

**Minnesota HIV Services Planning Council Meeting**  
**February 10, 2015**  
**9:00 am – 12:00 pm**  
**Health Services Building, Room L15**  
**525 Portland Ave S, Minneapolis**  
**Minutes**

---

**Council Members Present:**

Andy Ansell	Jonatan Gudiño
Michael Behl	Krissie Guerard (phone)
Scott Bilodeau	Keith Henry, M.D.
Sokun Bobson	Marvin Innes
Michele Boyer	Hank Jensen (Council Co-Chair)
Loyal Brooks	Joe Larson
Winston Cavert, M.D.	Lesla Nelson
Jared Erdmann	Asneth Omare
Al Fredrickson	Craig Schmidt
Debbie Gazett (Council Co-Chair)	Aaron Wittnebel
Michael Graham	Monica Yugu

---

**Council Members Absent:**

David Finwall	Midnight
Bielca Guevara	Valentine Momo
Michael Hargrave	

---

**Community Members/Guests/Consultants:**

Chris Briggs, Clare Housing	Karin Sabey
Keith Pederson	Josh Wiechmann, Hennepin County

---

**Part A Representative:**

Jonathan Hanft, Hennepin County

---

**Part B Representative:**

**Planning Council Staff:**

Sirry Alang, Coordinator	Carissa Weisdorf (minutes)
--------------------------	----------------------------

---

Quorum Present? **Yes**

**I. Call to Order**

Debbie called the meeting to order at 9:02 am.

**II. Lighting of the Candle**

**III. Welcome and Introductions**

**IV. Consideration and Approval of Proposed Agenda**

Open Forum was added to the agenda and the agenda was approved by unanimous consent.

**V. Review and Approval of January 13 Minutes**

The minutes were approved by unanimous consent.

**VI. Co-Chair Update**

- Hank referred to the guiding principles on the back page of the agenda and asked the council to assume good intentions.
- Jonatan Gudiño announced he is stepping off the Planning Council as of today and left the meeting.
- We are recognizing the work of the committees this month with treats at each meeting and will ask members to RSVP for this month's meetings.

**VII. Part A Report**

*Jonathan Hanft, Hennepin County*

Minnesota HIV Services Planning Council  
Planning Council Meeting Minutes for February 10, 2015  
[www.mnhivplanningcouncil.org](http://www.mnhivplanningcouncil.org)

- Provided an update in written form.
- The estimated unobligated balance was submitted and accepted by HRSA; this is the carryover plan for 2014 and is moved to 2015. It will be finalized after the 2014 spending is complete in July.
- The 2013 final MAI report was submitted to HRSA at the end of January; it included outcomes and achievements of 2013.
- There was a CAEAR Coalition call following Obama's budget announced on February 6. Ryan White is flat funded. These are not actual appropriations but it sets the tone for the importance of Ryan White funding. The federal government is pushing to consolidate Part C into Part D which would result in \$4 million increase to Part C funding.
- Jonathan will attend the CAEAR Coalition Board and Membership Meeting in February and he is hoping to schedule visits with staff on Capitol Hill. He wants to meet with Congresspersons he has not spoken with before (Congresspersons McCullum, Klein, Nolan, and Emmer). He will not discuss reauthorization of the Act because there is no movement on this but wants our delegation to understand the benefit of Ryan White funding.
- We will likely finalize the Quality Management Coordinator position this week or next week and hope to have someone in place in March. This position focuses on improving the services the council prioritizes and allocates funding.
  - The Quality Management Advisory Committee (QMAC) is always looking for additional consumers, especially unaffiliated/unaligned to join the committee. QMAC meets 6 times per year and includes Part A and B.
  - The QM Coordinator provides a report to the council about results each fall (usually October).
- On February 12 Hennepin County, MDH and DHS are holding a health summit for African American gay/bi/MSM individuals. We are seeking input on experiences, needs and gaps in care. The summit will include a keynote speaker and breakout sessions.
- On February 26 the Early Identification of Individuals Living with HIV/AIDS (EIIHA) workgroup is meeting at the Aliveness Project. The workgroup was established in 2009 after the reauthorization of the Ryan White CARE Act. It focuses on the importance of getting undiagnosed individuals into care; it meets annually to discuss successes and activities related to EIIHA.

### **VIII. Part B Report**

*Andy Ansell, DHS*

- Andy provided an update on ACA enrollment; the deadline to enroll is February 15 and DHS is focused on identifying people not enrolled yet. Last year 129 clients enrolled in Open Market plans and this year 122 of the 129 people have completed open enrollment applications. They focused on enrolling undocumented individuals as well. 142 of the 143 clients on MNSHA went to the open market. Four mailings were sent out to clients with information on how to enroll in the plan. MAP benefits counselors have also been calling clients to help them get enrolled. The MNSHA deadline to enroll is February 28. Andy feels the open enrollment process has been fairly smooth.
- DHS is developing and implementing an advance tax credit policy. They will go through clients' tax returns to look for additional income that should be applied to premiums; they will also pay the difference if anything is underreported. Karin asked about consumers that have 100% drug coverage but are not in an Exchange plan. Andy said HRSA is clear that this is not a reason to unenroll the client for drug coverage. There is no current policy about unenrolling clients who do not enroll in a plan. Clients need to file an income tax return and could be subjected to losing drug coverage in the future. The rebate only applies to clients that DHS pays the majority of medication costs; if insurance pays for a portion of the drugs and DHS pays the co-pay then they do not receive rebate money. Andy said the intent of the law is to have people enroll for insurance not just when they need it but always covered; therefore HIV is not considered a life changing event. In the past they did receive rebate funds so this will be a big reduction. Open market plan (BCBS) is available to the general public so they are hoping it is stable and clients will not need to find a new plan next year. Coverage is better than MNSHA, and clients can keep their providers. Debbie said Andy and Rob have done an amazing job with the enrollment and benefits counselors could not do their jobs without them; Dr. Cavert agreed.
- The federal poverty guideline (FPG) rate was raised from 300 to 400% (persons making approximately \$46,000) last week. Feedback from benefits counselors is that people were able to enroll in coverage. Part B funded service programs remain at 300%; these include any program directly administered in house at Program HH: ADAP, insurance, dental, mental health and nutrition programs.

- Craig asked for an update on the rebate spending. Andy said the legislators received the report but have not received a response yet. DHS' internal planning process has started, starting with raising the FPG and they will start paying some premiums.

## IX. Prevention Update

*Krissie Guerard, MDH*

- No update; Krissie asked if there are any questions.
- Dr. Henry asked when the 2014 Cascade will be complete; Krissie said the 2013 Cascade just wrapped up and 2014 should be rolled out at the end of April along with MDH's data release.

## X. Integrated Planning Update

- The workgroup met with the facilitator/project manager Amy Dusek. They discussed major milestones and determined a sequence to get them done. Will develop a workplan and bring it to the council and CCCHAP. The final goal is to convene the new planning body in early 2016.

## XI. Staff Update

- Sirry thanked everyone who attended last month's facilitation training.
- The next New Member Orientation is March 6 from 8:30 am-3:30 pm; all members are welcome to attend especially anyone who wants a refresher.
- Elections for the Grievance Committee are in March; it is a 3 person committee. Let Sirry know by Friday, February 20 if you want to join.
- We will discuss the standards of care for housing and EIS at this month's CVC and CAC meetings. Please attend if you are an unaligned consumer and help spread the word.

## XII. Committee Reports

Community Voice Committee

- **Action item:** CVC Committee Co-Chair Election. Discussion: Bielca is attending a training to become a medical interpreter so is unable to attend today's meeting. The council voted by ballot.
- We are updating the CVC brochure and want to include photos in the brochure.
- The next meeting is Tuesday, February 17; please RSVP with Carissa.
- The committee is open to anyone who is HIV+ and we are seeking more members. Voting is open to anyone attending the meeting.

Executive- provided in written form.

Needs Assessment & Evaluation

- The committee reviewed past minutes from the listening sessions with members of the community and will prepare a summary of the themes of these discussions to present at the March Planning Council meeting.
- The committee prepared the document *Training Topics Questionnaire* and they are seeking input on additional training topics people want to receive. Will review results and determine the kinds of training most people want to receive. Hank suggested including information about topics for the new planning body.
- The next NA&E consumer survey rolls out at the end of March; it was shortened.

Operations

- **Action item:** Planning Council Co-Chair Election. Discussion: Sokun, Craig and Sirry will tally the ballots. Debbie took over an unexpired term and her current term ends on February 28. Through the open nominations policy 4 members are on the ballot for the co-chair election. Each candidate was invited to speak. Michael Behl said he is HIV positive since 2003, excited about integrated planning, a community volunteer, enjoys outreach, sits on many consumer advisory boards and is an unaligned person with a HIV perspective. Debbie said she is honored to be co-chair and would love to continue. She has a unique perspective from her work at RAAN and wants to give consumers of services a voice. Lesa said she is a Planning Council member for 2 years and co-chair of Planning & Priorities. She previously ran for co-chair and wants another chance to run. Aaron said the Community Voice Committee feels it is important to have a co-chair who is an unaligned community member and have Part B representation in a co-chair. The council voted by ballot.
- **Action item:** Planning Council Membership Recommendation. Discussion: Florence Kulubya-Nabeta is a member of Planning & Priorities and wanted to join council a year ago. John Salisbury and Matt Toburen have also submitted applications for membership. The council voted by ballot.

- **Action item:** Planning Council Reappointment Recommendation. Discussion: These are current members with terms expiring who wish to continue with a two year term. The council voted by ballot.

**BREAK**

Sirry announced that all 5 members were reelected and all 3 people on the ballot were voted in as new Planning Council members; Debbie is re-elected as Planning Council co-chair. Hank encouraged those who ran for co-chair continue to be involved with Planning Council leadership.

Planning & Priorities

- **Action item:** Planning & Priorities Committee Co-Chair Election. Discussion: Michael Hargrave has resigned from the Planning Council and Planning & Priorities. Asneth Omare is nominated for Planning & Priorities co-chair and said she is looking forward to learning from Lesa and the committee and excited for this opportunity. The council voted by ballot; ballots were tallied and Asneth was announced co-chair.
- **Action item:** Reallocation Proposal. Discussion: Lesa went through the document *Reallocation and Redistribution Proposal\_01.28.2015*. We have been asked to clarify conflict of interest (COI) and need to "self-police"; providers need to declare a COI but not consumers. Definition of a COI is if you are employed at an agency, sit on a board or receive any compensation in a particular service area.

Name	COI?	Vote	Name	COI?	Vote
Lesla Nelson		Yes	Hank Jensen		Abstain (facilitation)
Monica Yugu	COI	Abstain	Mike Behl		Yes
Keith Henry	COI	Yes	Andy Ansell		Yes
Joe Larson	COI	Abstain	Aaron Wittnebel		Yes
Jared Erdmann		Yes	Al Fredrickson		Yes
Asneth Omare	COI	Abstain	Loyal Brooks		Yes
Sokun Bobson	COI	Abstain	Michele Boyer		Yes
Winston Cavert		Yes	Craig Schmidt		Yes
Michael Graham	COI	Abstain	Scott Bilodeau		Yes
Debbie Gazett	COI	Abstain	Marvin Innes		Yes

**13-0, 7 abstained. Motion carries.**

- The committee reviewed the grantee’s redistribution between service areas; MCM Inreach is considered part of MCM and redistribution between service areas does not require approval from the council; this is a FYI. The grantee determined Inreach does to fit the description of a MCM, a core medical service.
  - Loyal asked if this money goes away; Jonathan said some of these services, such as appointment reminders, etc., can be provided by MCM.
  - Hank distributed the document *Inreach* and said Debbie is now facilitating. He encouraged the council to take a look at the program and continue to provide funding. Craig said it is his understanding that these services will still be funded through MCM. Jonathan said yes; the issue with Inreach is the way it is delivered does not meet the MCM description, i.e. there is no care plan required for Inreach. It creates an overlap in services. Craig said he does not receive MCM but would benefit from appointment reminders, etc. Jonathan said providers have standard practices through their primary care programs, i.e. use administration funds for this. Jonathan reiterated that Inreach does not meet the MCM definition so is not considered a core medical service and there are other resources.
  - Karin said she is a service provider and oversees the Inreach contract. She said Inreach is linkage and retention and greater than appointment reminders; it is a personal touch, “Velcro” to stick to the clinic. It includes peer advice, identifies barriers to care and referrals. She suggests Inreach is reclassified to another area and the service is valuable especially to new clients.
  - Dr. Cavert asked why we are doing this now. Jonathan replied we are always reviewing the services and need to make sure funding for core medical services are going to core medical services because of the 75/25 requirement. We found over 1/3 of clients were overlapping with MCM.

- Jonathan cautioned against discussing particular providers. He thinks these services will continue with other resources, such as Ryan White funding and others.
- Dr. Henry thinks it does function as a core medical service and the problem is with the definition. He has data to back this up. Debbie said this is out of our purview and will take one more question or comment before moving on.
- Aaron said this is quality of care and as a patient you will continue to be reached for care. Dr. Cavert said the point of council is to give guidance to the grantees. Debbie suggested we revisit during the open forum and the council agreed.

### **XIII. 3<sup>rd</sup> Quarter Expenditure Report**

- The council reviewed the document *2014 Q3 Expenditure Report\_02.10.2015*.
- The budget is divided by 4 but funds are not always spent evenly throughout the year. 75% of funds should be spent by 4<sup>th</sup> quarter. This includes the redistribution to MCM.
- Andy said internal audit revealed that some claim codes were discovered that were not HH codes, this money is being returned to this quarter. The result is a reduction in spending in addition we now have the ACA and more people enrolled in Medicaid and MN Care. The highest spending is in Quarter 4.
- The carryover request goes to HRSA; if HRSA says no the money is gone but that is highly unlikely. Carryover requests never been denied. Parts C and D are no longer permitted to carryover funds. Jonathan said HRSA may want to tighten up the carryover policy.
- There is a correction: food bank/home delivered meal numbers is shifted one quarter to the right on this document; it is actually 72% with YTD spending at \$188,319.
- Hank asked if there is an option to move money around. No, we are in the last month of the fiscal year for Part A and have 6 weeks remaining for Part B so we unable to move contracts around.
- Jonathan said he can sit down with anyone who has questions about the document; this is a potential training opportunity for the council.

### **XIV. Recognition of Planning Council members terming off**

- Sokun Bobson, Michele Boyer and Michael Hargrave have completed their terms with the Planning Council and we wish to thank them for their dedication and work on the council.
- Hank spoke about Michele's commitment and that she is a voice for housing. Michele acknowledged the high quality of work of the council.
- Karin recognized Sokun who is a strong voice for the east side of the Twin Cities. Sokun said he is interested in rejoining the council in the future and is excited to see what the new planning body will look like.
- Lesa said we will miss Michael on the Planning Council; we wish him well and hope he gets well soon. It is also his intent to rejoin the council in the future.
- Mary Gulley and Lucie Makena stepped off the council.
- All council members in attendance were presented with a certificate of appreciation and a Planning Council mug.

### **XV. Announcements**

- Registration for the "Next Steps" short term medication adherence support ends February 28. It is for virally unsuppressed young people. Contact Monica or Karin for more information.
- Andy said the deadline for undocumented clients to get insurance is 11:30 am on Friday. Others can enroll through February 15.
- HCMC has opportunities to participate in research. Dr. Henry said the Ryan White community should be supportive of research since our focus is on continued improvement. Information will be sent out.
- Positive Care Center has a support group for positive clients.
- Dr. Henry said he does community involvement; he can talk to community groups about any HIV issue and can also provide a meal. He is available to travel around the state.
- If anyone has additional ideas for training needs please email them to Planning Council staff.
- Aaron said the Department of Health and Human Services is taking public comment on the state budget. They are discussing annual HIV testing to everyone enrolled in Medicaid. Contact Aaron for more information.
- A flyer for the WILLOW Program at AAATF is available.

### **XVI. Open Forum**

- Keith Pederson introduced himself as a former co-chair of CCCHAP; he served four terms on CCCHAP and is no longer eligible to reapply. He announced two projects he is working on: a coffee table book about the 30 year history of HIV in MN; it is meant for a novice audience. He is seeking people to provide stories and photos for the book and needs people from the African born community, Latinos or Latinas, Asian or Pacific Islanders, youth, IDU drug users in rural MN and migrant worker. Contact him at Keith.Pederson@gmail.com if you are interested. He is also has a 24 minute documentary about Camp Benedict called Putting the Ribbon Back On. It has been submitted to 15 film fests and the goal is to erase stigma. He will pass on the link and password for people who are interested in viewing it but please do not pass on to others.
- The council revisited the grantee's redistribution.
  - Hank said he wanted to provide data about the service area.
  - Dr. Cavert said he can't imagine a clinic functioning without this program, he sees a value in having a funded position. This is a model for other types of healthcare. He asked if there are other options that the grantee can take.
  - Jonathan said we looked at a lot of data and recognize the importance of these activities. The issue is utilizing these services as a core medical service which we cannot continue to do. There are other options to fund these services with other Ryan White funding. He does not question the impact of these services but need to use our funding wisely and cost-effectively and there is an overlap in services.
  - Can we put this money somewhere else? Jonathan said we need to look at the 75/25 split; it could fit into treatment adherence counseling and support. If we do not meet the split then we need to apply for a waiver; there are requirements for this.
  - Monica asked what the gap or need is for MCM Inreach; the number of clients who will not be reached. Dr. Henry said HCMC loses \$3 million a year and it is difficult to find resources to fill these gaps. Primary care is underfunded in MN and there is a reliance on Ryan White funding to fill in these gaps.
  - Debbie asked why we didn't know this before. This issue with services was discovered during the August application. The final plan for 2015 will be submitted after our grant award is received, which is in August.
  - Debbie asked where does category Inreach falls into so we can possibly find funding. Jonathan replied supportive services and it could fall into treatment adherence counseling, which is not currently prioritized by the council.
  - Dr. Cavert asked if HRSA has not discovered this why we are changing it. Jonathan responded we don't want to put ourselves at risk with our funder.
  - Asneth said if 2/3 of people receiving these services are not overlapping we could lose them. Karin said there are 600 people who will not receive this service. Al said there are service areas that are underspent, can't we take money from that? Jonathan said we believe there are other resources for this service. Michele said there may be overlap but doesn't believe there is duplication of services and it is a valuable service. MCMs don't have enough time to contact clients the day of or day after an appointment. Jonathan said it is troubling that funded primary care providers are not in the loop about other MCM services occurring; it is their responsibility to ensure they are.
  - Aaron asked if all of the money is going to one provider; he believes it is redundant.
  - Craig proposed this goes back to the committee for reevaluation. It is not a committee recommendation, it is a decision from the grantee and we are communicating it to the council.
  - Jonathan proposed Needs Assessment & Evaluation look at the need and determine if there is a gap that is not being filled then Planning & Priorities can discuss allocation for these services if a gap is found. Andy said this is in the grantee's purview. Hank said the council has a right to disagree with this move. Marvin said this is a valuable service and we need to find a way to fund it. Al suggested we look at service areas that are underspent; i.e. psychosocial supportive services.
  - There are two proposals: Short-term: Dr. Cavert motioned that the grantee reevaluate the redistribution. Long-term: look at this during the next prioritization process.
  - Jared asked what corrective actions were suggested to ensure compliance with existing rules so we can continue to fund this service. Jonathan said there are options under MCM to continue to provide these services.
  - **MOTION:** Dr. Cavert motioned and Michele seconded that the grantee takes another look at this and come back to council with remedial action in the next few months. **DISCUSSION:** Craig said as a board why are we asking providers to come up with solutions, Debbie clarified this is not for providers it is to go back to the grantee. The council voted **18-0**, two people abstained. Motion carries.

## **XVII. Adjourn**

Al motioned to adjourn the meeting and Aaron seconded; the meeting adjourned at 11:50 am.

### **Meeting Summary**

- Bielca Guevara was elected co-chair of CVC.
- Debbie Gazett was reelected for a two-year term as co-chair of the Planning Council.
- Florence Kulubya-Nabeta, John Salisbury and Matt Toburen were elected to a two year term.
- Scott Bilodeau, Krissie Guerard, Valentine Momo, Lesa Nelson and Monica Yugu were reelected to a two year term.
- Asneth Omare was elected co-chair of Planning & Priorities.
- The council approved the reallocation proposal.
- The council motioned for the grantee to take another look at the redistribution and come back to the council with remedial action in the next few months.

### **Documents Distributed before the Meeting**

- Planning Council meeting agenda
- Minutes from January 13 meeting
- Committee Reports Summary
- **Action Item:** CVC Committee Co-Chair Election
- **Action Item:** Planning Council Co-Chair Election
- **Action Item:** Planning Council Membership Recommendation
- **Action Item:** Planning Council Reappointment Recommendation
- **Action Item:** Planning & Priorities Committee Co-Chair Election
- **Action Item:** Reallocation Proposal
- Part A Update
- Training Topics Questionnaire
- Reallocation and Redistribution Proposal\_01.28.2015
- 2014 Q3 Expenditure Report\_02.10.2015

### **Documents Distributed/Available at the Meeting**

- February 17 Community Voice Committee flyer
- February 12 African American Gay/Bi/MSM Health Summit flyer
- Standards for Housing and EIS flyer
- WILLOW flyer
- Inreach

**cw/sa**