Seattle TGA HIV Planning Council
Monday, September 10, 2018 4:00 p.m.–6:30 p.m.
2100 Building: 2100 24th Avenue South
CALL IN: 206-263-8114, CONFERENCE ID: 459350#

**AGENDA**

*Overall note: ensure consumer input throughout the meeting on each topic*

I. Welcome, Meeting Rule Reminder, Introductions, Icebreaker and Announcements 4:00
   - The group reads the information on the back of the agenda aloud

II. Agenda:
   - **Action:** Review and approve

III. Minutes:
   - **Action:** Review and approve

IV. Public Comment (Nicole and Jason)

V. Kate’s Last Recipient Report 4:05

VI. PSRA Committee Report (Kevin and Richard P) 4:20
   - Upcoming September 13th meeting

VII. SNAC: Service Standards Updates and Updates to the Service Units for all services (Brian) 4:30
   - Report and upcoming September 24th meeting

VIII. Membership Committee (Mel) 4:40
   - Report and upcoming September 20th meeting
   - **Action:** Vote on new member candidates Lydia Guy-Ortiz and German Galindo

IX. Break 5:00

X. Income Eligibility: What Should It Be? 5:15
   - It’s time to look at the issue of income eligibility once again. There will be a presentation on the background of this topic, and then your co-chairs will lead you through a discussion. All of your comments and thoughts will be written down and sent to the SNAC committee, who will come up with a proposal.

XI. Celebrate Departing Members 6:20

XII. Adjourn 6:30

**Attachments:** Minutes, Income Eligibility Primer

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**Barrier-free location**
Reasonable accommodation for persons with disabilities available upon advance request.
Questions? Call: 206-263-2030

**Visitors:** Please read the information on the back to make your visit easier!
Welcome to the Seattle TGA HIV Planning Council, we are so glad you came! Here are a few things to know about what you will see and hear this afternoon, and how you can participate!

Please have some food!
At full Council meetings, food is available for everyone, so please don’t be shy about taking some!

Where should visitors sit?
Visitors can sit at the table with the blue “Visitors” table tents, or at any of the chairs that are against the wall.

Introducing yourself at the beginning of the meeting:
At the start of the meeting, everyone (Council members, staff and visitors) are all asked to introduce themselves, and state any conflicts of interest.

What are the conflicts of interest?
If you work for, are a paid consultant to, or on the board of directors of any of the Part A funded agencies (listed here), then you have a conflict of interest. That means you have to hold up the “C” card when you speak, and there are some restrictions on when you can speak. Not sure if you have a conflict? Check in with staff before the meeting.

What does “Unaligned Consumer” mean?
This is a term used to describe people whose only connection to Part A funded agencies is that they use their services. This term comes from the Ryan White legislation and includes both People Living with HIV (PLWH) and the parents of minor children with HIV. It excludes those PLWH who do not use Part A services, and/or those who work for funded agencies. Unaligned Consumers play a key role in on the Planning Council.

What is a “TGA”?
The counties served by this Part A grant. The Seattle TGA is King, Snohomish and Island Counties.

Making a comment at the meeting:
Anyone who is visiting the Council can speak up at the beginning of the meeting when the chairs call for Public Comment. This is the time to make a comment about something on the agenda, or bring up a topic you would like the Council to discuss in the future. You can talk for up to 2 minutes (which is much longer than it seems).

What are those laminated 4” X 8” cards all about?
The Council uses these to help move the process along, including understanding when someone who is speaking works for, or is on the board of a funded agency. A description of the purpose of each card is on the back of it. Please take a moment to familiarize yourself with them.
Seattle TGA HIV Planning Council

Minutes September 10, 2018
4:00 – 6:30pm
2100 Building – Board Room, 2100 24th Ave S, Seattle, WA 98144

Council Members Present: Scott Bertani, Dorian Davenport, Luis Fernando Ramirez, Bill Hall, Jason Jacobs, Janet Jones, Brian Knowles, Mel LaBelle, Steve Milkis, Teresia Otieno, Richard Prasad, German Rodriguez, Kim von Henkle,

Council Members Absent: Tyler Adamson, Matt Golden, Katie Hara, Glenda Harris, Kevin Patz, Nicole Price (Emeritus), Jonah West

Council Staff Present: Jesse Chipps, Amanda Thames (minutes)

Grantee Staff Present: Karen Hartfield, Linda Coomas, Marcee Kerr

Visitors: Lydia Guy Ortiz (DOH), Adrian Tunney (unaligned), German Galindo (unaligned), Michael Louder (Unaligned), Vanessa Leja (DOH), Alejandra Grillo-Crickett (Entre Hermanos), Laura Jones (Lifelong-on phone)

Meeting started at 4:02pm

I. Welcome, Meeting Rule Reminder, Introductions, Icebreaker and Announcements

- Jason welcomes everyone, and asks them to introduce themselves and note their conflicts, and asked Mel to suggest an icebreaker to go with the introductions. Mel asked everyone to say if they collected anything. Everyone in the room introduced themselves, stated their conflicts, and shared what things they collected.

II. Meeting Agenda

- Jason asks whether any changes are needed to the agenda. Mel asks to add a vote on new membership to candidate Adrian Tunney in addition to Lydia Guy Ortiz and German Galindo. The group agrees.

☑️ The agenda was approved as amended by acclamation.
III. **August Meeting Minutes**

- Jason gives the council opportunity to make any corrections of the minutes from August. There were no corrections.

  - The August minutes were approved as written by acclamation.

IV. **Public Comment** (Jason)

  - There were no public comments.

V. **Kate’s Last Recipient Report**

- Linda Coomas reports that Kate sends her regrets; she could not attend tonight’s council meeting, and she will miss everyone.

- Recipient staff are doing site visits with agencies and these are almost complete. For those of you that are funded and have not yet had us at your space, we are almost done.

- The 2019 Request for Applications, including the Housing and Housing Non-Medical Case Management RFA, which is a joint application process with HOPWA will be released September 13th. Applications are due October 23rd to Public Health.

- There will be a bidder’s conference September 26, 2018 in the Chinook building. You will be able to Skype into this conference. We do encourage people to attend in person, you will get the best information that way.

- Kate is working on the 2019 notice of funding opportunity application to be submitted to HRSA. She suspects the application will be submitted on the 14th which is her last day, and ahead of the due date.

- The last meeting we talked about the Core Medical Services Waiver. HRSA let us know they received many requests for this and they haven’t looked into ours as of yet. They will keep us posted.

- For the agencies that use CareWare, the transition to the Provide, the new database system, should happen in October. Marcee and Linda will be attending a train the trainer later in September.

- Brain asked if Karen will have transition plan for replacing the Ryan White Manager. Karen said she will take overall responsibilities during the transition, and the team has a very detailed list of which staff member is responsible for which activities. They may be able to post the position by the end of October. She’s asks for patience and if you have any complaints, please feel free to reach out.

  Jason Jacobs asked that those participating by phone put themselves on “Mute” as there was difficulty hearing due to background noise from those on the phone.
VI. PSRA Committee Report
- Richard reported that the next meeting is later this week on September 13th. The group will hear a report on performance from the first quarter, and discuss needs assessment.

VII. SNAC Committee Report
- Brian Knowles said that the committee discussed service units and received a lot of feedback. The next meeting will be two weeks from today.

VIII. Membership Committee
- Mel noted that there is an increase in the number of consumers referred to the committee, and please keep sending them! He and others have been emailing and meeting with them. He noted that we have three candidates for nomination. Lydia Guy Ortiz, applying to replace Richard Aleshire as the Part B representative, and 2 new unaligned consumers, Adrian Tunney and German Galindo.
- Jason asked if each person could give some information on their background and interest in the Council. German noted that he had attended the last Council meeting, and he would like to bring the Latino voice to the group. Adrian wants to be part of this process because her journey in life has been filled with a lot of dysfunction and chaos, and she wants to be part of something that is very dear to her, and help in the process. Lydia is the DOH proposed nominee for the Part B position, and she notes that she brings her work addressing disparities in care to the table. Lydia was asked whether there is a transition plan for Richard Aleshire’s position at DOH. She noted that DOH does not currently have a transition plan, but hopes to have one soon. No members of the Council had additional questions for the Council candidates, and so voting began.

- **MOTION:** Jason moved to nominate German Galindo for Council membership. Seconded by Dorian.

**Discussion:** There was no further discussion.

- **The motion passed with the following vote:**
  - In favor – Jason, Richard P., Mel, Teresia, Luis, Scott, Kim, Steve, Janet, Bill, Brian, German R., Dorian.
  - Abstaining – None
  - Opposed -- None

German was welcomed to the Council.

- **MOTION:** Mel moved to nominate Adrian Tunney for Council membership. Seconded by Richard P.

**Discussion:** There was no further discussion.

- **The motion passed with the following vote:**
  - In favor – Jason, Richard P., Mel, Teresia, Luis, Scott, Kim, Steve, Janet, Bill, Brian, German R., Dorian.
  - Abstaining – None
  - Opposed -- None
Adrian was welcomed to the Council.

- **MOTION:** Dorian moved to nominate Lydia Guy Ortiz for Council membership. Seconded by Mel.

**Discussion:** There was no further discussion.

- **The motion passed with the following vote:**
  - In favor – Jason, Richard P., Mel, Teresia, Luis, Scott, Kim, Steve, Janet, Bill, Brian, German R., Dorian.
  - Abstaining – None
  - Opposed -- None

Lydia was welcomed to the Council.

Jason congratulated the nominees. Their names will be forwarded to the King County Executive for appointment. Mel noted that Michael Louder is also attending tonight, and that the committee will be interviewing him soon. Mel again encouraged people to refer more consumers to the Council!

<Kim left at 5:00pm>

**IX. Income Eligibility: What Should It Be?**

Jason directed everyone to the Income Eligibility Primer, and Jesse put up big paper at the front of the room to write down people’s ideas. The goal of this meeting is not to make a final decision, but simply to find out where members of the Council are on this issue, and whether they want further discussion to take place at the committee level.

It was asked why this topic was being brought up. It was explained that a provider Council member wanted to address it, due to seeing people who needed services, but were not eligible. Additionally, it has been 4 years since the Council last discussed the issue.

The group began to brainstorm about the issues related to this issue. In general, some members of the Council were in favor of raising income eligibility, others were opposed, and many had additional questions and comments. The following are the notes written on big paper:

- The Cost of Living in the TGA is very high—higher than in most other cities
- There was some discussion about getting data about the viral suppression rates of those people at 301% of FPL, compared to those below. Jason Carr from DOH developed estimates for this based on the income in census tracts in 2014, but this work has not been replicated. Additionally, people wanted to know whether it is likely that the Federal Poverty Level calculation will be increased in 2019.
- It was noted that, to offset their costs, some insurers and pharmacy benefits managers have or are going to make changes to their policies related to co-pays and deductibles. For instance, some PBMs that previously charged a co-pay per fill, regardless of the number of prescriptions, are now charging per medication. Others are reducing which payments count towards deductibles. This is and will have an effect on the bottom line for consumers.
- Some members wondered whether increasing income eligibility would mean that there would be less support for the currently funded programs. It was noted that a reduction was made to Oral Health and other services for 2019.
- Others were concerned that increasing eligibility would enlarge the pool of those being served, bringing in more people than might be able to be served.

- One person noted that, when Oral Health was increased to 400% of FPL, the increase was only 8% in terms of the number of people served. They pointed out that about $200,000 is unexpended and carried over to the next year.

- The group wanted to know what 8% added up to, and Recipient staff figured it was about 125-150 people, out of the 2400 currently served. However it would be hard to know what services people would request—noting that it was likely that higher income people would likely not apply to receive Food/Meals, etc.

- Teresia © noted that some services, specifically Early Intervention Services, do not work within the income eligibility system. She noted that for other services, the amount of paperwork people need to do is so much.

- Some people noted that, for many consumers, income fluctuates, due to seasonal work, health and other factors. Additionally, someone noted that some consumers would limit their work hours so that they would continue to qualify for services.

- Someone asked the group whether they have seen people who needed Part A services, but could not get them because they did not qualify. Some members said they had heard of this happening.

- Someone asked whether there could be different income eligibility for different services. It was noted that this is currently the case for two services, but Recipient staff noted that it was an administrative burden for agencies, because each client might qualify for one service but not others. This would be confusing for clients as well.

- One member brought up a concern about how an increase in FLP would impact health disparities, specifically for African Americans. They pointed out that the Council had this conversation previously, and had been concerned that, in a desire to serve some who had been ineligible, the Council needed to make sure not to increase disparities. Additionally, administrative burden is an issue for agencies, that is part of their role, and the focus needs to be on the clients, and ensuring that more people are not being marginalized by the system.

- Recipient staff noted that in the General Standards, agencies must make a plan for what to do if their funding does not meet the client need. They must triage based on many factors, such as health disparities.

- Another member noted that the group was looking at those who wanted to be served, but didn’t meet income eligibility, but that it was important to look at the other side of things: Those who currently qualify for services, but are not being served for any number of reasons. Others were also concerned about this, noting that just because people are not being turned away does not mean they are not there – needing service but not getting it. Members wondered whether the $200,000 currently being returned to be used in new ways to serve those people.

- Members spoke about many of the things that may keep certain PLWH out of the services available—from fear of disclosure, to stigma, to discomfort at agencies.

- Another person pointed out that Washington is a Medicaid expansion state, and there are many more options for PLWH here.

- Someone wondered if the TGA should focus on those with a detectable viral load; someone else noted that having an undetectable viral load is not the whole story—quality of life must be
taken into account as well—lack of housing, poor access to food, and other things are an issue for many.

- Another member noted that cost of housing has caused many PLWH to move farther and farther from services, and yet the Council reduced the funding for Transportation, due to not having enough funding.
- A consumer visitor noted that $36,000 per year seemed to be the amount above which people could make their own way.
- Another consumer Council member was concerned that money could be moved away from lower income people to serve those with higher incomes, which did not seem fair.
- Another Council member noted that there were services like Psychosocial Support that are needed by everyone, regardless of income. Agencies don’t charge clients, because it can be difficult to get them in the door (people have trouble acknowledging that they need help, etc.). The State addressed this with Medical Case Management by having a very high income eligibility (700% of FPL).
- Someone talked about having a sliding fee scale. A provider member responded that their agency did have a sliding fee scale, but when clients went over that, they simply didn’t pay their bill, because that is not an option for them.
- The same member was concerned that, before the Council raises income eligibility, it needs to make sure it’s helping everyone that is at the lower income levels. They noted that it’s also the case that there will always be people who are just a few dollars above the cap, and those are the really hard cases to address, so there might be a reason to raise the cap slowly—maybe just having it be a little bit higher, rather than making big leaps of 100% at a time.
- Another Council member noted that the reason for people not getting care may not be related to income. In the Health Disparities Workgroup people who were eligible for services noted other factors including who provided the services, the way they provided the services, where they were provided, etc. as the barriers to getting services. The State decided to raise their FPL because doing so would not cost a lot of money, and other things could be done to address the other issues. The DOH epidemiologists may be able to put the data together in a way that shows this for the TGA.
- Another visitor suggested keeping the cap the same, but granting exceptions. Recipient staff noted that most contracts are not fee for service—but rather, pay for staff time, so it would be difficult to determine how to operationalize this.

Someone asked when this needed to be decided, and it was explained that there is not specific timeline. The group could do nothing, or have further discussions. People felt that it was important to continue the conversation at a committee, and specifically look at any available data, but possibly also talk about how this might relate to the needs assessment that is being conducted over the next 18 months—what are people’s eligibility for services and, if they are not getting them, why?

- **MOTION:** Jason moved to have the income eligibility discussion go to the SNAC committee. Seconded by Richard.

**Discussion:** The group discussed whether SNAC or PSRA was the committee that had the most time. There was concern that SNAC was already behind on their work plan.
Friendly Amendment: Mel made a friendly amendment to have the income eligibility work go to the PSRA committee instead of SNAC. Both Jason and Richard agreed to accept the friendly amendment.

Discussion: The group was in general agreement that the discussion should be moved to PSRA rather than SNAC, as there are more consumers in that meeting.

The motion passed with the following vote:
- In favor – Jason, Richard P., Mel, Brian, Teresia, Luis, Scott, Steve, Janet, Bill, German R.,
- Abstaining – None
- Opposed -- None

X. Celebrate Departing Members

Jason asked Brian to read the certificates for departing members. Brian noted that we will miss them, and we already do, because they are already gone. He noted that he would read the certificates, because the Council loves them, and these will be forwarded to them.

Richard Aleshire: The Seattle TGA HIV Planning Council would like to thank you for your 12 years –that is not a typo – 12 years of service. You joined the Council as the State’s Part B Grantee way back in August of 2006, and since that time have participated in the full care prioritization and allocation process in 2008, 2010, 2012, 2014, 2016 and finally in 2018. When you joined the Council, Part A was called Title I, HAART was a new thing, and it was common to tell PLWH to wait for treatment until their T-cells dropped below 500. Who remembers the Pooled Parity Model? You do. Who remembers when the Council could create its own service categories and fund them? You do. Who remembers when there were AIDSNets? You do. Your fellow Council members appreciate everything you have brought to the Council, from your calm, unassuming presence to your clear voice, innocently challenging established dogma. Through it all, you managed to avoid ever being a co-chair. Thank You!

Kate Briddell: The Seattle TGA HIV Planning Council would like to thank you for your 3-1/2 years of service. You never joined the Council, but you were present at it, hanging out in the peanut gallery for scores of Council, SNAC and PSRA meetings. In your time of being Council-adjacent, you have given 37 recipient reports. In presentations you have asked the musical question “Whose Line is it Anyway?” You have told us about “Good Teeth to Eat Good Food.” You have opined “NMCM-What Is It Good For?” Finally, you have “Splained It All!” You have also been the hot-eyed arbiter of the Council’s annual training/gameshow. A process card was created just for you! What more could the Council wish for? Oh yeah—you also wrote the grant! The Council appreciates everything you have brought to the table, from the machine-gun speed of your reports, to your deep understanding of and passion for housing services, to your genuine desire to help Council members understand the data! Thank You!

XI. Adjourn

The meeting adjourned at 5:38pm