

Seattle HIV/AIDS Planning Council Care Prioritization and Council Meeting

Monday, December 14, 2009-- 4:00 p.m.–6:30 p.m.
2100 Building: 2100 - 24th Avenue South

PART 1: 2010 CARE PRIORITIZATION INCREMENT/DECREMENT MEETING

I.	Welcome, Introductions & Announcements	4:00
II.	Grantee Reports	4:02
III.	Decrement Plan	4:20
	➤ Action: Create a decrement plan at \$5,700,000	
IV.	Break	5:10
V.	Increment Plan	5:25
	➤ Action: Create an increment plan at \$6,500,000	
VI.	Adjourn	6:05

Part 2: Council Meeting

I.	Meeting Minutes	6:05
	➤ Action: Review and Approve	
II.	2010 Care Increment/Decrement (the work you just did!)	6:07
	➤ Action: Review and Approve	
III.	Membership Committee Report	6:20
	➤ Action: Vote on new member candidate?	
IV.	Adjourn	6:30

NOTE: In January and February the 2100 Building is not available. At this point we plan to have those meetings in the Chinook Building, but are currently working out whether there is the possibility that we might get kicked out of that location due to H1N1. Stay tuned!

***Barrier-free location
Reasonable accommodation for persons with disabilities
available upon advance request.***

Seattle HIV/AIDS Planning Council

Minutes ☿ Monday, December 14, 2009

4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bennett, Sergio Cueva Flores, Shireesha Dhanireddy, Kate Elling, Brandie Flood, Joseph Grant, Robin Langdale, Gerrie LaQuey, Darren Layman, David Lee, Marcos Martinez, Kris Nyrop, Christine Oyaro, Ron Padgett, Jodie Pezzi, Tony Radovich, Michael Raitt, Erick Seelbach, Bob Wood*

Council Members Not Yet Appointed by the Executive Present: *Joachim Hawn*

Council Members Absent: *Philip Doles, Higinio Martinez, Andrew Murphy, Ruth Njoroge, Arthur Padilla, Kevin Patz, James Redel, Germán Rodríguez*

Planning Council Staff Present: Jesse Chipps, Diane Ferrero, Courtney Speigner (minutes)

Public Health Staff Present: Frank Chaffee, Barb Gamble, Jeff Natter

Guests: Oscar Grey, Ronda Kimm, A. Martin

Italics denote Planning Council Membership.

I. Announcements

Kris announced that the senate had approved an appropriations package which removed the prohibition of use of federal funds for needle exchange and agreed to leave it up to local jurisdictions to determine any restrictions.

Tony announced that the Consumer Quality Leadership Program (CQLP) is still recruiting consumers and taking applications through the week.

II. Agenda

Jesse reported there had been a lot of changes even since the revised agenda and suggested the following agenda:

- I. Grantee reports
- II. State budget report (Richard)
- III. State budget impact on prevention programs (Frank Chaffee)
- IV. Progress of South King County clinic (Darren and Shireesha)
- V. Pooled Parity (Gerrie)
- VI. Decrement planning

The agenda was approved as amended by acclamation.

III. Grantee Reports

Care

Jeff reported that 2010 is a renewal year for Part A funding. There is no RFP process. Agencies that are performing at or above 90% will receive full funding in 2010. This month, agencies will submit

quarterly reports, and hopefully renewal awards will be granted by the end of the month. Jeff will then report to this group the awards for next year.

Jeff added that HRSA is excited about the CQLP program Tony had mentioned. He encouraged people to apply and/or refer other consumers.

Prevention

Barb reported they had recently finished contract negotiations with community based programs. Additionally, the MSM prevention providers completed their first coordinating meeting, and it went well.

IV. State Budget Report: Care focus

Richard reported that last year when the legislature convened in January, they needed to fill a \$9 billion gap. They were able to fill that gap roughly in thirds: one third from cuts to programs, one third from the federal stimulus package, and one third from using the rainy day fund, freezing state workers pay, and transfers of funds.

Now, the revenue coming into the state from property and sales taxes continues to decrease. The last revenue projection showed a \$2.6 billion deficit the state is facing by the end of the biennium (June 30, 2011). The total state budget is \$31 billion; \$21.6 is protected and cannot be cut – this includes higher education, death service and pensions, mandatory Medicaid, and foster care. The \$2.6 billion cut must come out of the remaining \$9.3 billion in the budget. By law, the governor must submit a balanced budget using current revenue, but she has stated she is not satisfied with this budget. Richard went through the Department of Health Recommendation Summary (which was distributed) and noted cuts that affect HIV/AIDS:

1. Reduce AIDS Education by \$360,000 (non-Omnibus)
2. Reduce HIV/AIDS client services by \$5,179,000 (leaving a balance of \$6.6 million). \$6.6 is the dollar amount the state must put forward to meet Ryan White federal match. This represents a 44% decrease in state funds, which is a 17% decrease in total funds (compared to a 2% decrease in the budget last year).
3. Reduce Omnibus AIDSNet grants by \$5,203,000, leaving \$2.2 million in state prevention dollars. This is a 70% reduction.
4. Administrative reductions by 9.7 FTE, \$2.2 million dollars across the department.
5. Eliminate Medical Nutritional Therapy – cut \$370,000, a 75% cut.
6. Housing for Persons with AIDS (HOPWA) – a transfer of \$2,305,000 to HIV client services. This is positive because it will facilitate better coordination of services, but does not affect the Seattle HOPWA dollars.

The rest of the document includes notes on how cuts will be taken.

Richard also distributed a supplemental budget proposal from DSHS, which proposes elimination of GAU, of the Basic Health plan, and of co-pay reimbursement for Medicare Part D as well as cuts in Medicaid payments, substance abuse services, dental, vision, hearing and hospice. See document for more details.

Richard noted that the Department of Health budget summary does not mandate how cuts will be taken in HIV client services. He explained that in response to the deficit last year, client services reduced administrative costs, asked for 5% back from each region, did not put on Care Event, decreased amount paid for medical, labs, pharmacies, slightly raised the cost share and created an additional reduced formulary for clients who do not have insurance (as an incentive to move clients onto insurance). He explained that \$384 per month, per client is saved by moving clients onto insurance. If EIP could move all clients onto insurance, this would reduce the cost by about \$3 million. The negative side of this is that when clients move to insurance, they then have to pay co-pays for medical visits and labs (EIP currently pays for prescription co-pays). If EIP were to pay for the other co-pays associated with insurance, this would decrease the barrier to insurance for clients. It would

cost \$600,000 for co-pays for the entire state if every client went on insurance. Client Services has asked Regions for funds for co-pays for doctor's visits and labs. For Region 4, the cost would be \$375,000.

Jesse asked whether the funds that the Council paid ahead in 2009 and the \$200,000 for this year would meet the obligation. Richard stated with parity, Region 4 owed \$93,000 for this coming year. Richard clarified that EIP is asking for two separate things: 5% back from parity AND the funds to pay for copays. AIDSNet Coordinators have agreed to contribute both the 5% back and the co-pay funds. Given the \$200,000 the Council has currently agreed to give, the additional amount that the Council would need to give would be \$268,000. The Council may discuss Region 4's contributions in increment/decrement planning.

Richard added that if EIP mandates insurance for clients, there is some concern that the Washington State High Risk Insurance Pool (WSHIP) may reinstate a cap for PLWH on WSHIP, so it might be better to address this issue later. Also, smoker rates are \$300/mo more than non-smoker rates for WSHIP. If EIP makes it mandatory to get insurance on April 1, they may make it mandatory that smokers pay the difference in the rate beginning April 1 the following year. It was clarified that undocumented immigrants do qualify for insurance.

V. State Budget Report: Prevention focus

Frank stated that in the budget proposed by the Governor, the Omnibus money the HIV/AIDS Program receives will be cut by 70%, effective July 1, 2010. The governor will submit a revised budget in January including increased fees and taxes to buy back cuts. At this time, the list of cuts to buy back includes mainly the Basic Health Plan and GAU; HIV prevention is not currently on that list. We won't know the final budget until it is passed by the legislature, at the earliest February 28.

Currently, the HIV/AIDS program has a total budget of about \$16 million, \$14 million to services and epidemiology, and \$2 million for administration and planning costs. Prevention funds are a combination of state omnibus dollars and CDC prevention dollars, and the state cut of 70% will affect \$4 million of the total budget. The rest of dollars will not be affected. Due to the cut being enacted based on the state fiscal year (July through June), in the first calendar year, the program will take a \$1 million cut. In 2011, a \$2 million cut. There has been no information about cuts nor increases in CDC dollars. The Council made a prevention plan assuming a budget of about \$4 million per year and assuming that Needle Exchange and testing and counseling would be funded by Public Health. Now the pot is smaller.

The HIV/AIDS Program is looking at how to fund the core public health functions. Epidemiology is core because it tells us what's happening with the epidemic – it is funded almost entirely through grants and uses very little prevention money. Another core function to retain is the ability for people to find out they have HIV as soon as possible after infection. An important piece of this is that once people do test positive, they are able to get the care they need. Fortunately, many care services will still be covered by the Ryan White grant.

Council members asked questions, and the following answers were provided:

- Erick asked whether a 70% cut in the state budget would be evenly distributed. Frank noted that King County has a larger percent of cases than the percentage of state funds it receives. Snohomish, King and Pierce Counties together make up about 90% of the cases. King County will continue to make the argument that we should receive a greater percentage of the funds; however if the AIDS Nets are eliminated, all of the local health jurisdictions will be putting pressure on the Department of Health for funds. Bob agreed there will be a strong petition from smaller rural areas for not focusing funds in King County.
- Erick asked what process Public Health will go through to determine how cuts in funds for community-based programs will be distributed. Frank stated that this discussion at the Planning Council is one of the first steps. The group will have to look at whether they would change the prevention plan based on having a smaller pot of funds. Frank stressed the

importance of core Public Health functions such as case finding and Needle Exchange. While these functions may be able to be carried out by other organizations, it's vital that programs exist and are stable.

- It was clarified that the HIV/AIDS Program has been spending about \$1.4 million on HIV counseling and testing. Frank stated that Public Health plans to share with the Council the key performance characteristics around testing.
- Bob noted that the group created the prevention plan with the idea that it requires about \$100,000 to \$150,000 to run a program. It might be necessary to cut some of the lower risk populations from funding; otherwise, there won't be sufficient funds for sustainable programs for higher risk populations.
- Frank clarified that a 70% cut of omnibus translates to a 50% overall cut (Omnibus and CDC funds) by 2011.
- Jesse stated that the Council will need to know whether there will be proportional changes in the competitive pool and if the competitive pool is lessened, whether the Council's plan will have a larger impact on all of the dollars. Frank explained that Public Health will work to determine the minimum amount needed for adequate testing and Needle Exchange in the community, and these costs will be taken out first. The reasoning for this decision will be reported the Council. Once Public Health determines the cost of these core functions, then Public Health will then be able to determine the size of the competitive pool. It will not be an across the board cut.
- Jesse asked whether there is an expectation that AIDSNet grants will only be spent on Needle Exchange and federally matched case management. Frank stated Secretary of Health, Mary Selecky, had told GACHA that the intent is to ensure there are funds available for needle exchange and federally matched case management, but not that the money would exclusively be for those things. It's not a requirement to keep Needle Exchange at the same level, and this will be clarified in administrative language. Bob stated his opinion that Needle Exchange should not necessarily be kept at the same level while other programs are cut. He noted it doesn't have as much an impact on HIV prevention as it does on Hepatitis prevention.
- Marcos asked what the role of the Planning Council and Public Health will be in determining the distribution of cuts. Bob noted that the Ellensburg agreement states that 50% of the funds must be spent according to the Council's prioritization plan. If the AIDSNet are eliminated, so will be the Ellensburg agreement, so Public Health staff will be determining the cuts. Jesse added that if House Bill 2360 passes, the AIDSNet system will be eliminated, giving DOH the power to determine planning. It's unclear whether the Council's plan will then become moot. The group will have to decide whether to change its prevention plan, not knowing whether it will be used.

VI. Continued Discussion

Jeff urged the Council not to create an increment plan at this meeting. There are several potential areas of service the Council may want to consider that aren't currently funded: Local AIDS pharmaceutical assistance (to supplement ADAP's potential reduced formulary), Insurance (to help pay for co-pays), Health education and risk reduction (for comprehensive risk counseling and services and Early intervention services (if the state cannot pay for lab costs). Before the Council can consider these, more information is needed regarding the state budget and specific ADAP requests. The group could create a decrement plan at this meeting.

Richard explained that HIV/AIDS Client Services is trying to maintain dental services. It is possible it may be part of the cuts. Even if state funding for dental is cut, Ryan White dollars would still be useful because the infrastructure would still be present to use these funds for dental services in King County.

Brandie asked what messages should be put out into the community to prepare for cuts. The earliest possible date for completion of the budget is February 28; however it may be as late as May or June. There will be political pressure to finish more quickly because the process is costly. DOH has said the

local HIV/AIDS program should assume we will have what we have been awarded. Bob added John Peppert had predicted the budget would be completed by the end of March. The Council could discuss how to get the word out to the community at a future meeting. Barb suggested this be as soon as possible because the consumers can use this information to talk to their legislators.

✓ The group agreed to discuss ways to inform the community about potential budget cuts at the January Council meeting.

Richard let the Council know that DOH has talked with Region 5 about providing some funds to the South King County clinic to cover some clients coming from Pierce County. They have a planning meeting this week and will likely be in agreement to do that.

Bob noted that much of the impact of the state budget cuts will be on care services and suggested information be distributed through the EIP mailing list. Richard stated that an email has gone out to case managers. Tony expressed concern it might be difficult to get consumers involved in advocating for programs, due to apathy. Robin stated that for consumers, it's very helpful to have direct and precise information regarding advocacy and talking with legislators. He shared his perspective as a consumer receiving this information, and expressed concern over his healthcare. Erick stated that Lifelong AIDS Alliance is planning a virtual AIDS Action and Awareness Day and will be setting a date soon. Richard stated that HIV/AIDS client services is trying their best to find ways to cut costs without cutting services, and this is part of the goal to move clients to insurance.

Gerrie brought treats in honor of Bob's last Council meeting.

BREAK 5:15 – 5:30

VII. 2010 Parity Principles

Gerrie explained that the parity model is unique to Washington State. The model ensures create parity in care dollars across the state for Part A and Part B based on the number of people living with HIV in each region. Gerrie explained the two items the Council will consider in approving the parity principles:

- The state has requested 5% back from each region for ADAP.
- This year, neither Part A nor Part B found out their full awards until later in the grant year. This made it difficult to reallocate funds according to parity. At the parity meeting, Jeff had proposed a change in the principles: if Part A and/or Part B have not yet received their full awards by June 1, the parity calculation would stand, and any necessary difference would be made up in the following year.

As parity representatives, Gerrie and Michael recommended adopting this principle as well as the 5% request back for ADAP. It was clarified that Richard's request for additional dollars for medical co-pays is not related to parity and should not affect the Council's decision to adopt the principles.

Erick asked whether the parity group has discussed how it would be affected if the AIDSNet system is eliminated. Gerrie stated that if the AIDSNet systems are eliminated, the parity meeting may not be needed, and would be conducted between the Part A and Part B grantees and the Portland TGA grantee (for Clark County). If the AIDSNet system is eliminated, the Planning Council's obligation to Snohomish and Island Counties will change – however this was not discussed in detail at the meeting because the changes aren't yet defined.

MOTION: Gerrie moved to accept the parity principles as presented. Jodie seconded. There was no further discussion.

✓ The motion passed with 19 in favor and Richard abstaining.

VI. ADAP request

Richard stated he sees the request for funds for health insurance premiums as a separate line item from ADAP. Jeff cautioned that until the group finds out that EIP clients are definitely being moved onto insurance, the Council may not want to allocate funds to a new category that may not be awarded. Several members agreed. Shireesha asked why it should go under a separate category. Richard agreed it could go under the same category as ADAP but wanted to treat it as separate item from the 5% request back for parity.

The group discussed whether to address the issue now.

- Richard suggested if the Council contributes funds for co-pays on medical and labs, ADAP could begin paying these, without mandating insurance. This would help reduce barriers to services for those already on insurance and encourage more people to get on insurance. Currently, people with insurance are being penalized because they pay a co-pay for doctor visits and labs whereas those not on insurance do not.
- Shireesha asked whether EIP expects a significant increase in clients with new treatment guidelines – which state that PLWH should be treated up to 500 CD4. Richard stated that Dr. Golden has projected about 50 additional clients from this, which they do not consider to be a large impact.
- Brandie asked whether March would be too late to make the decision. Jeff stated that these funds would have to go under Insurance, not ADAP, because under HRSA's definition, funds for ADAP can only pay for medications, not co-pays. This would be a re-prioritization. March would not be too late because the earliest we would get the award would be in February. Jeff stated that putting money into a new category now will take funds from existing programs.
- Kate suggested the group wait until March and several members agreed.
- Shireesha noted that the group could take funds from the South King County clinic toward insurance without impacting existing programs. Jeff noted that if these funds are not needed for insurance, Harborview would have to spend out the funds very quickly.
- Jesse explained that the group is making a \$350,000 decrement plan, and putting funds toward insurance would be like creating a larger decrement plan.
- Gerrie expressed concern that because March is the beginning of the contract year for programs, if the decision is made at that time to put funds toward insurance, programs will have already begun spending money on their contracts.

✓ The group agreed to hear from Darren and Shireesha regarding the South King County Clinic update, create a \$350,000 decrement plan, and address the insurance co-pay issue at a future meeting .

VII. South King County Update

Darren and Shireesha gave an update on the clinic. Partnering with UW is not an option because the clinic does not fit in with their strategic plan. Madison Clinic now has the opportunity to partner with Healthpoint Community Health Center in Federal Way. The clinic is interested, along the I-5 corridor and offers other services such as acupuncture, and medical nutritional therapy. They also have had experience with Ryan White funding in the past. Darren and Shireesha will meet with the COO of community healthcare to learn about additional costs of using the site, the nursing staff, etc. A provider has been identified that would be interested. Darren noted that starting the clinic and not being able to continue it would be detrimental. He suggested if there's any doubt, to delay the project or to not fund it.

VIII. Decrement Plan

The group discussed whether they can commit to funding the South King County Clinic.

- Brandie stated her opinion that with other potential expenses, it's not a good idea to commit to the clinic at this time, and some members agreed. Sergio agreed now is not the time for the clinic. He

stated his feeling that it's disingenuous to fund something that could eventually be defunded. He noted the difficulties in engaging people in treatment and advocated for the Council to allocate funds into what is already working.

- Tony stated his feeling the Council should commit to funding the clinic because of its potential to improve care for South King County residents, and some members agreed.
- The group discussed when the decision has to be made. Christine suggested not committing to funding the clinic until March, when there is more information about the program and the budget. Jesse clarified the group needs to decide whether the clinic would be cut in a decrement plan. They have already allocated funds to it. Darren stated they would need to know about the funding for the clinic before they offer a position to a provider; however, there is some time since the clinic was looking at a start date after March 1. Even if the clinic is on the decrement list, Madison Clinic would still go ahead with planning.

Kris suggested the Council begin the decrement plan with the numbers from the 2010 Grantee Recommended Starting Point (based on the 2009 allocations) on the yellow Council Allocation Spreadsheet included in the packet. Then they would only have \$50,000 further decrement to plan. Jesse noted doing this would erase conversation from the October Prioritization Meeting. Jeff stated if the Council chooses to do this, they would have to identify and order in which to take the decrement. The group agreed to continue looking at separate categories.

✓ The group agreed to cut \$150,000 from the South King County Clinic (\$70,000 from Outpatient/ambulatory care and \$80,000 from Medical case management).

Darren asked whether there are service categories that have underperformed. Jeff estimated that Substance use treatment will under-expend by \$30,000. Several members agreed it would make sense to cut \$30,000 from Substance use treatment. Kris asked why the category was under-expended. Jeff stated he could not say exactly why, but explained that opiate replacement treatment therapy goes up and down – under-expenditure this year does not necessarily predict next year, but this is usually remedied with mid-year adjustments. Kris pointed out that there are no funds for drug treatment on the state level in the next year. Jeff explained that although the same is true for many services, substance abuse and mental health are the most dependent on state funding, so they are the hardest to predict.

✓ The group agreed to cut \$30,000 from Substance abuse services (outpatient).

Amy suggested cutting some funds from Food bank/home-delivered meals because the group had increased it by almost \$125,000 in the 2010 prioritization. Tony and Robin pointed out that this is a direct service to very low-income people, especially with the economic downturn, adding that food is such an important part of health. Robin pointed out that the group had allocated additional funds in the prioritization to help reduce the large waiting list at Lifelong. Marcos proposed leaving food and meals alone for now and moving on to another service category, and members agreed.

✓ The group agreed not to cut funds from Food bank/home-delivered meals.

Marcos asked for a recap on Referral for health care/supportive services. Jesse gave a synopsis of the discussion on Referral from the October prioritization meeting. The category funds the ACAP program. This had been funded at \$30,000 last year (partial cost of the program); the Council allocated \$100,000 for 2010 (full cost of the program) because no other funding was available. The group had agreed at that meeting that eliminating this program would put extra work on case managers and reduce the quality of medical and dental referrals in King County.

The group discussed Referral:

- The group discussed the function and importance of the program. Brandie asked how cutting this program would directly affect consumers versus cutting, for example, food program dollars. Gerrie explained that ACAP is used by case managers as well as consumers to make referrals. ACAP works to identify private dentists who accept Ryan White, a function that case managers cannot do. David stated his feeling that Referral should be cut before

other direct services to consumers, and some members agreed. Cutting referral would mean less capacity for access to dentists for PLWH.

- The group discussed the cost of the program. Christine suggested putting \$50,000 from referral into Medical case management, but several members disagreed. \$100,000 in Referral pays for one FTE coordinator, part of supervision, part of an assistant and maintaining the database. Gerrie suggested the group either not cut the program, or cut the entire thing – it would not be sustainable at partial funding.
- Shireesha asked whether Oral health care funds would be used less if Referral were cut. Jeff stated that last year the program made 450 dental and 180 medical referrals and linkages; however, he did not know how many of those were private dentists, etc.

✓ The group agreed to cut \$100,000 from Referral for health care/supportive services.

Shireesha suggested cutting funds that were added to Medical Nutritional Therapy for nutritional supplements in increment planning (\$20,000).

✓ The group agreed to cut \$20,000 in nutritional supplements from Medical Nutritional Therapy.

Jeff stated he would accept a \$300,000 decrement plan.

✓ The group agreed to stop at a \$300,000 decrement.

✓ At Shireesha's suggestion, the group agreed of the following order for the decrement plan:

1. Medical nutritional therapy – \$20,000
2. South King County Clinic – \$150,000
 - a. Outpatient/ambulatory care – \$70,000
 - b. Medical case management – \$80,000
3. Substance abuse services (outpatient) – \$30,000
4. Referral for healthcare/supportive services – \$100,000

IX. Next meeting

✓ The group agreed to table other agenda items until the next meeting.

★ NOTE LOCATION CHANGE★

NEXT MEETING: Monday, January 11, 2010 at the *Douglass-Truth Library – 2300 E. Yesler Way, Seattle 98122*

The meeting adjourned.