

**ACTION ITEM**  
**Minnesota Council for HIV/AIDS Care & Prevention**  
**Pre-Award Allocations Proposal with a Waiver**  
**Fiscal Year 2020 Allocation of Part A and Part B funds**  
**August 13, 2019**

**1. Background**

One of the most important responsibilities of the Minnesota Council for HIV/AIDS Care and Prevention is to prioritize service areas that are funded by Parts A and B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 and then to allocate the amount of funding to go to prioritized service areas. This responsibility is mandated by legislation for Part A funds. In Minnesota, the council is also charged with providing recommendations on the prioritization and allocation of Part B funds to ensure coordination and efficiency of planning and administering services statewide. Prioritization and allocation are on a biennial schedule. The council prioritized service areas in June and July 2018 and allocated Part A and Part B funds on August 14, 2018.

In order to maximize resources and increase flexibility of grant spending to meet the needs of people living with HIV/AIDS in our community, the Part A grant recipient plans to request a waiver of the Part A core medical services expenditure requirement. The waiver request must include a proposed allocations table approved by the Minnesota Council for HIV/AIDS Care and Prevention. Additionally, the Part A grant application which is submitted annually and due on September 30, 2019, must include an allocations table approved by the Minnesota Council for HIV/AIDS Care and Prevention and it should match the submitted or intended waiver request. If the waiver is not applied for or granted by HRSA then 75% of Part A funds must be spent on core medical services.

**2. Rationale**

The starting point for the Fiscal Year 2020 Pre-Award Allocations Proposal with a Waiver was developed using the following process:

- 1) Assumed flat funding – 2020 awards will be the same as in 2019.
- 2) Started with the council's allocations plan that was submitted with the fiscal year 2019 waiver application.
- 3) Added \$5,126 in additional MAI funds to Medical Case Management based on the council's allocations plan after the fiscal year 2019 grant award was received.
- 4) Increased Part B funds to Oral Health Care by \$25,065. This amount remained unallocated in the previous allocations plan. Spending in Oral Health Care exceeded the allocation amount in fiscal year 2018.

On July 24, 2019 the Planning and Allocations Committee reviewed the fiscal year 2020 pre-award allocations proposal with a waiver and "Larry McPherson moved to approve the allocations proposal and Tom Bichanga seconded. YES: Andrew Bauman, Lisa Behr, Tom Bichanga, Larry McPherson, Florence Nabeta, and Johnnie Williams. Tyrie Stanley abstained due to facilitation. The motion passed unanimously."

On August 6, 2019, the Executive Committee reviewed a revised fiscal year 2020 pre-award allocations proposal with a waiver and moved to refer the allocations proposal back to the Planning and Allocations Committee for an electronic vote on the revised proposal. If the Planning and Allocations Committee approved the revised proposal, the Executive Committee recommends the approval of the revised allocations proposal.

On August 8, 2019 the Planning and Allocations Committee was presented with the revised allocations plan that moved \$148,700 in Outreach allocation to Early Intervention Services (Part A funds) and \$26,700 in Health Insurance Premium Cost Sharing Assistance allocation to Emergency Financial Assistance (Part B funds). The rationale for these changes is:

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- Part A requested that the entire allocated amount of \$148,700 in Outreach allocation be moved to Early Intervention Services (EIS) because EIS includes four components:
  1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV infected
    - a. Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - b. HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
  2. Referral services to improve HIV care and treatment services at key points of entry
  3. Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis
- The data shows that a greater number of people who are out of care or do not know their status are found through EIS rather than Outreach.
- Part B requested that the entire allocated amount of \$26,700 in Health Insurance Premium Cost Sharing Assistance allocation be moved to Emergency Financial Assistance since ADAP can absorb the small additional amount for insurance currently paid from this service area. (spent approximately \$7,000 of the \$26,700 for insurance)
- At the February 2018 Part B site visit, HRSA recommended this change because of the requirement that before a health insurance premium is paid, the subrecipient must demonstrate that paying the premium is less expensive than purchasing drug. Most subrecipients do not have access to the information needed to make this determination but ADAP is already doing this work.
- ADAP has the ability to provide more assistance to clients needing insurance coverage.
- Other medical payments from this program will be paid from EFA. This part of the program was a part of EFA until a few years ago so it is returning there and the category will be re-introduced under EFA.
- This change will improve access to ongoing insurance assistance for clients and slightly increase the total amount available for cost sharing. It is an administrative change which will provide at least the same level (probably improved level) of service to clients.

### **3. Recommendation**

On August 8, 2019, Tyrie Stanley moved to hold an electronic vote for the revised allocations plan. Since it came from the Executive Committee, no second was needed. Committee members had 72 hours to respond. YES: Mary McCarthy, Larry McPherson, Florence Nabeta, Chuck Peterson. Tyrie Stanley abstained due to facilitation. The motion passed 4-0.

**ACTION ITEM**  
**Minnesota Council for HIV/AIDS Care and Prevention**  
**FY 2019 Post Award Allocation of Part A Minority AIDS Initiative (MAI) Funds**  
**June 2, 2020**

**1. Background**

The council is responsible for allocating resources and the recipients are responsible for submitting to HRSA the post-award allocations budget for the current fiscal year. Often, circumstances change between the time allocations were made by the council and the time actual grant amounts are awarded. When award amounts are different than anticipated, the outcome of any final allocation for the fiscal year must be consistent with the priorities of the council.

**2. Rationale**

After the council approved allocations for FY 2020 based on a flat funding scenario, Part A (Hennepin County) received notice that the Part A grant award for Minority AIDS Initiative (MAI) was slightly higher than the anticipated flat funding (see attached).

At the May 21, 2020 Disparities Elimination Committee meeting, Megan Mueller moved to put the \$10,093 in additional MAI funds into outpatient and ambulatory health services. . It was seconded. No debate. Charlotte Detourney abstained due to conflict of interest. **AYE:** Dennis Anderson, DJ Rotz, Fred Ndip, Raymel Givens, Tom Kennedy, and Alfredo Rincon-Gonzalez. **NO:** Tyrie Stanley. Motion passes.

**3. Recommendation**

The Disparities Elimination Committee recommends the council allocate \$10,093 in additional MAI funds for Fiscal Year 2020 to outpatient and ambulatory health services.