

# Greater Baltimore HIV Health Services Planning Council

## Minutes of the Meeting of May 19, 2009

Vol. VI, No. 3

Final • June 16, 2009

### Meeting Attendance

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<b>Present</b> <sup>1</sup>	M. Becketts	D. Hunter
	K. Bellesky	T. James
	V. Burrell-Gibson	Re. Johnson
	R. Bradley	D. Kelson
	C. Brown	J. Keruly
	D. Chaudhry (N. Robinson proxy)	A. Leverette
	R. Disharoon	C. Massey
	C. Edmonds	R. Matens
	A. Foyles*	A. Middleton
	M. Graves	G. Nelson
	R. Green	M. Reese
	N. Guest (D. Henson proxy)	W. Miller
	R. Haden	R. Rubino
	P. Hall	W. Samuel
	T. Hawkins*	D. Shamer
	M. Hitch	L. Smith
	<b>Absent</b>	V. Clark
C. Gibson		J. Keller
R. Gore-Simmons		B. Thomas-El
C. Harvey Sr.		J. Winslow
<b>Visitors</b>	M. Carroll	R. Parrish
	S. Cherry	R. Redfield
	G. Clark	S. Rogers
	T. Davis	R. Shattuck
	J. Flaning	H. Smith
	C. Gray	C. Wilhite
	P. Henry	
<b>BCHD</b>	A. Ferrari	J. Ungard
	S. Kazi	
<b>Staff</b>	C. Lee	N. Slaughter
	D. Munro	R. Vaishnav Rhyne
	E. Saber	
<b>Handouts</b>	Meeting agenda. May 19, 2009)	
	Final action items and updates (May 19, 2009).	
	Planning council packet (May 19, 2009).	
	Grantee's report (May 19, 2009).	
	Draft child care standards of care (May 2009).	
Information presentations packet (May 19, 2009).		

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<sup>1</sup> Attendance is based on sign-in sheet.

\* Present but did not sign-in.

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Information presentations summary slides (May 19, 2009).  
Regional Advisory Committee capacity-building session flier.  
Maryland AIDS Administrations “Faith Communities Working Together” flier.  
“A Discussion with Jeff Crowley” flier.

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### **Executive summary**

The meeting convened with quorum at 6:40 p.m.<sup>2</sup>

The chair announced that the Baltimore EMA received a \$2.1 million increase for FY2009, primarily due to the perfect score that the EMA received on its Part A application to HRSA.<sup>3</sup> Due to this increase, the Evaluation Committee agreed to the chair’s request to hold an emergency planning session to revise initial allocations, which allowed for contracts to be finalized for services that began on March 1, 2009. By request of the Evaluation Committee, the Executive Committee acted on the planning council’s behalf in voting on the committee’s funding recommendations.

The chair also reminded the planning council to be mindful of conflicts of interest and ground rules of discussion and voting and that the planning council bylaws protects the planning council from conflicts.

The Part A grantee announced the EMA’s award increase, application score, and pending new percent allocations (75.53 percent to core medical services and 24.47 percent to support services); the FY2009 MAI guidance and request-for-proposal dates and categories; clinical quality management (CQM) updates<sup>4</sup>; the results of sexually transmitted disease tests conducted by the Baltimore City Health Department; client-level data systems training updates; and an initiative to assess outpatient ambulatory health services over the next several months<sup>5</sup>.

The Part B representative announced the Maryland AIDS Administration received its FY2009 Part B grant award notice and sent an intent to award letter to local health departments.

The Part D representative announced that the Maryland AIDS Administration is awaiting its FY2009 Part D Youth Initiative award and Women, Infant, Children and Youth award. Part D, Part D Youth and state funds awardees received intent to award letters in mid-May.

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<sup>2</sup> Quorum is defined as attendance of at least 51 percent of membership.

<sup>3</sup> HRSA stands for the Health Resources and Services Administration. HRSA is an agency of the U.S. Department of Health and Human Services that works to improve access to health care services for people who are uninsured, isolated or medically vulnerable.

<sup>4</sup> Clinical quality management (CQM) is the quality assurance program that assesses Part A funded agencies to ensure providers meet the standards of care as established by the planning council.

<sup>5</sup> MAI is a funding stream authorized under the Ryan White Treatment Modernization Act to provide additional funding, beyond Part A, to minority areas affected by HIV/AIDS.

Select committee co-chairs reported on their respective committee's activities:

- The Continuum of Care Committee made final revisions to the child care standards of care and brought forward a motion to approve the standards with a retroactive effective date of November 2008.
- The Evaluation Committee set aside its normal agenda to make recommendations to the planning council on revisions to FY2009 initial allocations for Part A; to further expedite the planning process and the grantee's process for finalizing contracts, the evaluation committee recommended that the executive committee act on behalf of the planning council to vote on related motions.

The planning council support office (PCSO) reported its activities over the course of the month:

- Prepared and distributed notices, agendas and minutes and arranged logistics for six committee meetings and one planning council meeting.
- Organized and managed the logistics for the planning council's emergency planning to revise initial allocations.
- Began preparation for PRSA 2010, including trainings, PSRA binders, informational presentations and data presentations.
- Assisted all committees in development of work products.

The meeting adjourned at 8:45 p.m.

## Proceedings

### *Introductions/review of minutes*

The chair convened the meeting with introductions, role call and a review of last month's minutes.

<b>Motion</b>	To accept the April 21, 2009 minutes.
<b>Proposed by</b>	D. Kelson
<b>Seconded by</b>	V. Burrell-Gibson
<b>Action</b>	Passed, 0 abstention, 0 objections

### *Chair's report*

The chair announced that:

- The Baltimore EMA received its notice of full grant award from HRSA. The total Part A award this year was \$20,510,244, a \$2.1 million increase from FY2008. This substantial increase was largely the result of the outstanding score that the EMA received on its Part A application to HRSA. The Baltimore EMA received the maximum allowable score of 100 from the Objective Review Committee of HRSA for demonstrating the EMA's need and overall response to the epidemic and the planning processes that incorporate planners from the entire HIV community. The chair congratulated the grantee and planning council on the EMA's perfect application score and a job well done with planning for FY2009.
- The Evaluation Committee responded to chair's request to receive the grantee's funding recommendations for initial allocations due to the Part A award increase. The Evaluation Committee also responded to the chair's request to make

- recommendations to planning council on expediting the emergency planning process; the committee recommended that the Executive Committee act on the planning council's behalf in voting on funding recommendations made by the Evaluation Committee, which it did after obtaining support to move forward from a supermajority of the council. Funding recommendations and other details can be viewed in the Evaluation Committee minutes in this month's packet.
- The council continues to be committed to Ryan White's core concept of providing emergency services that reach the community quickly, efficiently and cost-effectively. Without the funds and contract mechanisms in place, there would be no emergency HIV-related services for PLWH/As in the EMA; therefore, the council expedited the emergency planning needed to revise initial allocations upon receiving the \$2.1 million increase. Contracts can now be finalized for services that officially began March 1, 2009. The chair sincerely thanked all who those worked hard to get the emergency planning done. He especially thanked the Evaluation Committee, Executive Committee, Counties Committee, the grantee, planning council and the planning council support office for expediting this process. The Evaluation Committee chair will update the planning council on the final allocations that were voted on by the Executive Committee.
  - As Part A priority setting and resource allocation (PSRA) for FY 2010 approaches, members should be mindful of conflicts of interest and ground rules of discussion and voting that require members to state conflicts during discussion and abstain from voting. The planning council bylaws protects the planning council from conflicts.
  - Data presentations and trainings are mandatory for council members (and proxies) wishing to participate in PSRA. These are legislative requirements for voting.

### ***Grantee's Report***

The Part A grantee reported the following:

- The Ryan White Part A program for FY2009 received \$20,510,244, an increase of 11.57 percent from FY2008.
- The EMA's Part A application received a score of 100 based on the assessment of an independent review board.
- The FY2009 MAI request for proposals was released on April 30, 2009 and a bidders conference was held on May 7, 2009. Letters of intent will be due May 15, 2009. The following categories will be up for competitive bid in FY2010: medical case management, substance-abuse treatment outpatient, mental-health services and child care services.
- The MAI continuation guidance will come out on May 30, 2009 for co-morbidity, medical nutritional therapy, medical transportation, outreach services, psychosocial and food/nutrition.
- Providers will receive their notice of actual FY2009 awards on receipt of planning council's approval to reallocate funds; the recommended percentage of core and supportive services would meet HRSA requirements at 75.53 percent and 24.47 percent respectively.
- The Ryan White office welcomed Blanche Wilson as an administrative assistant.

- CQM efforts continue on cervical cancer screening and substance abuse surveys and service category reports would be released in June for outpatient ambulatory health services, medical transportation, health insurance and cost sharing and housing services.
- From July 1, 2008 to March 31, 2009, the health department reported the following positive tests: five percent of 410 HIV tests, approximately three percent of 413 rapid plasma reagent syphilis tests and more than 50 percent of 184 hepatitis C tests.
- The grantee will assess all pediatric outpatient ambulatory health services programs over the next several months; information from this activity will be incorporated into the upcoming priority setting recommendations.
- On May 11, 2009, several providers attended a demonstration of the web-based Efforts-to-Outcomes client-level data system. The presentation was well-received and produced suggestions for the continuing development of the system.

### ***Part B Report***

The Part B representative reported the following:

- The AIDS Administration received its FY2009 Part B notice of grant award notification and sent intent to award letters to local health departments the second week in May. An increase of approximately \$2 million was received and will go towards services and the AIDS Drug Assistance Program (ADAP).
- A review of allocation formula and allocations are being presented at RAC meetings in May.

### ***Part D Report***

The Part D representative reported the following:

- The AIDS Administration is awaiting its FY2009 Part D Women, Infant, Children, and Youth award; level-funding is expected. The competitive application was submitted March 6, 2009.
- The Part D, Part D Youth and state funds awardees received intent to award letters the second week in May. Six providers were chosen from a competitive bid process.

### ***Committee Reports***

The planning council chair asked committees without pending motions or pressing concerns to refrain from giving an oral report to allow time for information presentations; all committee reports are located in the planning council packet and listed on the final action items and updates document.

### **Evaluation Committee:**

The committee co-chair reported the following:

Per the chair's request, the committee set aside its normal agenda for May to make recommendations for revising FY2009 initial allocations for Part A due to the \$2.1 million increase in the EMA's award. To further expedite the planning process and the

grantee's process for finalizing contracts, the committee recommended that the Executive Committee act on behalf of the planning council to finalize FY2009 initial allocations to vote on related motions.

The committee co-chair also reported on behalf of the Executive Committee the following revisions to FY 2009 initial percentage allocations made on behalf of the planning council:

- To decrease the counties OAHS primary medical care service category by \$150,719.
- To decrease the counties OAHS emergency financial assistance service category by \$40,344.
- To decrease the counties mental health service category by \$61,062.
- To decrease the counties health insurance premiums service category by \$11,640.
- To decrease the counties medical transportation service category by \$30,807.
- To decrease the counties psychosocial support services service category by \$62,360.
- To decrease the OAHS emergency financial assistance service category by \$175,263.
- To decrease the OAHS co-morbidity service category by \$149,749.
- To decrease the OAHS viral load testing service category by \$75,562.
- To decrease the OAHS specialty laboratory services service category by \$358,675.
- To decrease the mental health services service category by \$195,348.
- To decrease the health insurance premiums and cost-sharing assistance service category by \$48,694.
- To decrease the housing service category by \$167,875.
- To decrease the respite care services service category by \$63,582.
- To increase the OAHS primary medical care service category by \$583,986.
- To increase the medical case management service category by \$378,936.
- To increase the housing emergency financial assistance service category by \$224,377.
- To increase the psychosocial support services service category by \$153,745.
- To increase the medical transportation service category by \$48,990.
- To increase the outreach services service category by \$101,645.
- To increase the legal services service category by \$100,000.

**Continuum of Care Committee:**

The committee co-chair reported the following:

The committee made final revisions to the child care standards of care. Interim standards of care were developed in November 2008 at the urgent request of the grantee (see November planning council minutes). As reflected in the committee's 2009 work plan, interim child care standards were released in January 2009 for a full review by stakeholders, planning council and committee members. The committee convened a workgroup in April and met in May to discuss feedback and make final recommendations

to the council. A motion was made to ratify the final draft of the child care standards of care.

The following discussion took place:

- R. Matens noted that the council must be aware of conflicts of interest when revising any standard of care and carrying-out all planning council processes.
- A Nominating Committee member responded that council members are knowledgeable of and made aware of the conflict of interest policies as outlined in the bylaws and monitored by the Nominating Committee. Co-morbid and complex conditions of clients must be considered when creating all standards for services to Ryan White clients in the Baltimore EMA.

<b>Motion</b>	To approve the child care standards of care with a retroactive effective date of November 2008.
<b>Proposed by</b>	R. Rubino
<b>Seconded by</b>	K. Bellesky
<b>Action</b>	Passed, 24 yes, 6 abstentions, 0 objections

### ***Planning Council Support Office Report***

The PCSO office:

- Prepared and distributed notices, agendas and minutes and arranged logistics for six committee meetings and one planning council meeting.
- Organized and managed the logistics for the planning council's emergency reprogramming of initial allocations.
- Began preparation for PRSA 2010, including trainings, informational presentations and data presentations.
- Assisted all committees in development of work products.

Planning council members were reminded that proxies for PSRA 2010 must attend the June 16, 2009 data presentations and a PSRA training class on June 9th or 11th.

### ***Informational Presentations***

Informational presentations were given as a preparation for PSRA 2010.

Presentations are available at the planning council support office. The following is a list of presentations with a synopsis of the information provided:

- Trends in HIV by Robert Redfield, Chief of Infectious Diseases and Director of the HIV program at the University of Maryland Medical Center.
  - The PLWH/A patient population is aging and there are new needs. Cardiovascular health problems are the leading cause of death of PLWH/As in non-veterans affairs clinics and there is a need for programs to address this challenge; the presenter discussed that smoking greatly increases cardiovascular risk for PLWH/As. Renal disease, fueled by diabetes and hypertension, is also a concern.
  - More physicians are focusing on treating HIV-positives people *versus* just people with AIDS.

- A recommendation may be made for a move to earlier therapy for people with CD4 counts greater than 500.
- A new class of drugs in the next five years may make people less infectious and less likely to acquire other diseases.
- HIV continuum of care by Jeanne Keruly, Assistant Professor of Medicine at the Johns Hopkins University School of Medicine.
  - The components of an ideal continuum of care include a balance that meets the medical, social and support needs of clients and is in compliance with regulatory requirements.
  - Ryan White programs need to coordinate their services to maximize use of funds and enhance their ability to engage more clients.
- Prevention programs by Claudia Gray, Chief of the Center of Prevention at the Maryland AIDS Administration.
  - Various types of prevention efforts are done with PLWH/As, partners of PLWH/As and the non-infected population. This outreach mainly includes health education, risk reduction and HIV counseling, testing and referral. Other prevention activities include perinatal prevention programs, capacity building programs and distribution programs for condoms and literature.
  - 650 HIV tests are administered annually at 450 sites statewide by 70 agencies. Routine testing in clinical settings accounted for 3500 tests.
  - The CDC estimates that 21 percent of PLWH/As are unaware of their status.
- Ryan White Part B and D by Glenn Clark, Chief of the Center for HIV Services at Maryland Department of Health and Mental Health Hygiene.
  - The FY 2009 Part B award is \$36,482,938, which funds the Maryland AIDS Drug Assistance Program (MADAP) and health support services. MADAP enrollment as of 12/31/2008 is 4,429 with an average cost per client \$891. Overall, drug costs are decreasing (due to more people having insurance, the program only has to pay co-pays) while insurance premiums are increasing.
  - The FY 2009 Part D award is \$1,019,662. Part D funds target women, infant and children. There are six Part D sites in Baltimore.
- Ryan White Part C by Karen Bellesky, Registered Dietician at Chase Brexton Health Services.
  - There are three Part C providers in the EMA with a total of \$1.3 million in funding.
  - Part C funds are for comprehensive primary health care in an outpatient setting. Two providers, Chase Brexton and Johns Hopkins' Moore Clinic, served 5,229 HIV-positive patients, including 673 new patients, in 2008.
  - The services covered through this grant for these facilities include primary medical care, medical case management, medical nutrition therapy, labs and specialty diagnostics and performance improvement.
- Clinical Quality Management by Jesse Ungard of the Baltimore City Health Departments' Ryan White office.

- CQM will review the following categories for 2009: Medical Case Management, Medical Nutrition Therapy, Food Bank, Legal Services
- In 2008, 79 percent of clients with HIV had two or medical visits, a decrease from 85 percent in 2007 and 88 percent in 2005.
- CQM suggestions included, but are not limited to:
  - Planning council should remove language from Health Insurance requiring Medicaid-billable services only and the planning council should research other funding streams to pay for non-MADAP formulary medications.
  - Providers should utilize Medicaid transportation services whenever possible and transportation logs should specify a reason why taxis and vans are utilized in lieu of tokens and day passes
  - Housing providers should specify limits of housing services, financial caps and service termination criteria and payment amounts under Rental Assistance should correspond to a length of service; i.e. 3-months of rent, etc.

***New Business***

An announcement was made that Jeff Crowley, Director of the White House Office of National AIDS Policy, will be speaking at the Johns Hopkins Bloomberg School of Public Health on May 22, 2009 at 2:30p.m. in Sheldon Hall.

Council members were reminded to turn in updated conflict of interest forms before the PRSA 2010 meetings.

Meeting adjourned at 8:45 p.m.

<b>Motion</b>	To adjourn.
<b>Proposed by</b>	T. James
<b>Seconded by</b>	R. Haden
<b>Action</b>	Passes, 0 abstention, 0 objections

I certify these minutes to be accurate and inclusive record of the planning council meeting as amended and approved by the Greater Baltimore HIV Health Services Planning Council.

*William Miller*

*June 16, 2009*

William Miller

June 16, 2009