

# Planning Council

**Date of meeting:** April 17, 2018  
**Time started:** 5:45 p.m.  
**BCHD Staff:** C. Carey  
 J. Carey  
 S. Effinger  
 A. Ferrari  
 N. Flath  
 R. Moyd, Jr.  
 M. Muhammad  
 S. Pelham  
 L. Wagner  
**PCSO Staff:** C. Lacanienta  
 V. Graves  
 J. Stenhouse

**Present:** K. Arbaugh D. Lohan  
 L. Bank\* J. Loken  
 D. Brewer T. Luft  
 P. Chaulk\* F. Mena-Carrasco  
 M. Cole W. Merrick  
 P. DeMartino E. Nicholson  
 J. Fleming O. Njuhigu  
 C. Foxx A. Patterson\*  
 C. Harvey M. Scriber  
 G. Jones-Childs C. Smith\*  
 J. Keruly M. Thomas  
 H. Lambert B. Ward  
 J. Wright-Kimble  
 \* *Participated via teleconference*

**Absent:** J. Furtado V. Millhouse

**Visitors:** D. Baker C. Metzger  
 G. Barrow R. Moore  
 B. Berger W. Redmond-Palmer  
 D. Bowen  
 K. Burnett M. Reese  
 D. Caldwell E. Roberts  
 L. Coley G. Robinson  
 S. Cooper-Kerr M. Scriber  
 D. Cowan H. Sigismondi  
 A. Greenbaum M. B. Sodus  
 C. Flynn S. Thames  
 P. Henry M. Thomas  
 O. Hicks-Braye L. Vaughn  
 M. McVicker-Weaver J. Winslow  
 K. Mehta R. Woods  
 V. Woolums

- Handouts:**
- Planning Council Packet (OPCE, April 2018).
  - FY17 January YTD Expenditure Summary (BCHD, 2018)
  - Consumer’s Rights (PLWH/A, 2018)

- Universal Standards (COCC, 2018)

## Data Presentation

Colin Flynn, MDH, HIV in the Baltimore  
MSA

- C. Flynn stated that there has been substantial and continuous decrease in the number of HIV diagnoses in Maryland in the last 10 years.
- C. Flynn stated that for the preliminary numbers of HIV diagnoses in 2017, there's about 1,000 cases for MD and 205 for Baltimore.
- C. Flynn stated that they have not seen numbers this low since 1985.
- C. Flynn stated that Maryland leads the nation in the decrease in number of new diagnoses.
- C. Flynn stated that every week the state generates a list of new diagnoses for the city to follow up.
- C. Flynn stated that there were no new cases in the previous week.
- C. Flynn stated that the rate of decrease is a little higher in the city than the other regions.
- C. Flynn stated that 10 years ago, 39% of new diagnoses were city residents and in the most recent years it has been 25%.
- C. Flynn stated that the Baltimore MSA has had a dramatic decline of new diagnoses as well.
- C. Flynn stated that more cases have come from the Washington MSA than from the Baltimore EMA in recent years.
- C. Flynn stated that the Baltimore MSA is number 3 in the list of metropolitan areas in the country with around 17,000-18,000 reported living diagnosed cases of HIV in 2015.
- C. Flynn stated that while new diagnoses are going down, the number of people living with HIV is still going up.
- C. Flynn stated that the more people living with HIV, the higher the possibility of transmission.
- C. Flynn stated that the increase of viral suppression is reflecting with the decrease of new diagnoses.
- C. Flynn stated that the estimate is that about 15% of people living with HIV are undiagnosed.
- C. Flynn stated that viral load suppression is just under 40% for the Baltimore MSA.
- C. Flynn stated that about 90% of those in treatment are virally suppressed.
- C. Flynn stated that over the last 10 years there has been less new diagnoses for men and women.
- C. Flynn stated that the new diagnoses is decreasing more for women.
- C. Flynn stated that there a little less than 1% of cases for transgender persons.
- C. Flynn stated that those numbers are unreported.
- C. Flynn stated that since very early on this disease has disproportionately effected the black community.
- C. Flynn stated that the proportion among black people is decreasing a little.
- C. Flynn stated that the rates amongst black is much higher than Hispanics.
- C. Flynn stated that Hispanics have much higher rates than white people.
- C. Flynn stated that most multiracial groups are reported as black and white.
- C. Flynn stated that the rate used for racial composition gets the numerator from providers and the denominator from the census and the numbers may not line up completely.
- C. Flynn stated that in the early days of the epidemic, people in their 30's dominated the age range.
- C. Flynn stated that now people in their 40's have increased.
- C. Flynn stated that all age groups are going down but this region has more of an older population.
- C. Flynn stated that the new diagnoses are now more likely to be among people in their 20's.
- C. Flynn stated that the living cases reflect people living with HIV that are aging into higher age brackets.
- C. Flynn stated that among HIV exposure in the MSA, the new diagnoses is highest among MSM.

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- C. Flynn stated that new diagnoses used to be the highest among IDU, but that has changed due to needle exchange programs.
- C. Flynn stated that the new diagnoses among MSM have gone down but not by much.
- C. Flynn stated that the MSM new diagnoses is still rivaling against other regions numbers for MSM.
- C. Flynn stated that among exposure categories for living cases: 36% are among MSM, 33% among Heterosexuals, 26% among IDU, 5% among MSM/IDU, and less than 1% other.
- C. Flynn stated that for women over 2/3 are exposed through heterosexual and for men over 50% are through MSM contact.
- C. Flynn stated that he and his team produce documents for all of the counties and offer different demographic data sheets.
- C. Flynn stated that all of their data is available on their website.
- S. Effinger asked how new cases translate to newly diagnosed.
- C. Flynn stated that the numbers reflect new diagnoses of residents in the state of Maryland, someone who was diagnosed elsewhere and moved to Maryland would not be counted.
- S. Effinger asked how they would go about identifying if someone has relocated or if they are just visiting the state.
- C. Flynn stated that his slides include people who are currently living in the state and they subtract the people who were diagnosed in the state and moved away.
- C. Flynn stated that they know that because sometimes people bring their medical records to their providers and sometimes people appear to be a new case until they are entered into a system.
- C. Flynn stated that if someone shows up in more than one state within a matter of months they will work it out with the other state to figure out where they reside.
- A. Patterson stated that the CDC released a report that 1 in 2 African American males will be diagnosed with HIV within their lifetime but we are reporting a consistent decrease in this region. He stated that there was an increase in 2015 between the ages of 13-24 years old. He asked why the region is still number 3 in the nation.
- C. Flynn stated that there are new infections that are estimated, new diagnoses can be collected days after infection or years after. He stated that we track how sick someone is when they are first diagnosed with HIV. There are fewer people that are going 8-10 years with HIV before they are being diagnosed. The number of people getting sick with HIV/AIDS is going down. He stated that there are still more cases of new infections than there are AIDS related deaths.
- C. Flynn stated that the number of people living with HIV keeps going up.
- C. Flynn stated that a greater proportion of diagnoses is in the age group of 13-24 but not the number.
- J. Keruly stated that C. Flynn mentioned that in 2016 there was an underreporting of viral loads.
- J. Keruly asked if there would be different numbers in 2017 to refute this with better reports.
- C. Flynn stated that the more people are virally suppressed each year due to better treatment but there has been lots of programs to get people into care and push for viral load suppression.
- C. Flynn stated that the data will get better each year because more people are looking at the numbers.
- C. Flynn stated that viral load suppression has increased from 23% to about 51% in the last 5-6 years.
- C. Flynn stated that every time they look harder they find another source of information to make the situation better.
- C. Smith thanked C. Flynn for his presentation and asked council members to write any further questions for him down.

## Data Presentation

Danielle Lohan, MDH, Medicaid

- D. Lohan stated that she is a member of the planning council and represents Medicaid.
- D. Lohan stated that she does not have specific information about cases.
- D. Lohan stated that Maryland Medicaid Basics is a joint program financed federally and by the state to provide health and long term care coverage to low income children and parents, pregnant women, the elderly, and people with disabilities.
- D. Lohan stated that people utilizing this fall into two groups: people who cannot support themselves with their income and people who are disabled.
- D. Lohan stated that Medicaid provides benefits for more than 1.3 million people and most of them are enrolled in HealthChoice.
- D. Lohan stated that HealthChoice is a managed care program.
- D. Lohan that some managed care organizations are Amerigroup, Aetna, or Jai.
- D. Lohan stated that the ACA increased coverage for children up to the age of 26.
- D. Lohan stated that a large number of benefits are provided for children.
- D. Lohan stated that the rates of payments made to various providers per person living with HIV are documented in a chart.
- D. Lohan stated that a managed care organization is paid a different rate to coordinate all of a person's care.
- D. Lohan stated that drugs are carved out of the Medicaid package.
- D. Lohan stated that there are nine Medicaid managed care organizations for a person to choose from.
- D. Lohan stated that if a person does not choose an MCO, one would be chosen for them.
- D. Lohan stated that Medicaid partners with these organizations (MCO's) to provide Medicaid covered services and that provider networks can choose to provide more.
- D. Lohan stated that most MCO's provide unlimited adult dental benefits.
- D. Lohan stated that dental benefits may change based on a recent bill passed in Maryland.
- D. Lohan stated that individuals who do not qualify for Health Choice due to them being Medicare eligible will still receive fee for service Medicaid services.
- D. Lohan stated that not every managed care organization is available for every county.
- D. Lohan stated that Jai is only available in Baltimore City, Baltimore County, and Anne Arundel County.
- D. Lohan stated that there are at least two managed care organizations that a person can choose from in each county.
- D. Lohan stated that Medicaid offers Case Management for HIV/AIDS patients to assist with navigating through a managed care organization.
- D. Lohan stated that HIV drugs are not paid for by MCO's and the prices are lower and different.
- D. Lohan stated that Behavioral Health services and substance use disorder treatment are also carved out of the MCO benefit package.
- D. Lohan stated that the services are administered by an Administrative Services Organization.
- D. Lohan stated that the capitation rates for someone living with AIDS is higher in Baltimore City than for the rest of the state (\$2,081: \$1,586.)
- D. Lohan stated that HIV/AIDS pharmacy costs are as follows: \$1 copay for all HIV/AIDS drugs and generic drugs; \$3 for brand name drugs.
- D. Lohan stated that Medicare Part D provides complete pharmacy services to individuals who are "dual eligible" unless the drug is excluded from Medicare.
- D. Lohan hepatitis C is a blood borne illness that attacks a person liver.
- D. Lohan stated that Medicaid covers new therapies for people with moderate or severe liver damage because they are very expensive.
- D. Lohan stated that MADAP may pay for treatment for those who are not eligible under Medicaid.

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- D. Lohan stated that there are various criteria for HCV therapy such as needing to be diagnosed with the HCV genotype.
- D. Lohan stated that Modified Adjusted Gross Income (MAGI) is used to determine eligibility for the following groups: children, adults under the age 65, parents and caretaker relatives, pregnant women.
- D. Lohan stated that for the non-MAGI populations' income and composition rules have not changed for other groups that are not mentioned.
- D. Lohan stated that the ACA was designed to expand coverage for individuals under 65.
- D. Lohan stated that Medicaid pays for wrap around services with Medicare for "dual eligibles."
- D. Lohan stated that the department of human resources is the best source of information on dual eligibles.
- D. Lohan stated that the open enrollment period does not apply for Medicaid.
- D. Lohan stated that a person can be found eligible for Medicaid at any point of the year.
- D. Lohan stated that if your income is over what qualifies for Medicaid, they enroll into Qualified Health Plans.
- D. Lohan stated that open enrollment period begins November 1, 2018 and last about 45 days.
- D. Lohan stated that Medical Assistance recipients must report changes within 10 days on the Maryland Health Connection website for Medicaid.
- D. Lohan stated that Medicaid recipients must renew their coverage annually.
- D. Lohan stated that there are videos and an app online to help with using Maryland Health Connection.
- D. Lohan stated that Eligibility Verification System (EVS) allows a provider to notify an individual if their Medicaid is about to expire.
- D. Lohan urged members and guests to use the Medical Assistance Hotline and HealthChoice Hotline for general information questions.

### Approval of Minutes

Committee

- C. Smith asked the planning council to review the minutes of the February and March council meeting.

Motion: To suspend the rules and approve the motions conjointly with an up or down vote.

Made by: A. Patterson

Second:

Action: Failed

Opposed:

Abstain:

Motion: To approve the February planning council minutes.

Made by: C. Harvey

Second: D. Brewer

Action: Passed

Opposed:

Abstain:

Motion: To approve the March planning council minutes.

Made by: C. Harvey

Second: E. Nicholson

Action: Passed

Opposed:

Abstain:

### Chair's Report

C. Smith, Chair

- C. Smith read the chair's report.
- C. Smith thanked everyone for attending the meeting.
- C. Smith thanked all of the presenters as well.

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- C. Smith stated that there was a HRSA meeting with Lt Commander Worrell and the interim Project Officer Kristina Barney.
- C. Smith thanked the nominating committee and council volunteers who attended the Why Women Cry Conference.
- C. Smith thanked the continuum of care committee for a successful housing discussion.
- C. Smith stated that the PLWHA Committee would hold its town hall on May 23<sup>rd</sup>.
- C. Smith congratulated the following co-chairs:
  - Dale Brewer and Evelyn Nicholson, PLWH/A Co-Chairs.
  - Cierra Foxx and Jerry Fleming, PLWH/A Members at large.
  - Dennis Rivera and Kelsey Markie, COCC Co-Chairs.
- C. Smith thanked everyone for supporting the planning council and for their dedication to make an impact on the lives of those living with HIV/AIDS.

## Special Report

- C. Lacanienta presented the special report.
- C. Lacanienta stated that in FY2018, it is recommended that this EMA ask for a waiver from the 75/25 service requirement.
- C. Lacanienta stated that during the last three or four months of expenditure, the patterns may show that supportive services can expend down more at the end of the year and a waiver would allow for flexibility in spending.
- C. Lacanienta stated that the grantee’s office make recommendations for how to infuse the dollars into services based on the FY17 figures.

Motion: To approve the process for submitting a 75/25 waiver.

Made by: D. Brewer      Second: M. Scriber

Action: Passed

Opposed:                      Abstain:

Motion: To allow the Executive Committee to review the recommendations from the grantee’s office and approve the recommendations on behalf of the council.

Made by: C. Harvey      Second: B. Ward

Action: Passed

Opposed:                      Abstain:

## Ryan White Part A Update

S. Pelham / L. Wagner, BCHD

- In the interest of time, the council members were asked to read the report on their own.

## Part B Update

P. DeMartino, MDH

- P. DeMartino stated that on Thursday April 19<sup>th</sup>, they would have their testing coordination meeting.
- P. DeMartino stated that their next HPG meeting would be during the same time as PSRA.
- P. DeMartino stated that the state’s fiscal year would begin July 1.

## Planning Council Updates

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## Nominating Committee:

- M. Cole presented the Nominating Committee report.
- The committee met on April 3<sup>rd</sup>, 2018.
- The committee reviewed the minutes of the March meeting.
- The committee reviewed the existing vacancies on the planning council and reviewed the membership tables.
- The committee reviewed the pool list and updated the buddy system.

Motion: To remove an applicant from the pool list. Made by: M. Cole      Second: C. Foxx  
 Action: Passed Opposed: 0      Abstain: 1

Motion: To recommend that one (1) member receive a one-month warning letter from the Continuum of Care Committee based on attendance. Made by: M. Cole      Second: J. Wright  
 Action: Passed Oppose      Abstain: 0

Motion: To recommend that one (1) planning council member receive a two-month warning letter from the Nominating Committee based on attendance. Made by: M. Cole      Second: D. Brewer  
 Action: Passed Opposed: 0      Abstain: 1

## PLWH/A Committee:

- E. Nicholson read the committee report.
- The committee met on March 27<sup>th</sup>, 2018
- The committee approved the minutes from the January meeting.
- The committee agreed to have a town hall meeting in May.
- The committee elected two new co-chairs and members' at large.
- E. Nicholson stated that the War Memorial building was only available on May 23<sup>rd</sup>.

Motion: To approve the change of the town hall meeting from May 22<sup>nd</sup> to May 23<sup>rd</sup>. Made by: E. Nicolson      Second: C. Foxx  
 Action: Passed Opposed: 0      Abstain: 0

## PCSO Report

J. Stenhouse, PCSO

- J. Stenhouse stated that PSRA would be held Thursday and Friday, June 28<sup>th</sup> and 29<sup>th</sup>.
- J. Stenhouse stated that there will be a survey sent out soon for PSRA training.
- J. Stenhouse stated that everyone is required to attend PSRA training and data presentation to attend the conference.
- J. Stenhouse asked council members to see the support office if they are unable to attend either.

## New Business

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- No new business.

Motion: To adjourn the meeting	Made by: M. Scriber	Second: P. DeMartino
Action: Passed	Opposed: 0	Abstained: 0

Greater Baltimore HIV Health Services Planning Council  
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Time adjourned: 7:49 p.m.	Date of approval:
Signature:	Electronic signature of chair (PC Minutes only):