

Minnesota HIV Services Planning Council Meeting
June 11, 2013
9:00am – 12:00noon
Health Services Building, Room L15
525 Portland Ave S, Minneapolis
Minutes

Council Members Present:

Kris Hammes (Council Co-Chair)	Debbie Gazett
Lesa Nelson	Craig Schmidt
Scott Bilodeau	Michael Brooks
Mike Behl – via phone	Jonatan Gudino
Andy Ansell	Valentine Momo
Al Fredrickson	Tom Bichanga
Joan Carchedi	Rob Pioli
Hank Jensen (Council Co-Chair)	Bashir Hers
Shanasha Whitson	

Council Members Absent:

Winston Cavert	Loyal Brooks
Sokun Bobson	Michele Boyer
Skye Davis	Ami Lazo
Darin Rowles	Mary Gulley

Guests/Consultants:

Jessica Brehmer – MDH	Mitchell Davis – Minneapolis Urban League
Julie Hansen Perez – MDH	Krissie Gurrard - MDH
Brenda Jackson – Minneapolis Urban League	Allison LaPointe - MDH
Karin Sabey – HCMC (community member)	Olivia Slack - MAP

G-HAT:

Dave Rompa – DHS	Rob Kacheroski – DHS
Jonathan Hanft – Hennepin County	Thuan Tran - Hennepin County
Nick Metcalf - DHS	Kathryn Hansen - Hennepin County
Sheila Murphy - Hennepin County	John Suhr - Hennepin County

Planning Council Staff:

Tim Sullivan	Wendi Johnson (minutes)
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Quorum Present? **Yes**

I. Call to Order

Kris stated he would be presiding and called the meeting to order at 9:11 am.

II. Lighting of the Candle

Tom lit the candle in dedication of consumers and the great strides that have been made in helping them live healthy lives.

III. Welcome and Introductions

Introductions were made.

IV. Consideration and Approval of Proposed Agenda

Al made a motion to approve the agenda and Andy made a second. It passed unanimously with a vote of 15-0.

V. Review and Approval of April 9, 2013 Minutes

Andy made a motion to approve the minutes and Rob made a second. It passed unanimously with a vote of 15-0.

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VI. Part A, Jonathan Hanft, Hennepin County

Jonathan distributed a document titled *Part A Update June 11, 2013*.

- A. FY2013 Award – Jonathan had a call with HRSA a few weeks ago to discuss the 2013 grant awards. Jonathan has received notice that the reward is being reduced by 4.6% which is roughly a \$250,000 cut. In 2010, an error was made in calculating awards and the hold harmless clause which caused these states to receive too much funding. Because of this error there is more funding available this year so MN is not looking at as large of a cut (roughly 7%). In contrast, New York is facing a 14% cut, New Haven is looking at 15% and San Francisco is looking at a 10-18% cut. Jonathan hopes to have the award mid to late June.
- B. Mental Health Services – In April the Council discussed the findings in the HRSA site visit. In this letter one finding was around Mental Health Access services. The way Part A delivers Mental Health Services does not meet the HRSA definition and does not meet the core medical services requirement. Hennepin County is meeting with funded Mental Health providers soon to implement the new changes. Questions/Comments:
- Kris asked how quickly this needs to be changed. Jonathan does not have a firm deadline but is hoping to have through this fiscal year to implement the changes.
- C. MNSure Update
- a. Webinar on consumer assistance is taking place this afternoon.
- b. Changes to MA – Jonathan distributed a document titled *Legislative Changes to Medical Assistance and MinnesotaCare*. This document lists some of the major changes to the insurance program. Questions/Comments:
- Rob asked what the changes are in the income limit for MNCare. Jonathan said it is 200% or below for a single household.
 - Rob asked what will happen to the Health Minnesota portion of MNCare. Jonathan does not know.
 - Jonathan said Hennepin County is working to hire more human services representatives to assist people in getting onto these new programs.
 - Jonathan said the program needs to be operational by the end of the month and people can begin signing up in October.
 - Dave, Karin, and Jonathan commented that there will be changes to the way Ryan White funds are used to cover gaps but they do not know what that means just yet.
- D. Core Medical Service Expenditure Waiver Application Changes – Jonathan distributed a document titled *Core Medical Services Expenditure Waiver Amended Uniform Standards*. Questions/Comments:
- Rob asked Jonathan to talk about the waiver request we have received in the past. Jonathan said in the past we spent about 50% on core medical services and the waiver process was much easier. After the requirements for the waiver became too burdensome to complete, and took away pages from the grant application, Part A decided not to apply for a waiver. Part A then worked with Part B to help meet the overall 75% core medical services funding.
- E. FY2012 Expenditure Report – Jonathan distributed a document titled *Ryan White Combined Parts A & B and Federal Rebate Spending*. Questions/Comments:
- Kris asked about the rebate funding and why there is unspent funds. Dave said there are always unspent rebate funds because this funding keeps ADAP solvent after ADAP funds are exhausted.
 - Kris asked about MAI funds and why there are underspent funds. Dave said the report does not have all of the Part B invoices in and they will be spent.
 - Jonathan said not all invoices are in for the last year because some programs have been given an extension on their final invoices.
 - Hank asked if it is typical for providers to submit late invoices and if this is extended to all providers. Jonathan said it is not typical but the final financial report has a later due date and any provider that would like additional time can ask.

- Hank asked that there be enough time in the future to review very important documents like this. If anyone has questions please get in touch with longer term Council members.

VII. Part B Update, Dave Rompa, DHS

Dave distributed document titled *Planning Council Part B Update – April 9, 2013*.

- The new MA application is in process.
- Dave does not have any news about grant award.
- New Staff – Rob Kacheroski is the new Contract Manager.
- ACA – Two benefits counselor positions are being added for the next two years. These staff will be based at MAP but will also be working with HCMC and RAAN. Dave would like these positions to be filled in the next month.
- MCHA – Working on a transition plan for Ryan White clients. DHS will be planning a dinner for consumers in the fall to discuss the changes and preparing for the transition.
- DHS will be holding a benefits “bootcamp” on September 25th.
- Working on a plan for insurance for undocumented citizens starting January 1st.
- Site visits are completed.
- Program HH Application – The applications are being updated so that they will be available to fill out electronically. DHS is working on verification of income for gay marriage. DHS uses income taxes for verification but gay marriage is not legal federally.
- Greater MN Food – DHS is holding a meeting to discuss the food needs in Greater MN. The meeting will take place in August.
- The Odyssey conference will be held in Duluth next week. Several funded agencies and DHS staff will be in attendance. Brian Goodroad will be present at the opening plenary to discuss HIV and aging.
- Jill Becker has resigned and is taking another position within DHS.

VIII. Staff Update

None

IX. Co-Chair Update

- Board on Aging Letter – The Co-Chairs are working on a letter to the Governor to request that HIV be considered in aging planning. The Board on Aging does not currently have HIV on their radar.

X. Committee Reports

The Council received a document titled *Committee Report Summaries*

- Community Voice – no verbal update
- Executive – no verbal update
- Needs Assessment & Evaluation – no verbal update
- Operations –
 - Recruitment – The Council has four open positions on the Council that would ideally be filled with one Latino representative and three representatives from the African American/African-Born communities.
- Planning & Priorities –
 - The committee reviewed a grantee allocation proposal with a 5% funding cut scenario.

XI. Core Medical Services Waiver Application Requirements Discussion, Andy Ansell

At the recent Executive committee meeting the committee co-chairs discussed the waiver requirements and whether or not Part A should apply for one. The committee thought this discussion would be best taken care of at the full Council meeting.

The cons of applying for a waiver are that it is labor intensive, doesn't address a changing system, and there is a short timetable involved. The pros of applying for a waiver are that there are more options for allocations and MN could maintain services in their current structure. Questions/Comments:

- Jonatan expressed concern that support groups are very important for clients and is in support of changing the definition to require a licensed health professional.
- Rob asked if the waiver would be specific to a service. Jonathan said no, it would allow the Council to allocate more than 25% of funds to supportive services.
- Karin clarified that the discussion is taking place because the waiver is no longer part of the application page limit. As ACA is implemented there could be less burden to Ryan White services and these funds could become more of a wraparound service.
- Dave thinks we should wait to see what our needs are before we make a decision.
- Dave thinks the Council, and the overall HIV community, has perhaps done more than they should have to make sure needs are met. He thinks we need to tighten up the services.
- Tim said that although we do not have a definitive timeline from our Project Officer on the Mental Health Services issue, the grantee has asked for the remainder of this fiscal year to resolve the issue. Tim recommended that the waiver discussion should be separate from the Mental Health Services discussion or cuts to a specific service area.
- Dave said the waiver process is very intensive and providers need to provide verification that clients can receive core medical services within 30 days. This can cause added administrative burden to providers.
- This discussion was tabled due to time constraints and lack of specific information.

XII. Epidemiological Update, *Jessica Brehmer, MDH*

Jessica Brehmer attended the meeting to present the 2012 HIV surveillance report. This slide set is on the MDH website and are available for use and reference. Questions/Comments:

- Craig asked why there was a spike in infections among MSM in 2009. Allison and Jessica said focus groups were held to try and figure out why there was such a large increase and were unable to figure it out.
- Jonathan asked if MDH knows how many of the foreign born positive tests could have tested prior to moving to MN. Jessica said any refugee who tests positive during their initial screening is not included in the new diagnosis numbers for the year.
- Tom asked if the anonymous tests are included. Jessica said anonymous tests are not included but the hope is that a client would seek out primary care, would receive a confirmatory test, and it would be reported to MDH that way.
- Hank asked at what point the prevention strategy needs to change. There is an 8% increase of new infections from 2011. Jessica thinks the numbers will go up before they go down. Until there is routine testing for everyone then the numbers will not go down. The ACA might improve access to testing services.
- Jonathan asked about HIV surveillance. MDH works with CDC to see if a newly reported client has been diagnosed in another state based on coded information. MDH will then work with particular states to verify duplications.
- Tim asked how deaths are recorded. Jessica said all causes of death are included in these numbers.

XIII. Continuation of Core Medical Services Waiver Application Requirements Discussion, *Andy Ansell*

MOTION: Al made a motion to require the grantees to review the core medical services waiver requirement to see if it is needed, beginning with the 2015 application. Andy seconded the motion. Discussion:

- Tim said the needs assessment survey already asks many of the need questions.
- Andy thinks monitoring the expenditure reports to see where funds are spent/needed/left over to see if a waiver is necessary.
- Jonatan asked if it is possible to assure clients receive core medical services within 30 days. Andy said we have done this before. Tim said the requirement has to do with a client having access to services within 30 days.

- Jonathan said the 2015 prioritization and allocation process will be taking place in the summer of 2014. The Council should begin thinking about what information members need to make these decisions.
- Jonathan said the Council is working on the next needs assessment survey and information could be included in this survey to help the Council determine.
- The question was called and passed unanimously with a vote of 16-0.

XIV. Open Forum

- A. Matt from MAP attended to talk about what is taking place in the legislature. There are a lot of changes that are going to greatly impact clients.
- Expanded Medicaid is being raised up to 138% of FPG.
 - MNCare barriers to entry are being removed.
 - MNSure was created. There are a lot of unknowns that will take time to figure out.
 - MCHA will be going away after the ACA is implemented. There is a recommendation letter to the Department on Commerce regarding how to help MCHA clients transition.
 - The marriage equality passed this session.
 - The state has been working to balance the budget.
 - Working on the 2014 session – MAP is organizing listening sessions around the state for gathering feedback on what the priorities should be. One priority is a bill to implement comprehensive sexual education in schools.
 - MAP is looking to start a new Positive Leaders program in October – please contact MAP if you or one of your clients is interested.

XV. Announcements From the Floor

- A. Case Manager job opening at the Aliveness Project.
 B. Red Ribbon Ride – Joan and Andy are riding this year.
 C. Positive Care Center is holding a fund raiser at Hubert's on June 28th.
 D. RAAN is hiring a Case Manager.

XVI. Adjourn

The meeting was adjourned at 11:54am.

Meeting Summary:

- Council members received activity, legislature, and program updates from the Part A and Part B grantees.
- Jessica Brehmer provided the 2012 HIV surveillance report to the Council.
- The Council discussed the pros and cons of having the Part A grantee apply for a core medical services waiver that would allow the Council to allocate less than 75% of funds to core medical services. The Council asked that the Part A grantee look into the necessity of a waiver beginning with the 2015 application.

Documents Distributed Before the Meeting:

- Agenda
- Minutes from April 9, 2013
- Committee Report Summaries

Documents Distributed/Available At the Meeting:

- Part A Update – June 11, 2013
- Legislative Changes to Medical Assistance and MinnesotaCare
- Core Medical Services Expenditure Waiver Amended Uniform Standards
- Ryan White Combined Parts A & B and Federal Rebate Spending
- Planning Council Part B Update – April 9, 2013

WJ/tds

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