

Seattle HIV/AIDS Planning Council

Monday, March 14, 2011 4:00 p.m.–6:30 p.m.
2100 Building: 2100 24th Avenue South

AGENDA

- | | | | |
|-------|--|---------------------|-------------|
| I. | Welcome, Introductions and Announcements | | 4:00 |
| II. | Meeting Agenda (2 min) | | |
| | ➤ Action: Review and approve | | |
| III. | Minutes: (3 min) | 📁 Attachment: white | |
| | ➤ Action: Review and approve | | |
| IV. | Grantee Report (Jeff) | | 4:03 |
| V. | Board of Ethics Annual Forms | | 4:10 |
| | ➤ Action: Fill out annual Ethics forms | | |
| VI. | State EIP Check-In (Richard A.) | | 4:20 |
| | • What's the latest on State budget pressures and EIP program changes? | | |
| VII. | Co-Chair Elections | 📁 Attachment: pink | 4:50 |
| | ➤ Action: Vote on Council Co-Chairs and representatives to parity workgroup and EIP Steering Committee | | |
| VIII. | Break | | 5:15 |
| IX. | 2011 Parity Principles | 📁 Attachment: buff | 5:30 |
| | ➤ Action: Review and vote on 2011 parity principles | | |
| X. | Membership Committee Report (Oscar, Tony) | | 5:50 |
| XI. | Consumer Caucus Report (Joachim, Sergio) | | 6:00 |
| XII. | Case Management Financial Eligibility (Richard P.) | | 6:15 |
| | • A statewide case management group recommended increasing the financial eligibility for those services to 300% of FPL. | | |
| | ➤ Action: Determine whether the Council wants to increase financial eligibility for this one service for the TGA. | | |
| XIII. | Adjourn | | 6:30 |

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

Seattle HIV/AIDS Planning Council

Minutes ☼ Monday, March 14, 2011
4:00pm - 6:30pm

2100 24th Avenue South Seattle, WA 98144

Council Members Present: *Richard Aleshire, Amy Bennett, Tim Blich, Sergio Cueva Flores, Shireesha Dhanireddy, Kate Elling, Brian Flett, Matt Golden, Oscar Grey, Joachim Hawn, Chris Haworth, Nykia Johnson, Jake Ketchum, David Lee, Higinio Martinez, Jonas Nicotra, Christine Oyaró, Jodie Pezzi, Richard Prasad, Tony Radovich, James Redel, Germán Rodríguez, Ed Wilhoite*

Persons Nominated by the Council, but not appointed by the King County Executive Present:
Kenneth Burk, Chris Porter

Council Members Absent: *Gerry LaQuey (emeritus), Arthur Padilla, Michael Raitt, Paul Williams*

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

Public Health Staff Present: Linda Coomas, Jeff Natter

Guests: Richard Evans, Jordan Konrad, Deborah Waffer (Gilead Sciences), Faye Ziegeweid (UW Public Health, intern with the Planning Council)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

The group did a round of introductions and stated affiliations.

Sergio announced he attended a peer training in San Diego. The training was put on by several organizations in different parts of the country through a grant from the Health Resources and Services Administration (HRSA). The training was conducted solely in Spanish and covered disclosure, virus life cycle, and other topics.

Christine announced she has been granted political asylum, and will now be able to work and go to school.

II. Meeting Agenda

Jesse announced that all but one member have filled out their ethics forms, so it would not need to be on the agenda.

Richard P. suggested the group discuss whether to reopen the discussion on 2010 Part A allocations based on new information on Part D funding for Psychosocial support. The group agreed to discuss whether to reopen allocations in place of the ethics agenda item.

The agenda was approved as amended by acclamation.

III. February Meeting Minutes

Richard A. made the following factual corrections to page four:

- The conference calls were on February 15 and 16.
- EIP is *considering* charging clients \$50 to offset this cost.

- There are between 6,000 and 7,000 PLWH on waitlists.

☑ The February minutes were approved as amended by acclamation.

IV. Grantee Updates

Jeff reported the following items:

- Congress has not yet passed the federal budget. HRSA has given part of the 2011 award in the amount of 50% of the Seattle Transitional Grant Area's (TGA) 2010 award. The full 2011 award will not be known until May or June of 2011. Jeff is moving ahead with contracts per the Council's plan. The increment or decrement plan will not be implemented until the final award is known.
- Multifaith/Rosehedge closed its respite house. The respite house had six beds for PLWH who were not well enough for transitional housing and not sick enough to be in the hospital. Currently Public Health and Housing Opportunities for People with AIDS (HOPWA) are negotiating with Jefferson Terrace for three to four set-asides for PLWH in their new respite unit.
- AIDS Care Access Project (ACAP), formerly housed at Lifelong AIDS Alliance, is now housed at Public Health. The program coordinator is still a Lifelong employee. This collaboration will continue through the end of the second quarter.

Jeff distributed a document outlining changes to dental care services (attached). Jeff went through the document, and the following questions were addressed:

- Kate asked whether there are any sliding scale dental clinics. Jeff answered that there are few, and ACAP is working to identify them.
- Richard A. noted that eliminating dental services is fairly high on the Early Intervention Program's (EIP) list of potential cost-saving measures.

V. Part A Allocations

Richard P. acknowledged he was not on the Council when it decided to defund Psychosocial support in Part A. He explained that Psychosocial support was defunded in Part D and asked the group to consider whether the Council now has a role in addressing the gap in Psychosocial support.

Jeff explained that the Planning Council has the right to reallocate funds at any time in the year as long as it is feasible. Jesse explained that the Council has reopened allocations in the past based on new information. The group could put the discussion on the agenda for the next Council meeting and staff would bring the data. The group could also send the topic back to the prioritization committee, who originally made the decision.

The group discussed:

- Shireesha noted that there have been cuts to a lot of services, specifically Oral health care, which is a higher priority than Psychosocial support. She stated she would not want to reopen the allocations discussion just for Psychosocial support. Several people agreed. Jesse clarified that if the group reopened allocations, it would be to reconsider the plan as a whole, and not for the purpose of making a specific change.
- James asked where Psychosocial support falls in the increment plan. Jesse stated that the first step in the increment plan is to restore funding to Oral health care. The last step was to restore funding to Psychosocial support.
- Matt suggested waiting until the group has more solid information around funding for EIP, and several members agreed. Richard should have an update on EIP at the May meeting.
- Chris P. suggested the group may also want to try to wait until the full 2011 award is known.

☑ The group agreed by acclamation to discuss the possibility of reopening reallocations at the May 2011 meeting.

VI. EIP

Richard A. gave the following updates about EIP:

- EIP held conference calls with clients on Feb 15 and 16. They also sent a letter to each client with information about changes to EIP.
- There are 7,261 PLWH on AIDS Drug Assistance Program (ADAP) waitlists in 11 states throughout the country. Idaho, Wyoming and Montana are the closest states to Washington with waitlists.
- The EIP steering committee met in February and discussed the following items:
 - They discussed adding some items to the Group 2 list of covered services. In order for this to be cost neutral, the group had to eliminate some items.
 - As of March 1 the following medications were removed from formularies for all groups: Oxycontin, Oxycodone, all muscle relaxants, all topical steroids and all restless leg syndrome medications. A letter went out in March to inform clients of these changes.
 - EIP has also reduced payment to pharmacies by another 1%.
 - The group discussed some of the ideas for potential cost-saving measures: removing more items from the formulary, whether to continue covering copays medical and lab visits, whether to continue to provide dental services, whether to pay for CD4 and viral load counts twice per year, limiting client eligibility to those with CD4 below 300, reduce the list of medical and lab services and remove clients from the program. The list is not in any order, except that starting a waitlist is the last item.
 - EIP has asked clients to be adherent, seek case management, and to advocate for more funding.
- Every April 1, EIP makes updates to the program, adjusts cost shares and makes any other needed changes. The changes include:
 - The anti-retroviral therapy (ART) form is now part of the annual application. Starting in April, EIP staff will be reviewing pharmacy reports to verify clients in Group 1 are filling prescriptions for ART. If they are not, they will be moved to Group 2.
 - Cost shares will change:
 - EIP clients who have Medicaid, Medicare, or incomes below 100% of federal poverty level (FPL) will not have a cost share.
 - For others, cost share will be determined by group. Group 1 and Group 2 will have a monthly cost share of 2% of gross income. Cost share for Group 3 will be 3% of gross income.
 - If a client is a tobacco user, and if EIP pays a higher insurance premium for that client because of their tobacco use, then their cost share will be 5% of their gross income.
 - Clients above 300% FPL will be un-grandparented. These clients will be enrolled only through March of 2012.
- The Part B fiscal year begins April 1. They will likely not know their federal award on April 1. Congress has a continuing resolution for working on the budget that expires on Friday, March 18. Sergio let the group know they plan to extend the continuing resolution for three more weeks.
- The state legislature is waiting for projections before they can finish the state budget. New projections should come out sometime this week. Rumors are that the deficit will continue to grow.
- EIP is hoping to know the full award by the end of April. Any additional cuts needed to EIP should be known by July 1. There are currently 3,900 clients on EIP in Washington, and EIP can only afford to serve 3,400 clients. The budget for EIP is \$29,000,000. Each client costs an average of \$8500. This would allow EIP to serve 3411 clients. However, with the new group system, each group will have a different average cost per person.
- When clients were first assigned to groups, 72% were in Group 1, 20% in Group 2, and 8% in Group 3. Some clients, who had been placed in Group 2 as a default because they had not yet filled out forms, have now filled out the required forms. Currently, 80% are in Group 1, 12% in group 2, and 8% in group 3. This means that 88% of EIP clients are on ART.

Richard A. addressed the following questions:

- Joachim asked how EIP would determine which clients would be removed if that were a next step. Richard A. stated if EIP had to remove clients, they would likely begin with Group 2.
- Matt asked about the average income of EIP clients and the method of collecting cost share. Richard A. explained that 75% of EIP clients have an income below 200% FPL. The pharmacy collects the cost share at the point when clients pick up prescriptions. Matt noted that it only takes one person with resistant virus to transmit it to a few other people, and then EIP loses everything it was attempting to save. Richard A. explained that the cost share is not new – clients already had a cost share, but it is now being put into a percentage. Some clients' cost share will decrease. EIP has not heard that clients are not getting their medications because of cost share. In some cases the pharmacies have eaten the cost. It remains to be seen whether the pharmacies would continue to do this for higher cost shares.
- Chris P. asked whether the 1% drop to pharmacy reimbursement has resulted in any pharmacies no longer accepting EIP. Richard A. explained EIP has a pharmacy benefits manager who coordinates the pharmacy network. They gave EIP the recommendation of the percentage by which they could reduce payment and not lose pharmacies as a result. The pharmacies were given a month notice, and none have dropped EIP. It is possible EIP could decrease the amount paid to pharmacies by more if necessary.
- David asked whether pharmaceutical companies have come up with cost reductions to help out. Richard A. answered that some pharmaceutical companies have come forward to pay for medications for some consumers on waitlists. For example, pharmaceutical companies are covering costs of medications for the 3,600 clients on the waitlist in Florida. EIP is a part of the National Alliance of State and Territorial AIDS Directors (NASTAD), and they negotiate with pharmaceutical companies.
- Richard P. asked whether EIP will inform case managers if clients are moved from Group 1 to Group 2. Richard A. stated this will depend on how many clients are on that list.
- Jordan Konrad noted he had experienced some snafus submitting the ART forms and asked whether these general issues had been sorted out. Richard A. replied that it seems they have been worked out; everyone would have gone to the pharmacy by this time and found out if they were placed in the wrong group.
- Jordan asked whether any generics are expected soon. Richard A. stated that the patent has expired for some medications – e.g. AZT, Saquinavir. He explained that by the time patents expire, and drugs do go generic, there are newer drugs that are more effective at treating HIV.

<Deborah Waffer entered at 4:55pm>

- It was clarified that for clients in Group 1, the only cost is their cost share.
- Kenneth asked how the steering committee decides which medications are dropped from the formulary. The group looks at cost and usage of medications. They may remove medications that are not essential to managing HIV and for which there are other funding sources.

VII. Co-Chair Elections

PLWH Co-Chair

Each candidate explained why he would like to run for PLWH Co-Chair:

- Jonas stated that it would be positive to have more consumer representation from Snohomish County.
- James stated he has been a Council member since 2008 and has participated in the Membership Committee, the Executive Committee, and the Consumer Caucus. He served as the PLWH Co-Chair last year and participated in the last Care Prioritization process. He feels he has a good working knowledge of Council business.

The group voted for PLWH Co-Chair:

- The group voted unanimously in favor of James – 23 – Matt, Jonas, Chris H., Tony, Christine, Tim, Higinio, Joachim, Richard A., Ed, Germán, Sergio, Amy, Oscar, Shireesha, James, Jodie, Kate, David, Richard P., Brian, Nykia, Jake

✓ James Redel is the PLWH Co-Chair.

Community Co-Chair.

Jesse explained that she checked in with the Director’s Office on whether Chris P. would be eligible to run for Co-Chair (because he has not yet been appointed by the King County Executive). It has been confirmed he may run because he will have been appointed by the Executive by the effective date of his co-chair term, if he is elected.

Each candidate explained why he would like to run for Community Co-Chair:

- Chris P. noted that he was asked to join the Council to help represent People of Color, who have been disproportionately affected by HIV. He stated he sees serving as Community Co-Chair as an opportunity to represent a voice that has been silent.
- Matt stated he has been an HIV doctor for 16 years and at Public Health for 10 years. He brings perspective on HIV care and prevention. He noted that the Council must consider whether the Community Co-Chair should be a Public Health employee.
- Jonas would like to run for Community Co-Chair as well.

The group voted for Community Co-Chair:

- In favor of Chris P. – 15 – Jonas, Chris H., Tony, Tim, Higinio, Joachim, James, Jodie, Kate, David, Richard P., Brian, Nykia, Jake, Christine
- In favor of Matt – 5 – Richard A., Ed, Germán, Shireesha, Sergio
- In favor of Jonas – 0
- Abstaining – 3 – Matt, Amy, Oscar

✓ Chris Porter is the Community Co-Chair.

BREAK: 5:05 – 5:20

VIII. Elections, cont.

Jesse explained there are two external committees for which the Council elects representatives.

Parity Workgroup

Neither of the current representatives for the Parity Workgroup (Gerrie LaQuey and Michael Raitt) were present at the Council meeting. The Parity Workgroup will not meet for some time and the Council can elect representatives at a later date.

EIP Steering Committee

Shireesha and Tony are the current Planning Council representatives on the EIP steering committee. Shireesha is willing to continue to serve as a representative. Tony will be leaving the Council in June so cannot continue to serve as the PLWH representative. Joachim, Oscar and Jake indicated interest in serving as the PLWH representative.

Richard explained some of the details of the committee meetings:

- Meetings are the first Monday of the second month of each quarter: February, May, August and November.
- The group meets at the Department of Health (DOH) facility in Kent.
- Consumer representatives meet from 10:00am to 12:00pm. The full steering committee meets from 1:00pm to 4:00pm.

- DOH reimburses for travel. Because consumers meet all day, they receive a per diem of \$71 (in addition to mileage). No food is offered at meetings.

✓ The group agreed that Shireesha Dhanireddy will continue to serve as a Planning Council EIP Representative by acclamation.

Each PLWH representative candidate explained why he would like to serve as a representative:

- Oscar withdrew due to scheduling conflicts.
- Jake stated he would see his role as an EIP representative as continuing involvement to get a “bigger picture” understanding of consumer services. He would like to be a voice for consumers. Given the current state of EIP, he feels it is important to stay tuned in as consumers.
- Joachim stated that he would like to participate because EIP is core to his life and many of his peers’ lives.

Richard explained there are two consumer slots available on the EIP steering committee, but only one official Planning Council consumer representative slot.

The group voted for the PLWH EIP representative:

- In favor of Jake – 11 – Chris H., Tony, Tim, Ed, Sergio, Shireesha, Jodie, Kate, Richard P., Matt, Jake
- In favor of Joachim – 10 – Jonas, Christine, Higinio, Joachim, Germán, Amy, Oscar, James, David, Brian
- Abstaining – 2 – Nykia and Richard A.

✓ Jake Ketchum is the Planning Council PLWH representative for the EIP steering committee.

The Planning Council encourages the EIP Steering Committee to consider Joachim as another PLWH steering committee member.

Tony, Shireesha and Jake will attend the May meeting.

IX. Parity Principles

Jesse explained she attended the parity meeting because neither Council parity representative was able to attend.

Jeff and Jesse went over the major changes to the parity principles (attached):

- The group decided to include Minority AIDS Initiative (MAI) funding in the calculations.
- Now that AIDSnet regions have been eliminated, the parity model divides into three areas The TGA (King, Snohomish and Island), other counties, and Clark County (which is part of the Portland TGA).
- Principle 1 used to state that a certain percentage of funding would go to ADAP. That is no longer in the principles so that the Council determines as a body the dollar amount allocated to ADAP. It was clarified the Council is not allocating any less to ADAP than the state has requested.
- The group decided to move forward with the parity calculation in June, regardless of whether the full awards have been received. Any differences will be applied to the next year’s parity.

Jesse gave a brief overview of parity: the state gets Part B funds and the Seattle Transitional Grant Area (TGA) gets Part A funds. These pots are put together and then reallocated based on a certain dollar amount of money for every PLWH. The net result is that the TGA receives all of the Part A funds and some Part B funds.

Jesse added that the Consumer Caucus had found an error in the principles. The last line of the first paragraph should read, “...utilization data to determine allocations...”

Matt noted that the activities around the state are not uniform to determine how many people are living with HIV. This could mean that King County has fewer cases because it would have adjusted numbers, while other areas would seemingly have more. Jesse stated that the parity principles use residence at diagnosis. Amy explained that because of this there is no migration so it would not affect the numbers. Jesse noted that the count is based on where you were living when you were diagnosed, and many PLWH here are now living in different states or counties from the one they lived in at diagnosis. The best way to divide the money would be an unduplicated count of who is using services. This will be possible when there is a statewide client level data database which will show where people are living and where they are getting their services, and this is reflected in the principles as the reason for not considering client-level data this year.

MOTION: James moved to approve the FY 2011 parity principles with the correction on page three. Kate seconded. There was no further discussion.

☑ The motion passed unanimously.

- In favor – 23 – Matt, Jonas, Chris H., Tony, Christine, Tim, Higinio, Joachim, Richard A., Ed, Germán, Sergio, Amy, Oscar, Shireesha, James, Jodie, Kate, David, Richard P., Brian, Nykia, Jake

X. Membership Committee

Tony reported that the Membership Committee did not meet last month because there was no business to conduct. The committee will meet on March 15 to discuss provider and consumer recruitment.

XI. Consumer Caucus Report

Joachim reported that the Consumer Caucus meeting the week prior had a more modest attendance; Sergio and he are looking at ways to reinvigorate attendance. He reported on discussion topics from the last meeting:

- The AIDS Advocacy Taskforce (AATF) met with legislators in Olympia on March 3. A few members met at length with Senator Ed Murray and educated him about the impacts of cuts to EIP on consumers. AATF includes several Consumer Caucus members but is not a committee of the Consumer Caucus or the Planning Council.
- The group discussed DOH's decision to defund Psychosocial support. The Consumer Caucus took issue with the lack of community process in decision-making. DOH followed the recommendation of the current Part D grantee, Public Health – Seattle & King County, who recommended this without convening the Part D consortium. The Consumer Caucus's concern is that this lack of community input is a forecast of a future lack of consumer participation in decision making.

XII. Case Management Financial Eligibility

Richard P. explained that at a recent meeting, the statewide case management group recommended increasing the financial eligibility for Medical case management to 300% FPL in King County. Financial eligibility for Medical case management in Snohomish and Island Counties is already at 300% FPL, for the current contract year.

The group discussed:

- Kate asked whether the Council would need to increase the allocation to Medical case management. Richard P. explained that Country Doctor is not seeing many people over 200% FPL. He noted there may be larger numbers for Madison Clinic and Lifelong.
- Chris P. asked how many PLWH are not receiving case management services because of the 200% FPL cut off. Shireesha stated PLWH above 200% FPL are already receiving case

management services. It's not a matter of increased funding allocations. Increasing the financial eligibility would allow agencies to reflect that these clients are being served.

- Jeff explained that this change would allow the agencies to get credit for the clients they serve. Most of the work that case managers do for clients above 200% FPL is refer to EIP or other resources (these clients would not be eligible for other Ryan White services in the TGA). Case management is the gatekeeper service for other services.
- Ed explained that Part B dollars do not have a financial eligibility requirement for Medical case management. He would advocate further for Part A to have no financial eligibility requirement for case management. He explained that at Evergreen AIDS Foundation, 12 - 15% of clients are above 200% FPL. Case management for these clients usually includes a small number of encounters, but the link is critical. It would not require additional funds.
- James noted that the issue of raising financial eligibility to 300% FPL came up in Care Prioritization. He recalled that those who were opposed felt it would not be a good idea without knowing the financial impact, especially in a financially challenging time. Jeff clarified that this discussion was in regard to changing financial eligibility for *all* Ryan White services.
- Tony stated that raising the eligibility just so clients may be counted under Ryan White Part A did not sit right with him. He also stated that he still has not been able to get a clear answer on which funds are serving which people. Jeff explained that the program does not have de-duplicated data on the total number of people being seen by each funding source.
- Jesse added that when she interviewed case management agencies about this issue for prioritization, Madison Clinic, Lifelong, and Country Doctor said they still served people above 200%. Consejo turned PLWH above 200% FPL away. She did not get a response from People of Color Against AIDS Network (POCAAN).
- Jordan Konrad stated that this appears to be a complicated issue brought forth by the people on the front line doing the work – case managers. The current financial eligibility seems to make work more difficult for the case management agencies and does not reflect the reality of their work. He suggested that the Council go with the recommendation put forth by the statewide case management group.

MOTION: Shireesha moved to increase financial eligibility to 300% FPL for case management. James seconded.

☑ The motion passed with the following vote:

- In favor – 18 – Matt, Jonas, Chris H., Tony, Christine, Tim, Joachim, Richard A., Ed, Germán, Amy, Oscar, Shireesha, James, Jodie, Richard P., Nykia, Jake
- Against – 1 – David
- Abstaining – 4 – Kate, Brian, Sergio, Higinio

Jeff asked whether the Council would approve beginning the financial eligibility increase at the second quarter, June 1, 2011. This would give agencies time to make the change.

☑ The group agreed by acclamation that the new financial eligibility would begin on June 1, 2011.

NEXT MEETING: Monday, April 11, 4:00 – 6:30, at the **2100 Building – 2100 24th Ave. S., Seattle 98144.**