

Greater Baltimore HIV Health Services Planning Council

Minutes of the Meeting of May 20, 2008

Vol. V, No. 3

Final • June 17, 2008

Meeting Attendance

Present ¹	S. Ashley	C. Harvey, Sr.	
	D. Baker	D. Hunter	
	M. Becketts	R. Johnson	
	K. Bellesky	J. Keruly	
	R. Bradley	F. Lowman, Jr.	
	D. Brewer	R. Matens	
	C. Brown	A. Middleton	
	G. Clark	W. Miller	
	D. Cooper	G. Nelson	
	A. Foyles	N. Robinson	
	R. Gore-Simmons	W. Samuel	
	M. Graves	L. Smith	
	L. Green*	B. Tucker*	
	R. Haden	J. Winslow	
	Absent	M. Cole	A. Leverette
		R. Green	G. Manigo
P. Hall		C. Massey	
D. Henson		M. Obiefune	
W. Jones		B. Thomas-El	
J. Keller			
Proxy	S. Felder	D. Shamer	
	B. Fitzsimmons	C. Thomas, Jr.	
BCHD	R. Brisueno	C. Skipper	
	R. David	J. Ungard	
	L. Koontz	M. Ward	
Visitors	M. Celetano	A. Newton	
	D. Chaudhry	R. Parrish	
	S. Cherry	M. Richmond-Ward	
	M. Curry	D. Rose	
	R. Disharoon	R. Rubino	
	J. Hunter	R. Shattuck	
Staff	T. Cooke	M. Komosinski	
	D. Gorham	C. Lee	
	K. Hale	N. Lewis	
Handouts	Planning council packet (May 2008).		

¹ Attendance is based on sign-in sheet.

*Present, but did not sign in.

Bylaws of the Greater Baltimore HIV Health Services Planning Council.
Priority Setting FY 2009 notice (flyer).
Priority Setting FY 2009 Training notice (flyer).
Grantee Report (May 2008).
Part B and Part D administrative report (May 2008).
Black Educational AIDS Project, Inc. (flyer).
Maryland Citizen's Health Initiative (flyer).
"Faith in Action: Embracing with Compassion, Eradicating Stigma and Encouraging Testing" (flyer).
"Women of Meeka HIV+ Support Group" (flyer).

Executive Summary

The meeting was convened with quorum at 6:40 p.m.²

The planning council vice-chair made an announcement regarding transportation for PLWH/A planning council members.

The planning council chair announced:

- The Health Resources and Services Administration (HRSA) site visit went well.
- The planning council has received guidance from HRSA on services listed and funded under early intervention services (EIS).
- Priority setting and resource allocation (PSRA) logistics have been finalized.

The grantee made several announcements and requested that the planning council reallocate service activities out of EIS to comply with HRSA's requirement.

The Maryland AIDS Administration's representative reported for Part B and D.

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

- The Comprehensive Planning Committee (CPC) changed its meeting day.
- The Continuum of Care Committee (COCC) appointed an interim co-chair until elections can be held.
- The Evaluation Committee held a joint reprogramming meeting with the Services to Surrounding Counties Committee.
- The Nominating Committee began revising its application, moved one person to the pool list, and began discussion on planning council attendance.
- The People Living With HIV/AIDS (PLWH/A) Committee completed its review of the delivery of medical nutrition therapy services in the EMA.
- The Services to Surrounding Counties (STSC) Committee began analyzing psychosocial support service delivery.

The planning council support office reported its activities over the last month.

² Quorum is defined as attendance of at least 51 percent of membership.

M. Celentano from the Maryland Citizen’s Health Initiative made a presentation to the planning council.

Several announcements were made before the meeting adjourned at 8:22 p.m.

Proceedings

Introductions/Review of Minutes

The chair convened the meeting at 6:40 p.m. with introductions and the approval of minutes from the April meeting, pending the following corrections:

- Page 4, there is only one “m” in D. Shamer’s name.
- Page 7, the STSC committee’s priority setting dates should read August 11 and 12.
- Page 11, the Older Women Embracing Life (OWEL) support group holds its meetings on the first Wednesday of the month, not the first Monday.

Motion	To accept the March 18, 2008 minutes with corrections.
Proposed by	W. Samuel
Seconded by	D. Cooper
Action	Passed, 1 abstention, 0 objections

Chair’s Report

The planning council vice-chair made an announcement regarding transportation requests:

- Consumers must be cognizant of steadily increasing gas prices when making changes to transportation plans.
- Consumers who cancel transportation must do so at least 24 hours in advance.
- If cancellations are made less than 24 hours, the planning council must still pay for it.
- Consumers who may have other plans for transportation should try to confirm them as early as possible.
- Consumers should be absolutely sure transportation is not needed before requesting a cancellation.

The planning council chair announced that:

- Priority Setting for fiscal year 2009 is approaching. EMA Part A PSRA will be held on July 28-29, 2008 at the Potter’s Place in Baltimore, MD. STSC Part A PSRA will be held August 11 and 12, 2008 at the Howard County Health Department.
- Individuals planning to participate in priority setting must complete mandatory training and attend the July 15, 2008 planning council meeting of the data presentations.³
- The Health Resources and Services Administration (HRSA) site visit held on April 28-30, 2008 was successful.

³ Participants in priority setting may either choose to attend a training session conducted by the planning council support office or choose to complete a take-home training.

- The planning council received official guidance from HRSA on the sub-activities of outreach, client advocacy, and legal services funded under early intervention services.⁴
- The support office received legal guidance in regard to the planning council’s conflict of interest policy and its bylaws.
- The bylaws must be ratified in June’s planning council meeting because several of the proposed changes will impact this year’s priority setting.
- Planning council members will have one month to review the bylaws. Comments and/or recommendations must be submitted to the support office by June 2, 2008 to be considered by the Bylaws Committee on June 11, 2008.

Grantee’s Report

The grantee representative reported that:

- HRSA concluded its first site visit in approximately eight years of the Baltimore EMA Ryan White Part A program on April 30th.
- In the coming month, HRSA will release a comprehensive report with its findings and recommendations.
- HRSA released updated category definitions for allowable core medical and supportive services in March 2008, and has determined that the current activities listed under EIS do not meet the required scope of service for EIS.
- The planning council must move the activities from core medical services under EIS into supportive services and reallocate their dollars accordingly to comply with the HRSA directive.⁵ All other adjustments can be made during the FY 2009 priority setting.
- As a result of the reallocation, the EIS category will be zeroed-out; however, none of the current contracts or existing services will change under those categories for FY 2008.
- Planning council members are welcome to visit the LEAP classes currently in session. A schedule has been provided to the planning council.
- The vice-chair made the following motions for the Part A EMA-wide categories and allocations:

Motion	To move EIS primary medical care and monies into outpatient ambulatory health services.
Proposed by	D. Brewer
Seconded by	J. Winslow
Action	Passed, 8 abstentions, 0 objections

⁴ HRSA has directed that these sub-activities be classified as support services. They are currently listed as core medical services under Early Intervention Services.

⁵ By taking this action, the Baltimore EMA will no longer be in compliance with the 75/25 percent allocation requirement between core medical and support services as mandated in the Ryan White Treatment Modernization Act.

Motion	To move EIS outreach and monies into outreach services under support services.
Proposed by	D. Brewer
Seconded by	A. Foyles
Action	Passed, 7 abstentions, 0 objections

Motion	To move EIS client advocacy and monies into case management non-medical under support services.
Proposed by	D. Brewer
Seconded by	D. Cooper
Action	Passed, 7 abstentions, 0 objections

Motion	To move EIS legal services and monies into legal services under support services.
Proposed by	D. Brewer
Seconded by	D. Cooper
Action	Passed, 6 abstentions, 0 objections

- The vice-chair made the following motions for the Part A STSC categories and allocations:

Motion	To move STSC EIS primary medical care and monies into outpatient ambulatory heal services.
Proposed by	D. Brewer
Seconded by	S. Ashley
Action	Passed, 7 abstentions, 0 objections

- In an effort to maintain contracts that were put in place in the counties for outreach services, the Executive Committee established an outreach category under supportive services for STSC Part A and STSC MAI to absorb the outreach activities and dollars moved from the core medical service category of outreach-early intervention services. While outreach was not a prioritized and funded supportive service under STSC Part A and MAI, it is a prioritized and funded supportive service in the EMA.

Motion	To move STSC EIS outreach and monies into the newly created outreach category under support services.
Proposed by	D. Brewer
Seconded by	S. Felder
Action	Passed, 2 abstentions, 0 objections

Motion	To move STSC EIS client advocacy and monies into case management non-medical under support services.
Proposed by	D. Brewer
Seconded by	S. Ashley
Action	Passed, 7 abstentions, 0 objections

Motion	To move STSC EIS legal and monies into legal services under support services.
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Proposed by	D. Brewer
Seconded by	S. Ashley
Action	Passed, 3 abstentions, 0 objections

- The vice-chair made the following motions for the MAI EMA-wide and STSC categories and allocations:

Motion	To move STSC MAI EIS outreach and monies into outreach services under support services.
Proposed by	D. Brewer
Seconded by	D. Cooper
Action	Passed, 3 abstentions, 0 objections

Motion	To move the EMA-wide MAI EIS outreach and monies into outreach services under support services.
Proposed by	D. Brewer
Seconded by	C. Brown
Action	Passed, 7 abstentions, 0 objections

Part B Report

The Maryland AIDS Administration’s representative announced:

- The annual MADAP open house is scheduled for June 3, 2008.
- MADAP added seven drugs to its formulary.
- The AIDS Administration is still awaiting an award decision from HRSA for its Part B MAI application.
- The AIDS Administration has issued award letters to the Baltimore City and Baltimore County providers for Parts B, D, and Maryland general funds for FY 2009.

Part D Report

The Maryland AIDS Administration’s representative reported:

- The Maryland AIDS Administration is still awaiting an award decision for its Part D and Part D youth services initiative grant applications.

Committee Reports

Comprehensive Planning Committee:

The committee co-chair announced that:

- The committee changed its meeting day from the fourth Thursday of the month to the third Thursday of the month. The next meeting will be held on June 19, 2008 from 5:30 p.m. to 7:30 p.m. at the Baltimore City Health Department.
- The list of presenters for the priority setting data presentations was formed and a template was created to guide presenters.
- The committee received a presentation on HIV in older adults.
- The committee will begin reviewing drafted chapters of the comprehensive plan this month.

Continuum of Care Committee:

The committee chair reported that:

- An interim co-chair was appointed to serve until the committee can hold elections.
- Final revisions were made to the standards of care for medical nutrition therapy.
- The committee continued working on its first draft of the psychosocial support services standards of care.

Evaluation Committee:

The committee co-chair reported that:

- The committee met with the Services to Surrounding Counties Committee to receive the six-month Minority AIDS Initiative (MAI) expenditure of service delivery (ESD) report and conduct reprogramming. No reprogramming recommendations were made for services to surrounding counties or EMA-wide service categories.
- The committee approved its assessment tool to be sent to the planning council.

Motion	To accept the assessment tool for the evaluation of the Administrative Mechanism.
Proposed by	R. Johnson
Seconded by	K. Bellesky
Action	Passed, 0 abstentions, 0 objections

Nominating Committee:

The committee chair announced that:

- The Nominating Committee has begun revising the planning council application and will conclude revisions in the coming months.
 - One change has been made to item H so that it would not seem as if the emphasis was being placed on the amount of HIV related experience a candidate had.

Motion	To approve the revised item H in the planning council application.
Proposed by	W. Miller
Seconded by	R. Haden
Action	Passed, 0 abstentions, 0 objections

- The committee screened one applicant.

Motion	To approve R. Rubino’s application to be moved to the pool list.
Proposed by	W. Miller
Seconded by	D. Cooper
Action	Passed, 1 abstention, 0 objections

- In April, the committee began discussing strategies on how to classify applicants from the pool list who have been unresponsive to inquiries on whether they are still

interested in the planning council. Once deemed inactive, applicants can become active again by responding to the letter from the support office or by attending committee and/or planning council meetings.

Motion	To place pool list members who have failed to respond to support office inquiries or have not had contact with the planning council or a committee within the last 12 months into an inactive status.
Proposed by	W. Miller
Seconded by	D. Cooper
Action	Passed, 0 abstentions, 1 objection

- The committee also addressed non-planning council committee members and planning council members who sit on non-primary committees who have poor attendance in their respective committees. Once removed from the committee, individuals would need to go through the established committee application process in order to rejoin the committee.

Motion	To remove members who have missed one third of a committee's meetings within a year from joining that committee with the option to reapply at a later time.
Proposed by	W. Miller
Seconded by	R. Haden
Action	Passed, 0 abstentions, 0 objections

People Living with HIV/AIDS Committee:

The committee co-chair reported:

- The committee decided upon its position paper topics for this year.
- The committee completed its review of medical nutrition therapy service delivery and sent a memo with recommendations to the Continuum of Care Committee.

Services to Surrounding Counties Committee:

The committee co-chair reported:

- The committee approved its report to the Continuum of Care Committee on service delivery of medical nutrition therapy in the surrounding counties.
- The committee began analyzing the delivery of psychosocial support services and also began forming recommendations to be sent to the Continuum of Care Committee.
- The committee met with the Evaluation Committee for joint reprogramming to receive the six-month MAI ESD report for the services to surrounding counties service categories. No recommendations for reprogramming STSC MAI were made.

Planning Council Support Office Report

InterGroup Services, Inc. (IGS) reported:

- Notices, agendas, materials and meeting minutes were prepared for the planning council and eight committee meetings.
- The support office has scheduled the FY 2009 priority setting data presentations for July 15, 2008 from 6:30 p.m. to 9:30 p.m.
- The support office has scheduled the FY 2009 priority setting training sessions for July 8, 2008 and July 10, 2008 from 5:30 p.m. to 7:30 p.m.
- The support office has begun drafting chapters for the comprehensive plan.
- Technical assistance was provided to all committees who met and their co-chairs.
- Representatives attended several collaborative activities throughout the month. .

New Business

The planning council chair introduced and discussed some of the changes in the bylaws.

- The bylaws were revised to reference the latest Ryan White Treatment Modernization Act.⁶
- Updates were made for committees that no longer exist, or that were merged with other committees.
- Paragraphs were renumbered to correspond with the aforementioned revisions.
- Clarity is given on conflicts of interest: both for proxies and for financial conflict.
- The addenda that was ratified was never embedded into the bylaws document.
- The proposed changes are highlighted in the body text of the bylaws and the language being replaced is in the boxes on the sides of the pages.
- The planning council will have 30 days to review the revisions to the bylaws. Comments should be sent to the support office by June 2nd.

M. Celentano from the Maryland Citizen's Health Initiative (MCHI) made a presentation to the planning council:

- There are 800,000 Marylanders uninsured and another 700,000 underinsured.
- In 2007, Maryland spent \$2 billion on uninsured persons versus the \$700 million it could have spent to provide health care for everyone in the state.
- MCHI also helped to raise the eligibility limit for Medicaid to 116% of the federal poverty limit.
- The resulting Medicaid change will bring comprehensive health care to over 100,000 Marylanders.
- MCHI helped to pass the Kids First Act, which allows the Comptroller to notify families whose children, based on information from family tax records, may qualify for health care programs.
- The Gay Family Foundation is now called the Taylor-Wilkes group.
- There will be an African American Men's health conference on June 21.
- Johns Hopkins will hold a training: Building Provider Relationships: Management of the Multiply Diagnosed Homeless Client on June 12.

⁶ The previous bylaws reference the now defunct Ryan White CARE Act.

Meeting adjourned at 8:22 p.m.

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.

Lennwood Green

June 17, 2008

Lennwood Green

June 17, 2008