

# ***MEETING MINUTES***

## ***Planning Council***

Portland Area HIV Services Planning Council

**November 3, 2015  
4:00 p.m. – 7:30 p.m.  
McCoy Building  
426 SW Stark St  
Conference Room 10A**

<b>Members Present:</b>	Jay Anderson, Matt Birkeland, Emily Borke, Katy Byrtus (Membership Co-chair/Operations), Tom Cherry (Council Co-chair/Operations), Carlos Dory (Evaluations Chair/Operations), Greg Fowler, Alison Frye (Council Co-chair/Operations), Toni Kempner, Julia Lager-Mesulam (Operations), Heather Leffler, Jonathan Livingston (Operations), Toni Masters, Sara McCrimmon, Jeremiah Megowan (Operations), Guy Michelson, Scott Moore, Jace Richard (Membership Co-chair/Operations), Michael Thurman, Sarah Wetherson
<b>Members Absent:</b>	Andrew Gadbois, Shaun Irelan, Nicole Judd-Bekken, Oscar Rincones
<b>Staff Present:</b>	Margy Robinson (Council Administrator), Amanda Hurley, Jenna Kivanc, Terry Bonnett
<b>Others Present:</b>	Robbie Noche, Maricela Berumen
<b>Recorder:</b>	Terry Bonnett
Final Co-Chair Approval	
<b>Tom Cherry, Planning Council Co-Chair called the meeting to order at 4:00 p.m.</b>	
<b>Item:</b>	<b>Candle Lighting Ceremony</b>
<b>Presenter(s):</b>	Scott Moore
<b>Summary:</b>	Scott led the lighting of the ceremonial candle in memory of his cousin.
<b>Item:</b>	<b>Welcome/Introductions</b>
<b>Presenter(s):</b>	Tom Cherry
<b>Summary:</b>	Tom welcomed everyone to the meeting and introductions were made with Council members declaring any conflict of interest.
<b>Item:</b>	<b>Agenda Review</b>
<b>Presenter(s):</b>	Tom Cherry
<b>Summary:</b>	The agenda was reviewed and accepted as presented.
<b>Item:</b>	<b>Minutes Approval</b>
<b>Presenter(s):</b>	Tom Cherry
<b>Summary:</b>	The minutes from the September 1, 2015 Planning Council meeting were accepted as presented by unanimous consent.

<b>Item:</b>	<b>55+ Population</b>
<b>Presenter(s):</b>	Jenna Kivanc
<b>Summary:</b>	Jenna presented data on 55+ Population of Individuals Living with HIV/AIDS, looking at overall TGA Epi data, Part A clients and Part A Services data. Approximately 1 in 4 cases (27%) in the TGA are individuals 55 and over. 47% of cases 55-64 are part A clients and 34% of cases 65+ are part A clients. The “typical” Part A 55+ client is more likely to be a white male who has public health insurance, who has stable housing, and more likely lives in Clark County; is more likely to be living with AIDS, be virally suppressed and be engaged in medical care. Clients in the 55+ age group are more likely to use dental services and less likely to receive MCM, Medical, Housing services and EIS.

<b>Item:</b>	<b>Evaluation of the Administrative Mechanism</b>
<b>Presenter(s):</b>	Carlos Dory, Toni Kempner

<b>Summary:</b>	Carlos presented on the Evaluation of the Administrative Mechanism, reporting that HIV Care Services exceeds expectations, effectively met the Planning Council's direction in fund allocations, use of program scorecards and a variety of presentations, and timely response for data requested for decision making. Recommendations for 2015-16 include sharing QI efforts with contractors regarding contracts improvement, incorporate analysis and results of contractors' survey into PC evaluation process, and provide an update on CAREWare data and its impact on retention in care.
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<b>Item:</b>	<b>6-Month Utilization data</b>
<b>Presenter(s):</b>	Amanda Hurley
<b>Summary:</b>	Amanda explained how to read the scorecard. The performance period is March 1, 2015 – August 31, 2015 (the first six months of the grant year). Amanda reviewed each scorecard, pointing out the highlights.

<b>Item:</b>	<b>HRSA Site Visit</b>
<b>Presenter(s):</b>	Margy Robinson
<b>Summary:</b>	The HRSA site visit team, our Project Officer and 3 consultants, were here last week and met with Council members for lunch and another group of consumers for lunch. They also went out to three sub-recipients – the HIV Clinic, Partnership Project, and CAP. At each place they did different things. They looked at charts, looked at eligibility documentation, at how we as the grantee conducted our site visits and various other documents. They were extremely impressed with both the provider community and the Planning Council. They will provide a written site visit report in 30 days. There were also findings, including looking at documentation for eligibility and that we will be required to complete annual on-site compliance reviews. Any of the findings they made were ones they felt we could easily address.

<b>Item:</b>	<b>Reallocations</b>
<b>Presenter(s):</b>	Amanda Hurley
<b>Summary:</b>	<p>Amanda brought forth two items for the Council's approval. The first was carry-over funding, which is funding that is not spent during the grant year and can be requested as carry-over for the next year. From FY 14-15, there was \$128,591 in carry-over requested. This amount included not only service dollars but also included unspent funds from Administration of the grant and Quality Management and is carried over as service dollars. An allocation plan for the carry-over funds was approved on 6/2/15 and updated 7/30/15 when the final amount was known. In Medical Case Management, there were funds to cover Application Assistants but there is no longer a need for Ryan White to cover Application Assistants and the Trauma Informed Care Training was provided by Multnomah County and the cost was less than expected. A new proposal was presented as follows: \$17,500 to Medical Care, \$36,091 to Dental Care, \$50,000 to Medical Case Management, \$10,000 to Housing, \$10,000 to Psychosocial Support, and \$5,000 to Home Delivered Meals. This would accommodate the funding need and the funds would be able to be spent by the end of the grant year.</p> <p>The second item brought forth for the Council's approval is the reallocation of funds that may be unspent by year's end. Historically, we have moved any unspent funds into Dental Health where they can be spent by the end of the grant year. This year the request is to distribute unspent funds between Dental Services and Ambulatory Care. <b>The updated proposal for carry-over funds distribution was approved unanimously. The Council also approved the reallocation of unspent funds into Dental Services and Ambulatory Care by unanimous consensus.</b></p>

<b>Item:</b>	<b>Contingency Planning</b>
<b>Presenter(s):</b>	Alison Frye

<b>Summary:</b>	Alison reminded the Council that at the last meeting the discussion was around concepts to carry into the contingency planning process and didn't work with actual numbers or have specific proposals. The assignment was for Care Services, based on the discussion from the last meeting, to come up with specific proposals for an increase but less than what was asked for, flat funding, or if we receive a decrease. The Council broke into small groups to discuss the proposed funding scenarios. <b>In reporting back to the full group, each group chose Proposal #2 with Flat Funding scenario B, and in the Decrease scenario holds harmless Food, Mental Health and Medical Care.</b>
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<b>Item:</b>	<b>Open Enrollment Information</b>
<b>Presenter(s):</b>	Jonathan Livingston
<b>Summary:</b>	Jonathan provided an overview of open enrollment which started November 1 and runs through January 31. CAREAssist has again established assister contracts with Partnership Project, Part C Clinic, EOCIL in Eastern Oregon, and HIV Alliance in Eugene. CAP declined the contract this year but received funding directly from OHA for enrollment of general LGBTQ population. Many clients have lost tax credits when applying through the Marketplace for failure to provide proof of eligibility within 90 days. Populations that are being considered are the undocumented and those with unstable residency status. They will be going through an insurance agent for enrollment. They may have the option to auto enroll. Clients who are ineligible for public insurance and clients who are ineligible for coverage through an employer will be going through the Marketplace. There are approximately 255 clients in the TGA who need to apply through the Marketplace and as long as they apply by December 15, there won't be a break in coverage. It will be easier for enrollment this year especially if they stay on the same qualified health plan as last year. Approximately 67 undocumented clients will go directly through agents. For the OHP population, the state has suspended renewals during open enrollment so they won't have to be tracked and since they have suspended renewals, they are not closing benefits for failure to renew. There will still be some OHP enrollments for those who need to report changes through the year. There are approximately 88 clients who are over income for OHP and will need to be directed to the Marketplace. There is an unknown number who became eligible for work coverage but didn't report that eligibility and will need to change from a qualified health plan to an employer covered plan. There was an average 7% premium increase though we have some of the lowest premiums in the country. Margy asked about coverage for acupuncture, chiropractic or physical therapy. Jonathan agreed to research and send details to Margy or Terry for distribution. Julia reported on a few coverage plans that do offer acupuncture and chiropractic care.

**The meeting was adjourned at 6:35 p.m. with completion of meeting evaluation forms.**