Minnesota HIV Services Planning Council Meeting
July 10, 2012
8:30 a.m. – 1:30 p.m.
Health Services Building, Room 110
525 Portland Ave S, Minneapolis
Minutes

Council Members Present:	
Rob Pioli	Andy Ansell
Antonio Marante	Peter Carr
Joan Carchedi	Keith Henry
Darin Rowles	David Neller
Shelia Mills	Monica Yugu
Craig Schmidt	Karin Sabey
Skye Davis	Makeda Norris (Council Co-Chair)
Hank Jensen (Council Co-Chair)	Jonatan Gudino
Loyal Brooks	Adam Fairbanks
Tom Bichanga	Mary Gulley
Ami Lazo	
Council Members Absent:	
Al Fredrickson	Kris Hammes
Bashir Hers	Amy Schrempp
Jimmy (JT) Thompson	Shanasha Whitson
Guests/Consultants:	
Jim McNamara	Jared Erdmann
David Yamashita - Merck	
G-HAT:	
Thuan Tran - Hennepin County	Jonathan Hanft - Hennepin County
Kathryn Hansen - Hennepin County	Redwan Hamza - DHS
Jessica Brehmer - MDH	Sheila Murphy - Hennepin County
Nick Metcalf - DHS	
Planning Council Staff:	
Tim Sullivan	Wendi Johnson (minutes)

Quorum Present? **Yes**

I. Call to Order
Makéda stated she would be presiding and called the meeting to order at 9:00am.

II. Lighting of the Candle – Andy Ansell
Andy lit the candle for those who have participated in the Red Ribbon Ride. This year will be the 10th anniversary of the ride and Andy's 10th year riding. Joan and Andy will both be riding this year. The ride begins next Thursday.

III. Welcome and Introductions
Introductions were made.

IV. Consideration and Approval of Proposed Agenda
Rob made a motion to approve the agenda. Andy made a second and was approved by unanimous consent.

V. Review and Approval of June 12, 2012 Minutes
Peter made a motion to approve the minutes. Rob made a second and it was approved by unanimous consent.

VI. Service Area Review Summaries – Core Medical Services
Tim said this item was moved to the top of the agenda to help facilitate more discussion and to ensure there is enough time on the agenda. Tim asked if there were any questions about the support services that were presented last month. He has an updated on the Medical Transportation Services should read that there are 10 metro and 2 Greater MN contracted providers serving 1626 and 185 clients respectively. Questions/Comments:

- Antonio asked if Tim can clarify how a priority translates into dollar amounts. Tim said priorities and allocations are not connected. The highest priority services does not necessarily get the highest allocation. There are a number of factors that go into prioritizing a service and then allocating money to it. Karin added that when ranking is important is when there are funding shortfalls or when money is being reallocated to address needs.

- Tim said looking at the final expenditure report that was presented at the June Council meeting will help members see what was spent last year for each service. These numbers were not finalized at the time the SARS were prepared.

Tim sent out the paired comparison analysis forms yesterday. There will be time after this meeting to go over those forms and to get any questions that need to be answered.

Tim presented the core medical services service area review summaries (SARS) for ***ADAP, Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance, Home & Community Based Health Services, Medical Case Management, Medical Nutritional Therapy, Oral Health Care, Outpatient/Ambulatory Medical Care,*** and ***Substance Abuse Services – Outpatient***.

ADAP – This is funded by Part B funds. Tim said this service receives a predetermined amount from HRSA but we do prioritize it because the HRSA ADAP allocation always runs out and DHS uses rebate funds to cover the gap. There are times where the Council has reallocated funds to ADAP to help the rebate funds go farther. Tim reminded the Council that the state borrowed money from rebate in previous years and they have paid back this amount in 2011 which accounts for the large allocation increase. Questions/Comments:

- Keith said there are alternative programs that exist that will help clients medications without using ADAP funds. This can help reduce the burden to ADAP and the Ryan White services. Karin said there are some patient assistance programs available through pharmaceutical companies to help pay for drugs.
- Monica said she works with clients and helps them apply for patient assistance programs and there are a lot of different factors that help someone qualify. She asked what the process is for raising the 300% FPG limit for Ryan White eligibility. She sees a lot of clients who cannot afford their work insurance and choose to stop working so that they can qualify for Ryan White services. Tim said each jurisdiction can set the income guidelines but if the limit is raised then there will be more clients accessing services with the same amount of funding which could put us in a position where there are ADAP shortfalls like in other states.
- Andy asked if we have ever evaluated if 300% FPG is appropriate and if it would be feasible to raise the limit. There are clients who are right on the edge of being over income and staff work hard to help them qualify for services. Tim said there hasn't been a discussion about this since he has been here. Redwan said the conversations have been around how to make services go further during times of shortfalls and has centered around reducing the guidelines.

Early Intervention Services (EIS) – This service helps clients get tested and into care early in their diagnosis. This service addresses the EIIHA efforts. This service was not ranked by consumers because it isn't a service category they know they are receiving. Questions/Comments:

- Darin asked about under utilization of the service. Jonathan said for 2011 there was carryover added to the service. He added that until 2010 EIS was only for clinical services and now it includes testing and counseling, referral, linkage, and health education to help clients navigate the system. He is hopeful that this expansion will help for full utilization.
- Keith said testing and treating early is becoming the standard of care whether or not it is covered under EIS. He said this service only represents one pathway for client care.
- Karin said EIS is the foundation of Part C funding.
- Peter asked how this service matches up with Part C. Karin said Part C is EIS and is used to help secure access to a physician so clients can get care. HIV clinical services have a high appointment fail rate. Because of this Part C is a gap so that the institution could still get paid even if the client doesn't show for their appointments. It has recently helped to increase staffing levels.
- Jonathan said this can be confusing. Part C has some flexibility because it can be used to help sustain the capacity of providers. Part A funding for EIS both refers to Part C funding and has its own set of parameters of what can be covered.

Health Insurance Premium & Cost Sharing Assistance - Tim said this is an example of a service that is ranked highly but does not receive a high allocation. Questions/Comments:

- Jonatan asked if this can be used for the spend-down to help a client meet the 300% guidelines. Tim said it could.
- Joan asked if this service is for people who already have insurance. Tim said yes and it can also be used to help people pay out of pocket costs for clients who need insurance.
- Jonathan said ADAP pays full insurance premiums for HH clients.
- Tim said there is also funding under EFA to help with health insurance and medical costs.
- Andy clarified how Program HH works. They pay MCHA insurance premiums but do not pay work insurance premiums unless they are paying more than 50% of the cost, and they will pay COBRA payments.

Home & Community Based Health Services – Questions/Comments:

- Jonatan asked what will happen in 2014. Tim said it depends on what the insurance plans will cover so we will have to watch what happens.
- Rob asked if this service will begin to be utilized more as the HIV population continues to age. Tim said yes, the Needs Assessment committee has talked about this and they will watch what happens to see if a need emerges.
- Karin said this is a low utilized service because there are only 24 positions available for clients. This means there is a

need but not the capacity to meet the need.
- Redwan asked if MA can cover these costs. Karin said MA will only cover if there is a documented medical need like wound care/injections and not personal care needs.

Medical Case Management Services (MCM) – Tim said this service is built on a tiered system. Questions/Comments:
- Keith said there have been studies that there are a large number of clients who are either not in care or have sub-par care. MCM is useful in helping clients get connected and to get the answers they need to stay in care.
- Karin stated her conflict as a provider of MCM services. There are clients who do not move off of MCM and there are new clients who cannot get a case manager because of that. Darin stated his conflict as a provider of a referral system and this is a problem across providers. Karin added that there is a perception in the community that everyone needs a case manager even if they are fully capable of doing everything a case manager can do but they are reluctant to sever that relationship with the case manager.
- Antonio said he sees some clients who have case managers for years and are not progressing in their care plans.
- Shelia said personally she does a lot of the work herself and stays with her case manager to stay informed of changes to the system. She feels that she would miss out on information if she didn't stay with a case manager. Tim said this point has been indicated in the needs assessment survey responses and thinks there needs to be a mechanism to help clients get this info without saturating the system.

Medical Nutritional Therapy – Questions/Comments:
- Hank said the allocation has been the same over the last few years and last year the utilization has decreased and asked if this was a result of the dietician. Tim said we expected the utilization to go down because the dietician will help to appropriately recommend nutritional supplements. Tim added that the food allocations were monitored to help clients who had been using the nutritional supplements as a food replacement.
- Karin said the dietician at her clinic is seeing about 20% of her clients for nutritional supplements and the rest are for obesity and improving dietary health. Tim said that is good to hear because this is what the Council wanted to happen.
- Redwan said in order to count this service as a core medical service it needed to come at the recommendation of a registered dietitian.

The Council took a break and Makeda presided over the remainder of the meeting

Mental Health Services – Tim said when a service is spent over 100% it is likely because it is a service managed by Program HH. Those providers have up to a year after the service to bill. If the billing happens outside of the grant year and the charges exceed the allocation, rebate funds are used to cover those costs. Questions/Comments:
- Jonatan asked if there are support groups for negative partners of HIV+ clients to help them stay negative. Jonathan said there are no Ryan White funded groups for negative partners. Tim added that HERR is a way to address this need. Karin said her clinic does work with magnetic couples but not as part of this service.
- Jonathan said there is information in the needs assessment data that people tend to rate their own mental health as less than good.
- Redwan said those clients on Program HH with their own insurance can access mental health services through their insurance. Only those without insurance, or without adequate coverage, are utilizing this service funded by Ryan White.

Oral Health Care – Tim said there are Part F dollars. $126,762 is received each year for this service so there can be some overlap of services. Questions/Comments:
- Joan said there are specialty HIV dentists. Tim said Program HH has worked hard to compile a list of qualified dentists to serve HIV clients and the AIDSLine also helps with referrals.
- Tim said the Program HH benefits for oral health are a little better than those offered via MA.

Outpatient/Ambulatory Medical Care – this service covers routine HIV medical care and not hospitalization. Questions/Comments:
- Peter asked how this syncs up with insurance programs. Redwan said there are some clients who go on and off programs and these funds are used for those clients.
- Karin said her clinic receives these funds to help cover the gaps and uninsured clients.
- Jonathan said this service can also be used for underinsured clients to help meet the out of pocket costs.
- Keith said cost un-compensation is across the board for a lot of diseases.
- Monica asked how this service will change based on the healthcare reform in 2014. Jonathan said there will still be gaps but we all hope the coverage will be better. We won't know what the impact will be.
- Monica asked if all clinics will do a confirmatory HIV test if they don't have other documentation. Keith gave examples of this scenario that he has seen. There can be a routine antibody test run to confirm status.
- Jonathan talked about how our funding works. Funding for Part A is based on the number of Part A jurisdictions in the nation. MN has about a 4% increase of prevalence each year but this mirrors the rest of the country.

Substance Abuse Services – Outpatient – No discussion

General comments about core medical services and prioritization:

- Craig said it was interesting to look at the Council and consumer rankings to see how they compare.
- Darin said when doing the paired comparison analysis (PCA) forms, if he is stuck on two services he would look at how consumers ranked it to break the tie.
- Once priorities are set, how do we then break out the allocation within a service area to the service activities. Jonathan said it depends on what providers apply to provide. The Council can make allocation decisions during the annual allocations process and during reallocation. The grantees can move allocations within a service area but not from one service area to another without the Council approval.
- Hank asked why some service areas have activities and others do not. Tim said some of the various activities are set by HRSA or by the Council based on the way we deliver services.
- Karin talked about the allocations process. The grantees bring a proposed budget and the Council can make changes based on that so there isn't a blank slate to start from.
- Tim walked the Council through the prioritization and allocation timeline: The support services PCA has already been distributed. After today, members will get the core medical PCA form. Beth will be at the all-day Council meeting in August where priorities are discussed to make sure everyone thinks we got it right. After the priorities are set then the Council will review, talk about, and approve a pre-award allocations proposal.
- Tim reminded the Council that prioritization and allocation are difficult processes and that all decisions and discussions need to be based on data and not anecdotal information. There is a finite amount of money available for services so there will almost always be a gap to services and needs. The allocations proposal presented to the Council will be based on flat funding.
- Jared asked if the Needs Assessment committee can assist people in prepping for the process. Tim said members can contact committee members with questions or they can call Council staff.

VII. Committee Reports

A document titled ***Committee Report Summaries July 10, 2012*** was distributed.

A. Community Voice – no meeting
B. Executive – no verbal update
C. Needs Assessment & Evaluation –
   a. Committee co-chair – Jared Erdmann is being recommended for co-chair. **MOTION:** Joan made a motion to appoint Jared Erdmann, Needs Assessment committee community member, as committee co-chair and a second is assumed. The motion passed unanimously with a vote of 19-0.
D. Operations – no meeting
E. Planning & Priorities –
   a. Committee co-chair – Kris Hammes is being recommended for co-chair. **MOTION:** Andy made a motion to appoint Kris Hammes as committee co-chair and a second is assumed. The motion passed unanimously with a vote of 19-0.
   b. Carryover Request – Tim presented the carryover request on behalf of the committee. **MOTION:** Rob made a motion to approve the carryover plan and a second is assumed. The motion passed unanimously with a vote of 19-0. (Yes votes: Keith, Adam, Tom, Joan, Darin, Peter, Antonio, Andy, Rob, Hank, Skye, Ami, Karin, Mary, Craig, Jonatan, Monica, Shelia, David)
   Further discussion:
   - People were confused about what was being voted on. **MOTION:** Karin made a motion to revote, Andy seconded the motion.
   - Tim said the carryover plan was already approved by the Council based on percentages. There was underspent MAI funding so the only portion of the carryover plan the Council is voting on today is the MAI carryover.
   - Jonathan talked about where carryover comes from.
   - Jonatan asked if it is common to have carryover. Jonathan said yes, there is always an amount of unspent funds that the grantees can apply to carryover from year to year.
   - The motion passed unanimously with a vote of 19-0 (Yes votes: Keith, Adam, Tom, Joan, Darin, Peter, Antonio, Andy, Rob, Hank, Skye, Ami, Karin, Mary, Craig, Jonatan, Monica, Shelia, David).

VIII. HIV System Vision for 2017

Peter and Jonathan presented the HIV system vision that was created by MDH, DHS, and Hennepin County.

Questions/Comments:

- Hank saw this presentation at the all provider meeting and asked if there is involvement for consumers in this vision. Peter said this was the grantees attempt to come up with a plan for the government entities and thinks there are other opportunities for consumers to be involved in changes to funding.

IX. Open Forum

A. Red Ribbon Ride – Rob thanked everyone involved in the ride.
B. Keith talked about new research studies. One is the START trial for those with t-cells over 500. There is a randomized study about the new quad pill that will be approved next month. There is another study for a new pill of moravaroc. Patients new to therapy have a chance to take a once a day pill. A new study will be starting with injectable therapy. It would be a once a month or once every three month injections instead of taking medications every day.

X. Meeting Wrap Up

Craig thanked the Needs Assessment committee for all their work in preparing the SARS for the Council.

XI. Announcements From the Floor

A. Hank recognized Amy Brugh and Bob Tracy are leaving or changing their career focus away from HIV.
B. Joan talked about the Red Ribbon Ride. She is on the cover of the flyer. She has met her goal so please make any donations in Andy's honor.
C. Midwest listening session (on yellow handout). This is a chance to provide input on the Ryan White reauthorization. Jonathan will be advocating for no major changes until 2014. Written comments can also be submitted. Tim added that last time reauthorization happened there was discussion about doing away with Planning Councils. If you feel they are important then speak up.
D. Redwan brought copies of the Statewide Coordinated Statement of Need (SCSN) for Council members.
E. The Communiy Voice community forums will be held at the end of the month. Flyers are available on the back table.

XII. Adjourn

The meeting was adjourned at 12:03pm

Meeting Summary:

- The Council reviewed the SARS for ADAP, Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance, Home & Community Based Health Services, Medical Case Management, Medical Nutritional Therapy, Oral Health Care, Outpatient/Ambulatory Medical Care, and Substance Abuse Services – Outpatient.
- The Council appointed Jared Erdmann as the Needs Assessment & Evaluation committee co-chair and Kris Hammes as the Planning & Priorities committee co-chair.
- The Council approved the 2011 into 2012 carry over request as presented.
- The grantees presented the HIV system vision that was developed by MDH, DHS, and Hennepin County.

Documents Distributed Before the Meeting:

- Agenda
- Minutes from June 12, 2012
- Service Area Review Summaries for ADAP, Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance, Home & Community Based Health Services, Medical Case Management, Medical Nutritional Therapy, Oral Health Care, Outpatient/Ambulatory Medical Care, and Substance Abuse Services – Outpatient
- Committee Report Summaries July 10, 2012
- ACTION ITEM: Needs Assessment & Evaluation Committee Co-Chair Election
- ACTION ITEM: Planning & Priorities Committee Co-Chair Election
- ACTION ITEM: Part A FY 2011 Carry-Over Spending Plan (With MAI)
- 2011 Into 2012 Carry Over Plan

Documents Distributed/Available At the Meeting:

- Part A Update

WJ/tds