

Planning Council

Date of meeting: June 17, 2014

Time started: 6:40 p.m.

BCHD Staff: C. Carey S. Pelham
N. Hussaini C. Skipper

IGS Staff: D. Gorham A. Onyeabo
L. Laird

Present: L. Bank V. Lathan
D. Brewer L. Lucas
A. Brown F. Poindexter
C. Edmonds M. Moiforay
B. Fitzsimmons M. Reese
A. Fowlkes D. Rivera
K. Gray D. Shamer
R. Hall C. Smith
C. Harvey, Sr L. Sowah
S. Johnson T. White
G. Jones-Child
D. Kelly, Jr
H. Lambert

Absent: R. Alexander P. Kurowski
A. Bradford K. Rogers
T. Brown M. Scriber
W. Commander J. Simmons
J. Hailey L. Tatum
T. Hawkins W. Telp
W. Honorable, Jr
S. Jackson

Visitors: C. Dyer M. Slicher
B. Ntiri-Reid S. Spriggs
J. Schneider F. Sullivan
N. Schweizer B. Ward

- Handouts:**
- Planning Council Packet (IGS & PC, June 2014).
 - Chair Report (June 2014).
 - FY14 Expenditure Summary (BCHD, June 2014).
 - FY14 Client Service Summary (BCHD, June 2014).
 - Reallocation Handout (BCHD, June 2014).
 - COCC Prioritized recommendations (IGS & PC, June 2014).
 - Bylaws (IGS & PC, June 2014).
 - PSRA June Provider Panel List (IGS & PC, June 2014).
 - PCSO Report (IGS & PC, June 2014).
 - Fiscal Committee Minutes (IGS & PC, June 2014).
 - Data Presentations Handouts: Independent Living Foundation Data – Dr. Larry Bank; Moveable Feast Data – Tom Bonderenko, Baltimore County Department of Health Data – Brian Fitzsimmons; University of Maryland STAR TRACK Data – Jamal Hailey; Maryland Legal Aid Bureau Data – Boatemaa Ntiri-Reid; John Hopkins AIDS Psychiatry Service Data – Nicholas Schweizer; Project Plase Data – Mary Slicher; Chase Brexton Health Care Data – Frank Sullivan.

Introductions

Planning Council

- The meeting convened with quorum at 6:40 p.m.
- M. Reese introduced the PSRA panel to the council and briefed the council on the process for questions and answers during the presentations.

- L. Laird thanked the invited panelists for attending the meeting.

PSRA Panel Presentation

Panelists

- Each panelist introduced themselves, their organizations, and the spoke about the work their organizations do.
- The panelists also spoke on the type of Ryan White services they offered, the number of clients they serve, and the utilization of their services.

Discussion:

- The following points were made by the panelists about the services offered in their respective categories:
 - F. Sullivan stated that of the 12,300 clients Chase Brexton serves 2,500 are Ryan White Clients. 165 are newly insured Ryan White Clients and 400 were previous PAC clients who were transitioned to Medicaid.
 - M. Slicher stated that Project Plase provides temporary housing especially for People Living With HIV/AIDS who have other co-morbidities. Project Plase also provides other services including case management, psychosocial services, and outreach.
 - N. Schweizer stated that the John Hopkins AIDS Psychiatry service serves about 750 clients. A majority – 400 – of those clients are Ryan White clients. John Hopkins AIDS Psychiatry provides services to counties such as Carroll, Harford, Anne Arundel, and Baltimore counties.
 - B. Ntiri-Reid stated that the services provided by Legal Aid are free and include advice, referrals, and legal representation. Legal Aid provides services to city and county residents and has continued to grow over the years. Legal Aid is working with the community to determine the needs of Ryan White clients.
 - B. Fitzsimmons stated that the county health department on average has about 150 clients per year in its clinic. The recent trends are an increase in young MSM especially African Americans and younger clients - about 75 percent of new clients are under age 30 with a mean age of 24.
 - T. Bondenrenko stated that Moveable Feast has added Medical Transportation to the Ryan White Services provided. One of the emerging trends in the organization is an increase in younger clients. There is a current waitlist of 102 clients who are RW eligible.
 - L. Bank stated that Independent Living Foundation has 100 -120 Ryan White visits per week. Medicaid plays a huge role but there are gaps in coverage. Additionally, Oral Health is one of the categories least covered by the ACA.
 - J. Hailey stated that STAR TRACK has recently increased the age limit on their program to 26. The program provides case management and primary medical care services. The program has a recently opened transgender clinic.

Questions:

- L. Sowah asked if Moveable Feast provides services on nutrition counseling for clients? T. Bondenrenko stated that counseling is provided to the extent possible e.g. clients are advised on cutting down on their sodium intake etc.
- L. Sowah asked if the presenters have had any experiences with clients who have high deductibles on their insurance plans. B. Fitzsimmons stated that he had not experienced that, however for some clients who are sent to the labs and have had prior outstanding bills, they are unable to receive services.
- L. Sowah asked what percentage of clients above 20 years old has STAR TRACK been able to transition to adult care. J. Hailey stated that STAR TRACK has transitioned about 60 percent of its clients to adult care.
- L. Sowah asked if Legal Aid has ever had to turn a Ryan White client away because they did not have enough capacity to serve the client. B. Ntiri-Reid stated that clients are not sent away and if there are unable to provide the services needed Legal Aid works with the client to identify another attorney or organization.
- L. Sowah asked how long it typically takes to get an appointment with a psychiatrist at John Hopkins. N. Schweizer stated that clients see a therapist first for evaluation and then a psychiatrist within a week. There is no waitlist and scheduling is done within a month. Providers can also schedule to see a patient earlier. However, new patients have a high no-show rate and that translates to a staffing problem.
- C. Harvey asked how long Moveable Feast has had a waitlist. T. Bondenrenko stated that Moveable Feast has always had a waitlist. Clients are put on serviced using Moveable Feast funds for three months until Ryan White funding becomes available. However, in some cases clients may stop receiving services until Ryan White funding becomes available.
- D. Brewer asked what the barriers are to receiving care in relation to the ACA. N. Schweizer stated that insurance typically does not cover Mental Health Services or provides minimal coverage. F. Sullivan stated that there are gaps in co-payments for pharmacy and premium costs and that is where Ryan White fills the gap. B. Ntiri-Reid stated that Legal Aid anticipates receiving ACA-related appeals in the coming months.
- D. Brewer stated that there have been situations where people were turned away at Legal Aid. B. Ntiri-Reid stated that clients have to be eligible for Ryan White services and that might explain why they were turned away. Legal Aid has

- several intake methods including in person, online, or via phone.
- T. White asked if privacy or client confidentiality is an issue in using social networks as an outreach tool at STAR TRACK. J. Hailey stated that there are clear guidelines about which staff members can access online tools and there is limited conversation regarding protected health information via social networks. Also, codes are employed in social network communications.
- B. Fitzsimmons asked if there is any way to protect the privacy of youths who are covered under their parents and their parents seeing their information on the Explanations of Benefits. J. Hailey stated that Planned Parenthood is currently working on some state legislation to protect youths.
- C. Smith asked how many transgender clients are being linked to care. F. Sullivan stated that Chase Brexton has a center committed to transgender clients. M. Slicher stated that a small percentage of clients served are transgender, but funding is a challenge. B. Ntiri-Reid stated that Legal Aid has been training its staff on the needs of transgender clients and working with community partners.
- M. Reese asked what the panelists thought about increasing the federal poverty level (FPL) in the Baltimore EMA to 500 percent and what effect it will have on their capacity to serve additional clients who would become eligible.
- F. Sullivan stated that due to the transition from PAC to Medicaid, there is an increase in revenue. Increasing the FPL to 500 percent is a good idea and would boost arguments for additional funding from the federal government.
- M. Slicher stated that Project Plase has a sliding fee scale of up to 300 percent but no client has reached that level yet.
- B. Fitzsimmons stated that depending on the category, you may end up with waitlists as clients approach the upper limit.
- N. Schweizer stated that Hopkins is salary driven and new staff will be hired to serve client capacity (as the staff has been shrinking in the last few years).
- B. Ntiri-Reid stated that an FPL increase would increase the number of services clients can be provided.
- The panelists also discussed their other funding streams for the services they provide.
 - F. Sullivan stated that Ryan White funding makes the services provided sustainable.
 - M. Slicher stated that Project Plase receives other funding including HOPWA funding for HIV services. If Ryan White Housing funding was not available, Project Plase would be severely disadvantaged in the number of Ryan White clients that could be served.
 - N. Schweizer stated that John Hopkins AIDS Psychiatry Service receives Part B funding, but it is 100 percent grant funded. As funding has been cut over the years, the staff has been shrinking.
 - B. Ntiri-Reid stated that Legal Aid's funding is population and issue specific. Although, there are multiple funding sources, Ryan White funding is the sole provider for serving HIV clients.
 - J. Hailey stated that Ryan White is the sole funding for youth living with HIV.
 - B. Fitzsimmons stated that counties fund a small portion of the services provided. Supportive services and Emergency Financial Assistance are however funded a 100 percent by Ryan White with the exception of HOPWA Housing.
 - T. Bondenrenko stated that Moveable feasts has other funding sources and at this time their service level has not been cut due to Ryan White cuts. Without Ryan White and with predicted cuts in the near future, Moveable Feast will have to make a decision on what services to cut back on.
 - L. Bank stated that Independent Living Foundation is 99 percent reliant on Ryan White funding to fill the gaps.
 - L. Sowah stated that without Ryan White, the treatment adherence program at Jacques Initiative would have to look for other funding sources.

Review of Minutes

Council

Discussion:

- Planning council business commenced and the council reviewed the minutes of the last meeting.

Motion: To approve the May planning council minutes

Made by: C. Harvey

Second: D. brewer

Action: Passed

Opposed: 0

Abstain: 1

Chair Report

M. Reese, Chair

- M. Reese presented the chair report to the council.
 - Please save the date for the PSRA conference and trainings on August 7 - 8 and July 21 – 22 respectively.
 - To participate in PSRA, PC members must fulfill the training and data presentation requirements.
 - IGS & PC and IGS cannot be involved in aggregating raw data for the assessment questionnaires or further reviewing

Planning Council

- o the questionnaires as directed by HRSA.
- o An independent consultant must be hired to complete the process by compiling the findings into a written assessment of the administrative mechanism.
- o Comments have been received from HRSA on the Memorandum of Understanding. The workgroup will review the comments by June 18 and the revised MOU will be sent to HRSA by June 20.
- o The 75/25 core medical waiver workgroup will be unable to complete its deliverables by the June 30, 2014 deadline. The workgroup is continuing to work on the needed documentation required before the FY 2015 grant application deadline in September 2014 for FY 2015 use.
- o Due to the change in the grant application deadline, all PC and committee deliverables will be accelerated.
- o Please forward all questions to the PCSO and they will be addressed at next week's PC leadership teleconference. Responses will be sent out electronically.

Special Report

D. Munro, IGS&PC

- D. Munro presented to the council on the PSRA process.
- On day 1, the council will go through the 5 percent decrease scenario.
- Although, they have been huge cuts this year (a ten percent decrease), as all hold harmless exemptions have expired; a 5 percent decrease scenario will work because this is the beginning of the plateau.
- On day 2, the council will plan for a 75-25 waiver scenario and begin preliminary planning for carryover left over at the end of the fiscal year.
- D. Munro presented two PSRA processes to the council:
 - Plan A – Duplicate the current PSRA spreadsheet on day 2, while covering the 75-25 boxes and going through the allocation process again.
 - Pros – It is a relatively easier process
 - Cons – It is repetitive and may likely result in the same numbers as day 1.
 - Plan B – Duplicate the spreadsheet but rather than using this year's current allocations as the starting point, use the numbers from day 1 as the starting point. Similar to doing a round 3 and round 4.
 - Pros – This eliminates repetition.

Discussion:

- D. Shamer asked if we are going to be held to using the waiver after submission. M. Reese stated that we are not.
- D. Shamer asked for the definition of carryover funds. Carryover funds are monies from formula funds that was unspent as allocated in the fiscal year.

Motion: To use Plan B as a method for PSRA

Made by: C. Smith

Second: H. Lambert

Action: Passed

Opposed: 0

Abstain: 0

Ryan White Part A Report

S. Pelham,
Baltimore City Health Department

- S. Pelham presented the Part A Report to the council (see attachment 1).
- The grantee received the final 2014 award on May 23, 2014. The total award is \$16,995,553.
- The FY 2014 application received a score of 93 points - an increase over last year score.
- Our HRSA officer and consultant – Lt. CDR. Keisha Johnson and Hila Berl reviewed and provided feedback on the assessment tools.
- Mr. Sonney Pelham is the Acting Deputy Director for the Part A program.

Discussion:

- C. Smith asked what the administrative agent's definition of waiting lists is.
- M. Reese asked that any questions for the grantee should be submitted to the support office due to the time constraints.
- C. Edmonds asked if the final award is an increase or decrease from the previous fiscal year. M. Reese stated that it was a decrease of 10 percent.
- M. Reese asked that all committee reports with no action items should be held. Planning council members should read the reports in the packets.

Greater Baltimore HIV Health Services Planning Council

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Minutes

Final

Motion: To extend the meeting by twenty minutes.

Action: Passed

Made by: C. Smith

Opposed: 0

Second: D. Brewer

Abstain: 0

Ryan White Part B and D update

- No update was given (see attachment 2 for the report).

Planning Council Updates

Executive Committee

M. Reese, Chair

- M. Reese presented the Executive Committee updates.
- The Assessment committee was disbanded in May.
- The committee received recommendations from the fiscal committee and the grantee on FY 14 reallocations.

Reallocation for FY 2014

Motion: To decrease the category of OAHS Primary Medical Care by \$95,253

Action: Passed

Made by: C. Smith

Opposed: 0

Second: T. White

Abstain: 9

Motion: To decrease the category of Mental Health by \$33,352.

Action: Passed

Made by: C. Smith

Opposed: 0

Second: T. White

Abstain: 6

Motion: To decrease the category of Substance Abuse Treatment Outpatient by \$16,508.

Action: Passed

Made by: C. Smith

Opposed: 0

Second: H. Lambert

Abstain: 4

Motion: To increase the category of Oral Health by \$93,253

Action: Passed

Made by: C. Smith

Opposed: 0

Second: T. White

Abstain: 5

Motion: To increase the category of Housing Services - Transitional by \$49,860

Action: Passed

Made by: C. Smith

Opposed: 0

Second: C. Harvey

Abstain: 0

PSRA Process

Motion: To vote at PSRA on the use of carryover funds for the present fiscal year.

Action: Passed

Made by: C. Smith

Opposed: 0

Second: T. White

Abstain: 0

Motion: To use a hypothetical figure of \$500,000 as the denominator for carryover for Part A and convert the allocation to a percentage for the PSRA process.

Action: Passed

Made by: C. Harvey

Opposed: 0

Second: C. Smith

Abstain: 0

Motion: To use a hypothetical figure of \$30,000 as the denominator for MAI for carryover and convert the allocation to a percentage for the PSRA process.

Action: Passed

Made by: C. Harvey

Opposed: 0

Second: C. Smith

Abstain: 0

Motion: To use a five percent decrease scenario at PSRA.

Action: Passed

Made by: C. Smith

Opposed: 0

Second: C. Harvey

Abstain: 0

Fiscal Committee Motions

Motion: To add a July meeting to the Fiscal Committee workplan

Made by: C. Smith

Second: D. Shamer

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and keep the September and November meetings on the workplan.

Action: Passed

Opposed: 0

Abstain: 1

Motion: To keep scorecards for the council for the 5-month, 7-month and 12-month periods, in keeping with the potentially expanded ESD reports

Made by: T. White

Second: C. Harvey

Action: Passed

Opposed: 0

Abstain: 0

Motion: To change the column label of “encumbered” to “expenses” with a footnote to indicate to planners that the figure includes both encumbered and incurred amounts

Made by: C. Harvey

Second: H. Lambert

Action: Passed

Opposed: 0

Abstain: 2

Motion: To support the monthly expenditure and service delivery data requests (as stated in the MOU, section D[c]2 and D[c]3) and request the following additional information: projected and actual number of clients by category, variance from projected and actual (expenditure and number of clients), explanation of variance beyond 5% during the 5-month and 7-month ESD report

Made by: T. White

Second: C. Harvey

Action: Passed

Opposed: 0

Abstain: 0

Motion: To allow the Executive Committee to appoint an ad-hoc committee for the assessment of the administrative mechanism

Made by: T. White

Second: F. Poindexter

Action: Passed

Opposed: 0

Abstain: 1

Motion: To accept the language changes to the bylaws

Made by: F. Poindexter

Second: C. Smith

Action: Passed

Opposed: 0

Abstain: 1

Leadership Requested Motions

Motion: To change the time of the Tuesday, July 22nd PSRA training to be from 5:00-7:00 p.m., rather than from 1:00-3:00 p.m.

Made by: C. Harvey

Second: D. Brewer

Action: Passed

Opposed: 0

Abstain: 0

Motion: To add thirty minutes to the July Planning council meeting – 5:30 – 8:30pm.

Made by: C. Harvey

Second: C. Smith

Action: Passed

Opposed: 0

Abstain: 0

Nominating Committee

C. Harvey, Chair

- C. Harvey presented the committee’s action items.

Motion: To recommend that B. Ward be moved from the pool list to the mayor’s office for appointment to the council.

Made by: C. Harvey

Second: H. Lambert

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that D. Smith be moved from the pool list to the mayor’s office for appointment to the council.

Made by: C. Harvey

Second: C. Smith

Action: Passed

Opposed: 0

Abstain: 0

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Planning Council Support Office

- M. Reese asked council members to read the report in the packet.
- A. Onyeabo asked that those who had previously RSVPed for the July 22nd training from 1pm – 3pm should contact the support office to RSVP due to the time change.

Adjournment

Presenter

- The meeting adjourned at 9:00 p.m.

Motion: To adjourn the meeting.

Made by: C. Smith

Second: T. White

Action: Passed

Opposed: 0

Abstain: 0

Time adjourned:	Date of approval:
Signature:	Electronic signature of chair (PC Minutes only):

Attachment 1: Grantee Report

Baltimore City Health Department
Bureau of HIV/STD Services
Ryan White Office



MONTHLY GRANTEE REPORT FOR JUNE 2014

1. HRSA Updates:

- ❖ BCHD received the final 2014 award on May 23, 2014

The total Part A-MAI award is \$16, 995,553.

i. MAI = \$1,669,979

ii. Part A = \$15,325,574

1. Formula = \$10,059,984

2. Supplemental = \$5,265,590

- ❖ The FY 2014 application received a score of 93 points
- ❖ Lt. CDR. Keisha Johnson and Hila Berl (HRSA consultant) reviewed and provided the following oral feedback on the revised assessment tools:
 - i. The assessment tools contain items beyond the scope of the process
 - ii. All entities receiving Ryan White funding including the support office must participate in the completion of the assessment. Therefore, an independent consultant is required to collect, analyze and report the findings.
- ❖ The FY 2015 Funding Opportunity Announcement (FOA) will be released July 2014. The application will be due September 2014.

2. BCHD Updates:

- ❖ Mr. Sonney Pelham is the Acting Deputy Director for the Part A program.
- ❖ The first monthly ESD report and a summary of the PC budget was submitted to the PCSO on June 2, 2014
- ❖ BCHD has not received a formal response to the site visit waiver

Baltimore City Health Department
Bureau of HIV/STD Services
Ryan White Office



- ❖ BCHD is scheduled to receive technical assistance to streamline the annual site visit and CQM process`
 - ❖ Provider reimbursements for April 2014 were issued to the fiscal agent on June 3 for Part A and MAI, respectively.
 - ❖ FY 14 Contract Status:
 - i. 97 % of sub-grantee contracts are executed
 - ii. 100% of administrative sub-contracts approved by BOE
 - ❖ The HRSA/National Quality Center (NQC) Maryland Regional group is scheduled to meet on June 16. The mission of the group is to increase the rate of viral load suppression in Maryland.
3. Webinar:

"Consumer Input Along the HIV Care Continuum: Increasing Engagement & Empowerment"

Friday, June 20, 2014
1:00 PM - 2:00 PM EDT

If you have questions, please contact Julio Fonseca, at julio@healthhiv.org.

Greater Baltimore HIV Health Services Planning Council
Planning Council

Minutes

Final

Attachment 2: Part B & D Report