid expansion under the Affordable Care Act (ACA) by increasing eligibility for non-elderly adults to incomes at or below 133% of the federal poverty guideline (FPG). Because Medicaid is the largest source of health coverage for people living with HIV, many more people living with HIV (PLWH) in Minnesota have access to affordable healthcare services through their own health insurance plans instead of RWHAP. We agree that a waiver of the core medical services requirement will allow Hennepin County Public Health to better meet the needs of people living with HIV and AIDS (PLWH) in Minnesota. Furthermore, a waiver will allow Hennepin County Public Health to dedicate a larger portion of its RWHAP funding to much-needed non-core support services that impact social determinants of health in ways that remove barriers to accessing healthcare and facilitate retention in care.

Please contact Rachael Heule/ADAP Coordinator at 651-431-5768 or Colleen Bjerke/Part B Director at 651-431-2816 if you need additional information.

Sincerely,

Alexandra Bartolic, Director
Disability Services Division

Attachment B1
Services Inventory Chart

ATTACHMENT B1: Minneapolis - St. Paul Part A TGA Resource Inventory Chart– FY2017 Available Funds

Funding Source	FY2017 Available Funds		HIV Care Continuum Stage Impacted P: Prevention D: Diagnosis L: Linkage to Care R: Retained in Care A: Prescribed ART VS: Virally Suppressed	Core Medical Services														Supportive Services														HIV Testing	
	Dollar Amount	%		Number of Providers														Number of Providers															
				Outpatient/Ambulatory Medical Care	AIDS Drug Assistance Program	AIDS Pharmaceutical Assist.	Oral Health Care	Early Intervention Services	Health Insurance Premium/ Cost-Sharing	Home Health Care	Home & Community-based Health	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Medical Case Management	Substance Abuse Services – Outpatient	Non-medical Case Management	Child Care Services	Emergency Financial Assistance	Food Bank/Home-delivered Meals	Health Education/Risk Reduction	Housing Services	Legal Services	Linguistic Services	Medical Transportation Services	Outreach Services	Psychosocial Support Services	Referral for Health Care/ Supportive	Rehabilitation Services	Respite Care	Substance Abuse Services – Residential	Treatment Adherence Counseling	
Part A	\$ 5,671,107	11	P, D, L, R, VS	3			3	1	1	3	2	7	2				1	3	3	1	1	6	1	2	4								
Part B	10,030,522	19	P, L, R, A, VS		M	M	2			M	1	2			1		1	1			1	6	8	1	1								
Part C	407,656	1	P, D, L, R, A, VS	2			2					1							1														
Part D	437,613	1	P, D, L, R, A, VS	2						2	1																						
Part F Dental	63,185	0	R			1																											
Part F ATEC	212,000	0	P, A, VS																														
ADAP Rebate	3,503,848	7	VS	1	M	M	2				M	2	2		1		1	2	2	2			3	1	1	1				M			
CDC	746,259	1	P, D, L																5												12		
HOPWA	1,208,832	2	L, R																2														
Medicaid	25,892,479	48	P, L, R, A, VS	M		M			M	M	M	M	M	M								M	M			M	M	M	M	M	M		
Minnesota Care*	863,509	2	P, L, R, A, VS	M		M			M	M	M	M	M	M								M						M	M	M	M		
Consolidated Treatment Fund†	1,121,893	2	L, R										M														M						
State	2,400,000	5	L, R					1					2																				
Local	482,835	1	P, D, L, R, VS				2												1												3		
TOTAL	\$53,314,738	100	Total HCC	M	M	0	M	9	4	M	M	M	M	M	15	M	2	0	3	6	11	6	2	12	M	4	5	2	M	0	M	M	M

*Minnesota’s Basic Health Plan (under the ACA). Income eligibility up to 200% FPL.
 †Minnesota’s chemical dependency treatment consolidated fund for low income state residents (138% FPL).
 M=Multiple including Medicaid and Medicare qualified providers.

Attachment B2
Services Inventory Table

ATTACHMENT B2: Service Inventory Table of MSP Part A TGA Core Service Providers

Core Service	Provider	Funding Sources	
ADAP Insurance Program	MN Department of Human Services	ADAP, Federal Rebate, State Appropriation	
AIDS Drug Assistance Program	Medicaid Qualified Pharmacies	ADAP, Supplemental, Federal Rebate, Medicaid, MinnesotaCare	
Early Intervention Services	Hennepin County Public Health Clinic	Part A	
	Hennepin County Public Health Clinic	Hennepin County	
	Clinic 555	St. Paul – Ramsey Public Health Department	
	Aliveness Project Hennepin County Public Health	Federal Rebate	
Health Insurance Premium/Cost Sharing	Minnesota AIDS Project	Part A, Part B	
Home & Community-Based Health Services	Medicaid Qualified Providers	Medicaid	
	Pinnacle Services	Part A, Medicaid	
Medical Case Management	African American AIDS Task Force West Side Community Health Services	Part A	
	Allina Health System	Part A	
	Aliveness Project Indigenous Peoples Task Force Minnesota AIDS Project Mayo Clinic Rural AIDS Action network Youth and AIDS Project	Part B, Rebate, State Appropriation	
	Allina Health System African American AIDS Task Force Children's Hospitals and Clinics HealthPartners Hennepin Health System Saharan Youth and Family Services in Minnesota West Side Community Services	Part A	
	African American AIDS Task Force Hennepin Health System	Federal Rebate	

Core Service	Provider	Funding Sources
Medical Nutritional Therapy	Aliveness Project Hennepin Health System Medicaid Qualified Providers	Part A, Part B, Medicaid, MinnesotaCare
Mental Health Services	Medicaid Qualified Providers	Part B, Medicaid
	Hennepin Health System Sub-Saharan Youth and Family Service of Minnesota West Side Community Health Services	Part A, Medicaid, MinnesotaCare
Oral Health Care	Medicaid Qualified Providers	Part B, Medicaid, MinnesotaCare
Outpatient/Ambulatory Medical Care	Hennepin Health System	Part A, Medicaid, MinnesotaCare, Federal Rebate
	HealthPartners	Part A, Medicaid, MinnesotaCare
	West Side Community Health Services	Part A, Medicaid, MinnesotaCare, Federal Rebate
	Mayo Clinic	Medicaid, MinnesotaCare, Federal Rebate
	Medicaid Qualified Providers	Medicaid , MinnesotaCare
Substance Abuse - Outpatient	Minnesota AIDS Project	Rebate
	Hennepin Health System	Part A, Medicaid, MinnesotaCare, Federal Rebate
	Minnesota AIDS Project	Part A Federal Rebate
Treatment Adherence/Medication Adherence	Allina Health System Hennepin Health System	Part A, Medicaid, MinnesotaCare

Attachment C

Service Utilization

**Attachment C: 2016 Ryan White HIV/AIDS Program Eligible Client Service Utilization
Minneapolis - St. Paul Transitional Grant Area (TGA)**

Service Category	TGA Clients Receiving Part A Funded Services	TGA Clients Receiving Part B Funded Services	TGA Clients Receiving Federal Rebate Funded Services	Total Unduplicated
AIDS Drug Assistance	-	1,229	-	1,229
Early Intervention	47	21	21	87
Emergency Financial Assistance	297	679	75	901
Food Bank/Home-delivered Meals	1,243	594	263	1,331
Health ed./risk reduction/prevention	242	5	36	272
Health Insurance Premium/Cost Share Assist.	69	20	-	83
Home and Community-based Health Services	33	-	-	33
Housing Services	12	1	68	75
Legal Services	270	7	-	270
Linguistics Services	3	1	-	3
Medical Case Management	1,526	221	934	1,991
Medical Nutrition Therapy	286	4	88	303
Medical Transportation Services	40	1,283	-	1,312
Mental Health Services	60	7	-	65
Non-medical Case Management	-	363	759	759
Oral Health Care	114	365	-	414
Outpatient/Ambulatory Medical Care	1,178	-	-	1,178
Psychosocial Support	252	-	10	252
Referral: Healthcare & Supportive Services	-	130	100	130
Service Outreach	21	10	-	30
Substance Abuse: Outpatient	226	-	33	229
Total Unduplicated	2,866	2,214	1,834	3,639

Attachment D1
Letter from State Medicaid Letter



**DEPARTMENT OF
HUMAN SERVICES**

April 18, 2017

Steven R. Young, MSPH
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Division Director Young:

This letter is being provided to the Hennepin County Public Health Department for inclusion in their request for a waiver of their Ryan White HIV/AIDS Program (RWHAP) Part A core medical services expenditure requirement.

Under the Affordable Care Act, Minnesota expanded access to its Medicaid program—Medical Assistance—by increasing eligibility for non-elderly adults to incomes at or below 133% of the federal poverty guideline (FPG). Medicaid is the largest source of health coverage for people living with HIV. Therefore, Minnesota's Medicaid expansion increased access to affordable healthcare and RWHAP core services for many Minnesotans living with HIV without additional spending of the Ryan White HIV/AIDS Program funds. Medical Assistance covers many of the RWHAP core services, including home health care, hospice services, mental health services, and outpatient substance-abuse treatment. Increased access to these core services is seen in the dramatic decrease in Minnesota uninsured rates. Between 2013 (when Minnesota authorized Medicaid expansion) and 2015, the uninsured rate was cut nearly in half. The state currently has the fifth-lowest uninsured rate in the country at 4.5%. The number of people newly eligible for coverage due to expansion is over 200,000. This increase is primarily driven by an increase in the number of Minnesotans enrolled in state health insurance programs, Medical Assistance and MinnesotaCare, Minnesota's Basic Health Plan.

People living with HIV who are not eligible for Medical Assistance or Minnesota Care have access to comprehensive health coverage through Qualified Health Plans available through MNSure, Minnesota's health insurance exchange. Advanced premium tax credits and additional premium assistance through Minnesota's AIDS Drug Assistance Program ensure that these plans are affordable, mitigating cost barriers to accessing high quality HIV medical care.

The Minnesota Department of Human Services Medicaid office supports Hennepin County Public Health's request for a waiver of the core medical services expenditure requirement. We believe that core medical services are available to all eligible PLWH within The Minneapolis-St. Paul Part A Transitional Grant Area (TGA) and that a waiver of the core medical services requirement will allow the County to better meet the needs of PLWH in Minnesota's RWHAP Part A grant area.

Sincerely,

A handwritten signature in black ink, appearing to read "Marie Zimmerman", with a long horizontal flourish extending to the right.

Marie Zimmerman
State Medicaid Director
Minnesota Department of Human Services

Attachment D2
Letter from Local HIV Services Provider

April 5, 2017

Steven R. Young, MSPH
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Division Director Young:

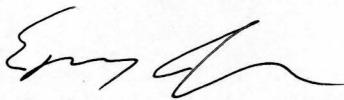
This letter is being provided in support of Hennepin County Public Health's waiver application of their Ryan White HIV/AIDS Program (RWHAP) core medical services requirement.

Positive Care Center at Hennepin County Medical Center is a recipient of Ryan White funding, and I am a member of the Minnesota Council for HIV/AIDS Care and Prevention. My organization received over \$1,000,000 in Ryan White Part A funding last year. With this funding Primary Care - Outpatient Ambulatory Medical Care, Treatment Adherence, Medical Case Management, Medical Nutritional Services, Mental Health and Substance Abuse services were provided through a seamless and coordinated system of care to residents living within the Minneapolis-St. Paul (MSP) Transitional Grant Area (TGA). In 2016, 1,746 people living with HIV received these services from the Positive Care Center at Hennepin County Medical Center with respect to this essential funding source.

Since all core medical services are available to every Ryan White-eligible person living within the MSP TGA, we believe that those living in our jurisdiction will be better served in our jurisdiction if this waiver is approved. Increased funding for the support services of home-delivered meals and on-site meals will improve the lives of PLWH in the MSP TGA.

Please contact Ejay Jack, Positive Care Center Program Manager at 612-873-5217 or Ejay.Jack@hcmcd.org if you need additional information.

Sincerely,



Ejay Jack

Positive Care Center Program Manager
Hennepin County Medical Center
701 Park Ave #O1.340
Minneapolis, MN 55415
Office: 612-873-5217
Ejay.jack@hcmcd.org

Attachment E

Public-Input Process

Public Process for Input on the Availability of Core Medical Services

The Minnesota Council for HIV/AIDS Care and Prevention (Council) serves as the single community planning body for RWP Part A and B as well as for HIV prevention planning for the Minneapolis-St. Paul Transitional Grant Area (MSP-TGA) and Minnesota (MN). The HIV epidemic is centered in the Twin Cities metro area with 85% of MN's HIV cases. The MN Department of Health, the MN Department of Human Services and Hennepin County Public Health created a joint integrated HIV care and prevention body to ensure integrated HIV care and prevention community planning, coordination of funding streams, administrative efficiency, and coordinated evaluation of publicly funded HIV programs. The Council meets all requirements under sections 2602 and 2610 of the federal RWP legislation. Council membership is reflective of the epidemic in the MSP-TGA. All populations identified as having severe need for HIV care and prevention resources are represented on the Council, including four African immigrants. The Council is currently composed of 28 members, eleven (39%) of whom identify as living with HIV. The Council's Community Voice Committee (CVC) meets quarterly and includes Council members as well as community members living with HIV and at risk of infection. The CVC provides perspective on emerging service needs and problems associated with current service delivery. The group provides the Council with key insights on issues for PLWH and feedback on priorities, allocations, and care standards. PLWH are members of all Council committees. They provide input on services, allocations, data collection and analysis. Time allotted for community members to discuss service needs is a standing agenda item at each Council meeting. In addition to serving on the Council and its committees, PLWH participate in needs assessments and consumer surveys.

On February 10, 2017, the Council used its public Facebook page to inform the community that a public forum on Hennepin County Public Health's RWP core medical services waiver application would be held on March 14 following the regularly scheduled March Council meeting. Emails to community stakeholders informing them of this meeting were sent on February 10 and again on March 7, 2017. MCHACP council members were given a presentation on February 14, 2017 on the County's intent to apply for the waiver. On March 14, 2017, an extended Council meeting was held to specifically explain application requirements, the reason why the County was applying, and allow members of the community and providers to give their input on the waiver application. Providers from several organizations, clients, and community-based organizations that advocate for HIV services participated in this extended Council meeting. During the meeting, members of the public broke into several small groups, where they were asked four questions:

- How has Minnesota been successful in increasing access to HIV preventative and care services for people living with HIV and people at risk?
- How well are people living in the MSP-TGA able to access Ryan White core services?
- 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.

- Ryan White funding requires that seventy-five percent 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?

Their responses to these questions were written down, and each small-group reported their responses to the larger group. Based on the information gathered from the public at the meeting, food, legal, and housing support services were identified as areas that the public wants increased funding and that are important to linking people living with HIV to care and to retaining them in care. Hennepin County Public Health used this feedback from the small groups to guide its waiver application.

Attachment F1
Letter from State HIV Planning Council



Minnesota Council for HIV/AIDS Care and Prevention

April 11, 2017

Steven R. Young, MSPH
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Division Director Young:

The Minnesota Council for HIV/AIDS Care and Prevention (MCHACP) is providing this letter of support of Hennepin County Public Health Department's request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services expenditure requirement.

Through MCHACP, Hennepin County Public Health prioritizes RWHAP Part A services biennially and allocates funding annually. Both the prioritization and allocation processes rely on public and key-stakeholder input during Council meetings, through the Community Voices Committee and from three community workgroups focusing on the HIV prevention service needs of African American MSM, Latino MSM and transgender women and Blacks born in African countries who have settled in the Minneapolis-St. Paul TGA (MSP TGA). Using Facebook posts and emails, the MCHACP Community Voices Committee invites members of the community to its quarterly meetings. The Community Voices Committee then presents public input to the MCHACP Executive Committee. Additionally, key stakeholders also provide their views to MCHACP as council members. Forty-eight percent of council members identify as people living with HIV and those at higher risk of infection. These members are a very important link between the Council and the community, bringing community HIV service and prevention needs to the table and information about Council activities back to the community. Eleven of twenty-eight council members represent community or clinic-based organizations that serve populations that HIV/AIDS affects.

MCHACP discussed the need for a core medical service waiver at their March 14, 2017 meeting. As with all Council meetings, the March 14 meeting was open to the public. MCHACP advertised this meeting to the public via its Facebook page on February 10, 2017. Emails to community stakeholders informing them of the meeting were also sent on February 10. During these meetings, MCHACP decided it was in the Transitional Grant Area's (TGA) best interest to apply for a waiver because Minnesota's decision to expand Medicaid and the State's historically low uninsurance rate mean that more Minnesotans living with HIV have access to core medical services through their own healthcare plans.



Minnesota Council for HIV/AIDS Care and Prevention

A waiver of the core medical services requirement will allow the MSP TGA to increase the proportion of RWHAP Part A funding to much-needed, non-core support services, such as Food Bank/Home Delivered Meals and Housing Assistance services. Currently over 200 PLWH are on waiting lists for rental assistance programs. Home delivered meals for PLWH who are often homebound because of limited mobility and food bank to provide nutritious food are currently underfunded as evidenced by spending of allocated funds prior to the end of the fiscal year and greater than expected clients utilizing these services.

MCHACP supports Hennepin County Public Health's application for a waiver of the core medical services requirement. We believe that core medical services are available to all eligible PLWH within Hennepin County's jurisdiction and that a waiver of the core medical services requirement will allow the Hennepin County Public Health Department more flexibility to better meet the needs of people living with HIV in the MSP TGA to support retention in care.

Please contact Jonathan Hanft at jonathan.hanft@hennepin.us or (612) 348-5964 if you need additional information.

Sincerely,

Roger Ernst

Lesla Nelson

Co-chairs of the Minnesota Council for HIV/AIDS Care and Prevention

Attachment F2
Letter from State HIV/AIDS Director



Minnesota
Department
of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

March 21, 2017

Steven R. Young, MSPH
Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Division Director Young:

This letter is being provided to the Hennepin County Public Health Department to support their request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) Part A core medical services expenditure requirement.

Minnesota fully integrates state and county HIV prevention and care community planning through the Minnesota Council for HIV/AIDS Care and Prevention (MCHACP). MCHACP prioritizes and allocates both Minnesota's RWHAP Part B and the Minneapolis-St. Paul Part A TGA's (MSP-TGA) funding on a biannual and annual basis, respectively. In addition, MCHACP recommends target populations for HIV prevention interventions funded by Minnesota's CDC HIV Prevention Program funding. Representatives from the Minnesota Department of Health (MDH) and Minnesota Department of Human Services (DHS) are on the Council. MDH appoints a co-chair to the council, allowing the State to gather public input through MCHACP.

Key stakeholders throughout Minnesota and the MSP-TGA participate as members of MCHACP and as community members on MCHACP committees. Forty-eight percent of Council identify as people living with HIV and those at higher risk. These members are a very important link between the Council and the community, bringing community HIV care and prevention needs to the table and bringing information back to the community. Eleven of twenty-eight council members represent community and clinic-based organizations that serve populations that HIV/AIDS affects, including Minnesota's two largest community-based HIV service organizations, the Aliveness Project and the Minnesota AIDS Project. The MCHACP held an extended meeting on March 14, 2017 to discuss Hennepin County's request for a Part A core medical services expenditure waiver and how a waiver will support retention in HIV medical care and higher rates of viral suppression. The extended meeting was open to the public and MCHACP reached out to community stakeholders including providers and recipients of RWHAP funded services to invite them to participate.

Steven R. Young, MSPH
Page 2
March 21, 2017

The Minnesota Department of Health's HIV/STD/TB Section coordinates planning and availability of services with Hennepin County DHS and MCHACP through the Council's prioritization and allocation processes. A core medical services waiver will allow Hennepin County Public Health to increase funding of much-needed, non-core services to PLWH, such as Food Bank/Home Delivered Meals and Housing Services. These services are currently underfunded as evidenced by greater than expected utilization and waiting lists for housing assistance.

The Minnesota Department of Health's HIV/STD/TB Section supports Hennepin County Public Health's request for a waiver of the core medical services expenditure requirement. We believe that core medical services are available to all eligible individuals within the 13-counties of the Part A MSP-TGA and that a waiver of the core medical services expenditure requirement will allow Hennepin County Public Health to better meet the needs of people living with HIV in this community.

Please contact me at Krissie.guerard@state.mn.us or (651) 201-4007 if you need additional information.

Sincerely,



Krissie Guerard, MS
STD/HIV/TB Section Manager
Minnesota HIV/AIDS Director

KG:rad-k

Attachment G
FY 2016 Allocation Plans

Attachment G: FY 2017 Allocation Plans for Funding Core Medical and Support Services

Council Priority	Service Category	Part A Allocation without Waiver	Part A Allocation with Waiver
CM 1	ADAP Treatments (Part B funded)	-	-
CM 2	Outpatient Healthcare Services (Includes MAI)	837,900	837,900
CM 3	Medical Case Management (Includes MAI)	2,393,800	2,193,800
CM 4	Health Insurance Premium/Cost Sharing Asst.	10,100	10,100
CM 5	Mental Health Services	138,000	138,000
CM 6	Early Intervention Services	208,300	208,300
CM 7	Oral Health Care (Part B funded)	-	-
CM 8	Substance Abuse Services - Outpatient	139,900	139,900
CM 9	Medical Nutritional Therapy	44,000	44,000
CM 10	Home & Community-Based Health Services	177,600	125,000
	<i>Core Medical Service Subtotal</i>	<i>\$ 3,949,600</i>	<i>\$ 3,697,000</i>
S1	Medical Transportation Services	24,000	24,000
S2	Emergency Financial Assistance	95,300	95,300
S3	Housing Services	80,800	80,800
S4	Food Bank / Home Delivered Meals	454,200	706,800
S5	Non-Medical Case Management (Part B funded)	-	-
S6	Psychosocial Support	88,400	88,400
S7	Referral for Healthcare/Supportive Services (Part B funded)	-	-
S8	Outreach Services	148,700	148,700
S9	Health Education/Risk Reduction	90,900	90,900
S10	Legal Services	96,800	96,800
S11	Linguistic Services	1,900	1,900
	<i>Support Service Subtotal</i>	<i>\$ 1,081,000</i>	<i>\$ 1,333,600</i>
	Core Medical Service Percent	78.5%	73.5%