

MINUTES: PLANNING COUNCIL

May 19th, 2020 / 5:30 – 7:30 pm / War Memorial, 101 N. Gay Street, Baltimore, MD 21202



Facilitator (Chair)	J. Keruly/M. Cole	PCSO Lead	Vanessa Graves
Time started:	4:38 p.m.	Quorum:	There was quorum at the start of the meeting
Members present:	Markton Cole, Carlisle Harvey, Jeanne Keruly, Fernando Mena-Carrasco, Wendy Merrick, Evelyn Nicholson, Shakima, Richardson, Christopher Stuckey, Brande Ward, Dennis Rivera, Pam Kurowski, Peter DeMartino, Kimberly Whittaker, Charles Culver, Sara Zisow-McClean, Dr. Victoria Cargill, Akil Patterson, Jonathan Wright		
Members absent:	Abby Plusen, Shalyta Campbell, , Kemahn Jones, Pamela Kurowski, , Monique Thomas, Reginald Douglass,		
Visitors:	Vanessa Lathan, Kyle King Reynolds, Barrett LaRussa, Cassandra Stewart, Charmaine Megginson, Dale Brewer, Arlette Lindsay, E. Bullo, Roshunda Harvey-Ingram, Adam Huebner, Ginny Acosta, Emily Leonard, Judith Shaw, Sunny Desai, Lakeysha Vaughn, A.M. Lindsay, Michael Snowden, Bruno Benvedias, Jocelyn Stenhouse, Krista Hein, Mike Valentin		
Ryan White Part A:	Alberta Ferrari, Nargis Hussaini, Michelle Muhammad, Lauren Wagner, Zach Margulies, Stephon Effinger, Keesha Brown, Sonney Pelham		
Handouts:	Agenda, Part A & B reports, April Meeting Minutes, MADAP Profile Summary, Results Summary Framework sheet, Emily Leonard Summary Sheet		

AGENDA

1: Welcome

Presenter: J. Keruly/M.Cole

J. Keruly

- Welcomed all to the meeting.
- Reminded all that the meeting was being recorded.

Motion:	Who made the motion? Second?	Motion passed?
Motion to accept the minutes with corrections	M.Cole/	Passed

2: Data Presentations

Presenter: Barrett LaRussa

Barrett LaRussa

- We have six presenters who will provide an overview of their presentations.

- An email with links to presentations was sent out previously.
- For the presentations that have already been reviewed you will be hearing an overview and Q & A from the presenters.
- If a presenter has not done a recording you will hear the presentation live tonight.

Vanessa Lathan

- Asked all to stay muted at all times to help minimize potential background noise
- In the interest of time all time that only one question be asked in hopes of allowing all to speak.
- All questions that are not asked tonight will be emailed to the presenters and answers will be provide to the entire body.
- The chat is being recorded, please feel free to list any questions here.

3: Data Presentations

Presenter: Presenter(s)

Arlette Lindsay – MDH

2020 Updates – Maryland AIDS Drug Assistance Program (MADAP)

- There are five key aspects of this presentation and summary
- MADAP is strategically positioned to be a major contributor to overall welfare of those with HIV in Maryland.
- Our program is in the midst of some change from the standpoint of what we are doing to streamline eligibility with our new application process that started in March.
- Overall the past six years, viral load suppression has risen to 93% as a result of the many people who have been adherent to their treatment.
- Included in this summary are two graphs that represent the distribution of clients in reference to antiretroviral medications they are taking.
- We have seen steady use of these drugs on the MADAP formulary.
- We are in the midst of seeing how we can make medications available on a case by case basis that may not be on the formulary but that we hope would be in the near future.
- Highlights related to COVID-19 situation and how this has had an impact on the staffing or presence of staffing in our offices as we are being compliant with our Governor’s instructions.
- The vast majority of us are teleworking therefore we may not have immediate access to things that are in the office.
- We are working diligently to maintain coverage and to adapt so that clients receive their care.

Questions/Answers

1. How are we billing patients for virtual visits?

Answer:

- For MADAP perspective, since we do not handle claims for visits, this is not something that we would see in our records at all.
 - We do pay premiums for our MADAP plus program.
 - Spoke with D. Baker last week as it relates to some clients video billing for their insurance. If you are finding that persons insurance and denials of those claims, the instructions that D, Baker passed along was to have them get in touch with the Maryland Insurance Administration.
2. Clients are getting bills at home for visits?

Answer: This is a Medicaid question and can be addressed in that presentation.

3. Do you know of any issues related to the MADAP Plus program?

Answer:

- The biggest issue we have seen is in our payment process. MADAP was required to change the payment system that we use. So upon approval, all of our payments for premiums are made by the States payment system.
- This system is not as nimble a system as the one we were used to using. Over the course of the many month's we've had to address getting these processed.
 - Clients were getting notices of termination.
 - This issue bogged our staff down with the majority of our time and effort spent trying to resolve these things,
- What we have learned is that system has some flukes. As we have worked with the insurance companies to get them to work with us on a more direct basis.
- In light of some of those issues, especially now with COVID we have decided to try to pay as much of the premiums of a client's premium more through the end of the year of eligibility period in this way, we can somewhat put off running into ongoing problems throughout the year.

4. I thought that Biktarvy was on the formulary and it is not shown on the chart.

Answer:

- I don't have answers as to why it did not appear.
- We did have some issues with primary insurances not covering Biktarvy for one reason or another.
- There were some situations where clients had to go through prior authorization in order to get their primary to pay for this.
- MADAP didn't pick up some its usual cost and even more so in certain instances. We are required to vigorously pursue other insurances to get them to pay their portion.
- Yes, Biktarvy is covered but I am not sure where the stats are on this.
- For any of the new drugs, feel free to send this to me and I will further investigate.

5. Do you have any information about treatment interruption related to COVID-19?

Answer:

- We have not received any information about treatment interruption directly as a result of COVID-19.
- In early March we were alerted that pharmacies were being told that their distribution of their supply line could be tampered as a result of COVID-19.
- There were questions on this that we addressed with some of the drug manufacturing companies and they did not report that there was a supply life issue.
- Where we had a more specific response was related to Kaiser Permanente due to the nature of their pharmacy structure but after investigation this did not appear to be something that was permanent.

- In anticipation of any potential problems we waived any restrictions on 90 day supplies of refills for medications.
- Anyone that wanted a refill could receive one to cover them for what we anticipated could be an extended period of time.
- We haven't had anyone that I am aware of to not be able to get their medications at all.
- If you know of anyone that could not obtain their medications, please let us know.

Lekeysha Vaughn – Mayor's Office of Homeless Services
HOPWA

- Presented data from their 2019 information provided to HUD.
- Under HOPWA funds we received funds for the Baltimore Towson metropolitan eligible area.
- We receive two types of funding in Baltimore;
 - Category One Formula Grant
 - Category two funding
- We have a tenant based rental assistance program, ran out of our office.
 - Provides about 65 households with tenant based rental assistance.
- We are also the administrator of a competitive grant that is ran out of AIDS Interfaith Residential Services (AIRS)
 - This agency provides support services, employment and short term housing, specifically for those who are returning from jail/prison.
- The Baltimore EMA covers Baltimore City and six other jurisdictions.
- Under their 2019 allocations the city received \$8.3 million and this money was basically divided amongst Baltimore City and the six counties.
- The majority of the funds in Baltimore city are utilized for tenant based rental assistance.
 - Because the Mayor's office of homeless services provides rental assistance for 400 plus households.
 - We work with our community partners to provide those support services.
- We also operate a competitive award and this 3 year award is \$1.4 million dollars.
 - As well as the "At The Door" competitive 3 year award and it is \$1.4 million.
- Funds were allocated as follows:
 - Baltimore City – \$5.8 million, this included rental assistance, permanent housing placement assistance, support services and eviction prevention.
 - Every single county also provides tenant based rental assistance with the exception of Carroll County- we did monitor this county the end of 2019 and they indicated that they would like to also start a tenant based rental assistance program. They are in the process of working with the Housing Authority there.
 - Under the FY19 allocations they did not expend any of their funds but they have three years to do this.
- A list of persons served in each jurisdiction was provided.
- In FY19 the Mayor's office of homeless services provided awards to AIRS their "People on the move" program.
- A breakdown of demographics was provided.
- The majority of their households are at the very lowest income bracket.

- We are serving the most vulnerable people in the jurisdiction.
- Under state special funds they provided rental assistance and support services.
- HUD has issued funding to the HOPWA program under the CARES ACT.
- A breakdown of grant disbursements was provided.

Questions/Answers

1. Can you explain what tenant based rental assistance is?

Answer: This is very similar to the section 8 program. Once determined eligible the person is given a voucher to begin looking for a unit that they would like to live in.

2. What does supportive services mean?

Answer: Much of this is case management services but it can be transportation, legal, child care etc.

3. Is there is any demographic information for Latino's?

Answer: I do have this but not right off hand. AIRS has a program that they are the direct grantee for which is for HOPWA Hispanics.

4. How would someone obtain this information for COVID-19? What is the finalization of the COVID-19 program distribution?

Answer: We are in the process of trying to finalize everything. The hope is to have everything done by July but we honestly don't know.

5. How the services provided compare with need? Are you able to meet most housing needs of persons living with HIV?

Answer: We would like to say that we are meeting a lot of the populations need. We are not able to meet every single person living with HIV needs.

6. Do you have any information about why there was a reduction in the formula grant award?

Answer: In 2017 HUD took a look at the HOPWA program and determined that the HIV epidemic had changed and they recalculated the way the formula grant would be counted.

7. Is there a wait list?

Answer: We do not maintain an internal wait list. The city has a Coordinated Access list where eligible persons are accessed. Based on their vulnerability they are placed on one list where multiple housing streams pull from this one list. We have also been working with the Health Department.

Bruno Benvides – MDH

An updated Framework for the Maryland Integrated HIV Program

- The main message that I want to share with you is that the framework is the first step for creating a link between the identities that are connected and funded by the program.

- We wanted the framework to have a way of understanding that any activity the local health department are planning to implement, they find a rationale link with expected outcomes, objectives and finally to the strategic goal.
- Having this structure allows for a 2nd step.
- Many factors including the current situation of the economy we really don't have a hundred percent that the funding is going to be as it is now.
- With this assumption we are projecting that for FY22 and onwards, we will be working under a different funding scenario and then we will have to make decisions about what we need to stop/reduce funding.
- To make this decision, we need to look at the activities to see which of these are actually producing the expected outcomes.
- We don't want to continue to look only at performance measures.
- Based on this information we will be able to make decisions on whether or not to continue funding.
- A strategic framework is a program management tool.

Questions/Answers

1. Is he referring to the integrated plan?

Answer: When we talk about the integrated plan at the state we stopped dividing things out in a traditional prevention/HIV services. We are really approaching status neutral, funding blind intervention neutral, focusing on programs that are addressing self-identified needs of an individual and working with health systems to be more responsive to those needs.

2. If the word clusters is being added to PC presentations/discussions, it is almost perceived that we are saying we are agreeable. It is further felt that we have not received clarity on "clusters" and "molecular surveillance". When are you going to allow the Consumers of the Greater Baltimore HIV Planning Council Services and use of these services' to have a conversation where you will give clarity?

Answer: the presentation we were asked to give for this meeting was around HIV Services. The cluster discussion is separate and we will be more than happy to respond to that request. Perhaps the support office can coordinate this.

We would be more than happy to coordinate with the PC to have some sort of seminar and create an opportunity for a dialogue to make this happen. This is much more than a meeting.

The response to clusters, yes it is part of the integrated plan. It is also part of our ending the HIV epidemic plan.

This should also be consumer oriented.

- 3 How does this relate to the state EHE for the integrated plan for 2018 – 2022?

Answer: We used a results framework for planning and budgeting purposes through 2021. We are going to continue the same approach in the upcoming years.

Emily Leonard – MDH

Maryland Medicaid Program and HIV Service Delivery

- Maryland Medicaid is a joint Federal state program.
- We provide long term health care coverage to low income persons.
- There are two ways that we determine eligibility.
 - Income
 - Populations that we don't use income.
- Qualified illegal aliens must have lived in the U.S as someone qualified as an illegal alien for five years in order to qualify for full Medicaid
- If you are considered undocumented you are not eligible for Medicaid.
- Regarding enrollment, 79% of our population are duals and 29% are not.
- Demographics of persons in enrolled was provided.
- Utilization percentages was provided.
- Percentages by diagnosis was provided.
- Health Choice is how we manage care.
- We have nine MCO's.
- We offer a broad range of health care services.
- There is more detailed information in my slides.
- You can enroll at any time. You have to enroll annually.

Questions/Answers

1. Are there any plans to drop the prior authorization for HCV treatment?

Answer: I am not well versed in this but I will get back to you on this.

2. What modes of transportation are supported under Medicaid? Is Uber/Lyft allowed?

Answer: I am not positive about either of these and will get back to you on this. Basically the type of transportation and how it works is this is through your local health departments.

3. Can you explain the medical emergency program and when someone can apply for this?

Answer: I am not positive about this either. I'll get back to you.

4. Can you repeat the number per month for city patients? Is there are difference between HIV and AIDS?

Answer: For HIV its \$2468. 70, HIV and disabled \$4,005.37, childless adult \$2091, the dollar amounts do vary based on your status. There is more detailed information in my presentation.

Colin Flynn – MDH

Epidemiology

- The data that's being presented are reports generated by all healthcare providers, laboratories in the state and out of state as well.
- They are investigated by the state and local health departments.

- When we talk about people with HIV to the best of our knowledge they are living here in Baltimore.
- For the Baltimore EMA there are 443 new HIV cases.
- 2018 as reported through June 30th, 2019 there were 17, 394 persons living with diagnosed HIV.
- New diagnosis of HIV have been trending downward in Maryland for the last 10 years.
- From 2010 – 2018 there have been 43% decrease in Maryland.
- Dropping below 1000 diagnosis last year for the first time since 1986.
- There are more new diagnosis in the Washington EMSA than Baltimore EMSA.
- The highest number of diagnosis is in Baltimore, followed by Baltimore County, then Anne Arundel County.
- Numbers in each of these jurisdictions continues to decrease.
- A breakdown of decrease in numbers for other jurisdictions was provided.
- National data from CDC was provided.
- Data for care, viral load suppression was provided.
- Diagnosis, linkage and treatment data was provided. Additional data is presented on MDH website.
- Data by nationality and age was provided.
- New diagnosis coming in are young, under the age of 40.
- National estimates of undiagnosed from CDC was provided.
- HIV exposure is going down in all groups.
- There are tremendous differences in transmission by sex at birth.
- Number of new diagnosis among Trans was small so this was difficult to analyze.
- Youth represent the larger numbers of diagnosis.
- Among persons living with HIV Spanish did better than all the care continuum.

Questions/Answers

None

Stephon Effinger – Baltimore City Health Department

Ryan White Program Client – Level Data Presentation FY19

- The link for this presentation has been provided to the Planning Council for those that want to review the presentation in its entirety.
- The objective of the presentation is to demonstrate the FY19 client level data for resource allocation and decision making.
- CAREWare client level data extraction, total number of clients extracted, excluded was provided.
- 75% of all eligible clients received a RW defined service supported by Part A.
- 9% all eligible clients received RW defined service supported by Part A MAI.
- Information regarding the distribution of demographics for clients per gender and age was provided.
- Youth make up 3.50% of the population.
- Clients by race, ethnicity who report White, Non-Hispanic represent 13.51%.
- African Americans represent 77.93% of the population.

- Clients by HIV risk factor of HIV transmission, 38.15 represent heterosexuals, 0.95% MSM, 20% of the population has not specified their risk. 12.53% represent IDU's, 0.95% represent MSM who are injection drug users.
- Due to notable disparities, HRSA HAB has enhanced its efforts to improve HIV related health outcomes among several key populations.
- Key populations identified in the client level data extract are Black/African American or Hispanic Women of Color, Black African American or Hispanic men who have sex with men, Hispanics, Youth and Trans persons.
- Data for service utilization for core medical, support services and key populations was presented.
- Retention in HIV medical care, they reviewed clients who received at least 1 metric of care.
- Retention in HIV medical care has improved over the reporting years.
- Service categories that received the highest rates of retention, was provided.
- Ryan White is known for its wrap around services and clients accessing those services experience the highest rates of retention.
- Retention in HIV care within support services was provided.
- Retention in HIV medical care by key populations was provided.
- Viral load suppression is measured by persons living with HIV who had at least one metric of care and at least one viral load result during the measurement period.
- Maryland CAREWare all client level data extract 5/4/2020 for the period covering 3/1/19 through 2/29/20.

Questions/Answers

1. Which support services are most useful in helping clients to become virally suppressed? Can you extrapolate this from the data that you presented?

Answer: there is slide that represents support services and viral load suppression.

2. Are there any plans to include the mixed analysis in the future?

Answer: We have started discussions on this and how these mix methods will be covered.

Fernando Mena – Carrasco

- CPC will resume these conversations sometime in July/August.
- All were invited to attend these meetings when scheduled.

8: New Business	Presenter: Chair
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- Principles in the Care of Transgender & Intersex patients information

9: Adjournment	Presenter: Chair
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Motion:	Who made the motion? Second?	Motion passed?
Motion to Adjourn	P. DeMartino/	Passed

Meeting Adjourned at 7:24 p.m.