Austin Area Comprehensive HIV Planning Council Business Committee Meeting Minutes July 26, 2016

Charge: Ensures the orderly and integrated and progression of work of the committees of the Ryan White Planning Council. Plans future activities.

MEMBERS PRESENT

Dr. Victor Martinez Aubrey Bragila Jessica Pierce Glenn Crawford L.J Smith Justin Smith

MEMBERS ABSENT

Charlotte Simms Mark Erwin Nicole Evans

AACHPC STAFF PRESENT

Crystal Flores, Program Manager

ADMINISTRATIVE AGENT STAFF PRESENT

Gregg Bolds Manager HIV Resources Administration Unit
Brenda Mendiola Quality Management HIV Resources Administration Unit

OTHERS PRESENT

Jason Freshly

I. Call to Order: AACHPC Chair, Dr. Victor Martinez called the meeting to order at 6:26pm.

II. Certification of Quorum:

Quorum was established and certified by AACHPC Chair, Dr. Victor Martinez.

III. Introductions/Announcements: none

IV. <u>Approval of May 24th, 2016 Minutes:</u> AACHPC Chair, Dr. Martinez motioned the minutes to be approved as submitted

V. Review of the Administrative Agent Report

<u>Part A:</u> Gregg Bolds, Administrative Agent Manager, informed the committee about the latest correspondence received from HRSA.

- Compiling final outputs and outcomes data for FY 2015 Annual Report to HRSA due: July 30, 2016.
- Planning for two trainings: cultural sensitivity training focused on LGBT issues, and advanced case management service plan development and review.
- Client Satisfaction Survey data entry will be completed and reports prepared by Department's HIV/STD epidemiology specialist, rather than the public health intern as previously planned. Data entry will resume within next week.

II: Clinical Quality Management Activities:

Brenda Mendiola, Quality Management Coordinator, reviewed and discussed with the committee:

- Eleven revised Standards of Care have been completed and are now available on the Austin HIV website.
- **2016 Texas HIV/STD Conference** The Texas Department of State Health Services will host the 2016 Texas HIV/STD Conference on October 4-6, 2016 at Renaissance Hotel in Austin, Texas
- Upcoming National Ryan White Conference on HIV Care and Treatment Division of Metropolitan HIV/AIDS Programs (DMHAP) Ryan White HIV/AIDS Program August 23, 2016

See Attachment: 1

Review of the Administrative Agent Report Part B

Jessica Pierce discussed both expenditure reports for part B

I. Part B Grants Administration/Management Update

Part A/B Collaboration

II. Part B Expenditure Summary Update

The FY16 Part B expenditure summary is shown in Table 1 below. Twenty-five (25%) percent of the year has expired; however, twenty (20%) percent of funds have been through June 2016.

- Health Insurance: Utilizing supplemental funds/other funding source
- Oral Health: Utilizing supplemental funds
- EFA: Utilizing other funding source
- Transportation: Invoices are reviewed on quarterly basis, not monthly
- Food Bank: Utilizing other funding source
- No complaints have been received.

See Attachment: 2

VI. Service Category Rankings: The Planning Council voted to except the current Priority Setting Resource Ranking Tool for the upcoming Allocations cycle. This tool helps the committee make decisions whenever there is need for money or extra funds based on relative priorities. A motion from committee was made to approve this tool

Voted: 6 to 0 Motion Carried

See Attachment: 3

VII. Membership Recommendation: The Council voted to add new member Jason Freshly to the Austin Area Comprehensive HIV Planning Council. Voted: 6 to 0 Motion Carried

VIII. Committee Reports:

Executive Committee:

The Executive committee reviewed and discussed:

- o Potential Member Interviews
- o The Assessment of Administrative Mechanism Report
- o Upcoming officer elections
- o Low Membership
- o (2) Committee Chair openings

Comprehensive Planning Committee Chair (vacancy) AAHIVPC Secretary

Comprehensive Planning Committee:

The Committee Chair, Justin Irving discussed the continuing process on the Comprehensive Plan of eliminating duplication, and trying to make it clear why and how we are making one action meet multiple measures. Insuring the format and language is both attainable and ambiguous. The 1ST and Sections were reviewed and edited.

➤ <u>Allocations Committee:</u> The Allocations committee met and reviewed and discussed the current PSRA tool voted on today.

IX. <u>HIV Planning Council Staff Report</u>: Program Manager, Crystal Flores Reviewed, discussed and provided updates on:

- Upcoming Officer Nominations information and nomination process
- LGBTQ Task force updates
- Upcoming PRIDE Parade volunteers from AACHIVPC
- Community Recognition Awards

X. Meeting Adjourned at 7:02pm

Administrative Agency Report Submitted to the Austin Area Comprehensive HIV Planning Council July 26, 2016

I. PART A & MAI GRANTS ADMINISTRATION/ MANAGEMENT UPDATE

A. National Ryan White Conference on HIV Care and Treatment

The first part of the meeting on August 23rd from 8:00 a.m. – 2:30 p.m. will be devoted to Part-specific issues where we gather together to present and discuss current and critical issues for the Part A program. Attached is the draft agenda.

B. Ryan White FY15 Part A Overall Expenditure Summary (March 2016 to February 2017)

The FY17 Part A overall expenditure estimates are shown below. Thirty three percent (33.3%) of the year has expired and approximately forty three percent (43%) of funds have been billed through <u>June of 2016</u>. Table 1 below shows the overall expenditure summary. Monthly <u>service category</u> expenditures are provided to the Allocation Committee.

CATEGORY	*Budgeted Amount	Expended Amount	Percent Expended	
DIRECT SERVICES	\$2,160,133	\$925,415	43%	
ADMINISTRATION (Including Planning Council Support)	\$253,951	\$ 131,402	52%	
Quality Management	125,426	\$ 45502	36%	
TOTAL	\$2,539,510	\$ 1,102,319	43%	

^{*}Partial Funding

II. CLINICAL QUALITY MANAGEMENT ACTIVITIES

- Continuing to provide input for Planning Council's Integrated HIV Prevention and Care Plan development process.
- Compiling final outputs and outcomes data for FY 2015 Annual Report to HRSA due July 30.
- Eleven revised Standards of Care have been completed and are available on the Austin HIV website. Two additional Standards are being reviewed by service providers and will go to Comprehensive Planning Committee after completing

- work on Comprehensive Plan. LPAP and Emergency Financial Assistance (EFA) are scheduled to be finalized by DSHS in September.
- Review of current catalog of service category outcome measures, revising as needed to align with lists of HRSA/HAB allowable outcome measures for service categories and eliminating measures that are no longer useful or appropriate.
- Client Satisfaction Survey data entry will be completed and reports prepared by the Department's HIV/STD epidemiology specialist, rather than the public health intern as previously planned. Data entry will resume within the next week.
- Planning for two trainings: cultural sensitivity training focused on LGBT issues, and advanced case management service plan development and review.
- A subcommittee has been formed to address client eligibility screening and verification, including assessment and access to ACA Marketplace Insurance. Meetings were held on June 2nd and June 30th, with next meeting scheduled for August 5th.

III. CLIENT COMPLAINTS

None

IV. HRSA/HAB/DSHS NEWS AND EVENTS

- 2016 Texas HIV/STD Conference The Texas Department of State Health Services will host the 2016 Texas HIV/STD Conference on October 4-6, 2016 at the Renaissance Hotel in Austin, Texas
- Basics of Health Coverage Enrollment for RWHAP Clients: August 10 (Technical Assistance)

This webinar, Basics of Health Coverage Enrollment for Ryan White HIV/AIDS Program Clients, will take place *August 10, 3:00 pm ET*. Participants will learn how to answer clients' basic questions about enrolling in health coverage and staying covered. This introductory webinar is intended for program and health department staff, including case managers, that are new to the HRSA Affordable Care Enrollment (ACE) TA Center. The webinar will also focus on the unique health coverage needs and concerns of people living with HIV and highlight ACE TA Center tools that can help engage, enroll, and retain clients in health coverage.

Webinar, Mobile Health Technologies for a Tech-savvy Generation,
 August 2, 1:00 – 2:30 pm ET

NASTAD Report Focuses on Coverage of HIV Medications by Marketplace Plans
The National Alliance of State and Territorial AIDS Directors (NASTAD) has published a
report on the treatment of HIV medications by Affordable Care Act insurance plans available
on the Federally-facilitated marketplaces. This report, *Discriminatory Design: HIV Treatment*in the Marketplace, reveals deficiencies in marketplace plans' coverage and pricing of HIV
medications. 3

DISCRIMINATORY DESIGN: HIV TREATMENT IN THE MARKETPLACE By Sean Dickson July 18, 2016

Today, NASTAD (National Alliance of State and Territorial AIDS Directors) published a groundbreaking report on the treatment of HIV medications by Affordable Care Act insurance plans available on the Federally-facilitated marketplaces. This report — Discriminatory Design: HIV Treatment in the Marketplace — reveals pervasive deficiencies in marketplace plans' coverage and pricing of HIV medications. States and CMS are currently reviewing plan designs for 2017, and this report will help guide their review to reduce discriminatory plan design for persons living with HIV. The report highlights the direct relationship between drug prices and insurer restrictions, underscoring the need for comprehensive drug pricing reform in addition to monitoring and enforcement of non-discrimination protections.

Key findings include:

- > 20% of plans only cover one single-tablet regimen, Atripla, the oldest and least-recommended regimen
- One-third of plans place all covered single-tablet regimens on the specialty tier
- Over 45% of Bronze plans subject all covered single-tablet regimens to co-insurance
- ➤ 15% of plans do not cover any HIV drugs introduced since 2013
- > 34% of plans place Truvada, which can prevent HIV infection as Pre-Exposure Prophylaxis (PrEP), on the specialty tier
- > 29% of plans require patients to "fail-first" on another HIV drug before taking Stribild, a leading single-tablet regimen
- > Cost-Sharing Reduction plans, intended to help low-income individuals access affordable insurance, have the same high levels of co-insurance as Silver plans
- > Increases in drug list prices lead to increased frequency of co-insurance at statistically significant levels

Austin Area Comprehensive Planning Council Ryan White Part B Administrative Agency Report

Submitted by Jessica Pierce July 26, 2016

I. Part B Grants Administration/Management Update

• Part A/B Collaboration

II. Part B Expenditure Summary Update

The FY16 Part B expenditure summary is shown in Table 1 below. Twenty-five (25%) percent of the year has expired; however, twenty (20%) percent of funds have been through June 2016.

Table 1: Ryan White FY 16 Part B Billing Summary June 2016

CATEGORY	Budgeted Amount	Expended Amount	Percent Expended		
Service Delivery	\$3,567,939	\$ 705,244.61	19.77%		

III. Ryan White Part B Expenditure Summary Update (Austin Agencies Only)

ce Category	Allocation	Expended	UDC	uos	
h Insurance	\$66,271 (0%)	\$39.29	1	2	
h Insurance Supplemental	\$71,166 (22%)	\$15,757.19	9	15	
l ealth	\$106,625 (0%)	\$0	0	0	
lealth Supplemental	\$46,946 (80%)	\$37,686.28	142	178	
2	\$737,228 (17%)	\$123,750.96	319	660	
	\$2400 (12%)	\$284.11	0	0	
	\$99,313 (22%)	\$21,846.09	337	1087	
portation	\$6600 (0%)	\$0	6	6	
al Health	\$70,000 (25%)	\$17371.83	3	23	

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	Instructions:	Scoring	•							
3			Points = Very high valu							
4	Review decision criteria and their definitions		Points = High value (Ar							
5	2. For each of the options, select the score for each criteria		Points = Medium value							
6	in the drop down box		Points = Low value (An)			
7		0	Points = No value (only	to be used to	the Core Servic	es column)				
8			Criteria Fac	ctors (see	definitions	below)				S
9	Service Category	Payer of Last Resort	Access to Care and/or Maintenance in Care	Consumer Priority	Specific Gaps/ Emerging Needs	Core Services	EIIHA			
10	Service Category	10%	30%	20%	20%	5%	15%	Total Score	Total Percentage	<u>Cl</u>
	Outpatient Ambulatory Medical Care	5	8	8	5	8	8	7.10	88.75%	
	Adherence)	8	8	5	5	8	8	6.80	85.00%	
	Substance Abuse Services - Outpatient	5	8	5	5	8	8	6.50	81.25%	
	Case Management (Non-Medical)	8	8	8	8	0	0	6.40	80.00%	
15	AIDS Pharmaceutical Assistance - Local	8	8	8	5	8	0	6.20	77.50%	
	Health Insurance Premium and Cost Sharing Assistance	8	5	8	8	8	0	5.90	73.75%	
17	Substance Abuse Services - Residential	3	8	5	5	0	8	5.90	73.75%	
	Housing Services	8	8	8	5	0	0	5.80	72.50%	
19	Food Bank / Home Delivered Meals	3	8	8	5	0	0	5.30	66.25%	
20	Medical Transportation Services	5	8	5	5	0	0	4.90	61.25%	
21	Emergency Financial Assistance	3	8	8	3	0	0	4.90	61.25%	
22	Home and Community Based Health Services	3	8	3	5	8	0	4.70	58.75%	
	Oral Health Care	5	5	8	3	8	0	4.60	57.50%	
24	Early Intervention Services	3	5	3	3	8	8	4.60	57.50%	
25	Outreach Services	3	5	3	3	0	8	4.20	52.50%	
	ADAP	1	5	8	3	8	0	4.20	52.50%	\vdash
	Mental Health Services	5	5	5	3	8	0	4.00	50.00%	
	Medical Nutrition Therapy	5	5	3	5	8	0	4.00	50.00%	
	Psychosocial Support Services	3	3	5	5	0	0	3.20	40.00%	
	Hospice Services	3	3	3	3	8	0	2.80	35.00%	
	Legal Services	3	3	3	3	0	0	2.40	30.00%	
	Linguistic Services	3	8	3	3	0	0	3.90	48.75%	\vdash
	Health Education Risk Reduction	1	3	3	3	0	0	2.20	27.50%	\vdash
	Child Care Services	8	3	5	3	0	ő	3.30	41.25%	\vdash
	Home Health Care	1	5	3	3	8	0	3.20	40.00%	
	Referral for Health Care/Support Services	1	5	3	3	0	0	2.80	35.00%	
	Rehabilitation Services	3	3	3	5	0	0	2.80	35.00%	\vdash
	Respite Care	5	3	3	3	0	0	2.60	32.50%	\vdash
39	Treatment Adherence Counseling (Non-Medical Personnel)	1	1	3	1	0	8	2.40	30.00%	
40										
41										
266										
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