HIV HEALTH SERVICES PLANNING COUNCIL Executive Committee

Meeting Minutes

January 14, 2020, 3 p.m. to 5 p.m.

Meeting Location:

Sacramento County Health Center 4600 Broadway, Community Room 2020 Sacramento, CA 95823

Facilitator: Kristina Kendricks-Clark – Chair

Scribe: Paula Gammell, Staff

Council Member Attendees:

Kristina Kendricks-Clark – Council Chair, Chelle Gossett - Fiscal Agent, Gail Brosnan – Prevention Committee Chair, Richard Benavidez – ACC and Council Vice Chair, and Susan Farrington – PAC/AdAC Chair

Via Teleconference: N/A

Members Excused: Mahara Leong – QAC/NAC Chair, and Michael Ungeheuer – Governance Chair

Members Absent: N/A

Guests: None

Topic	Minutes
Welcome, Introductions and Announcements	Welcome and Introductions began at 3:05 p.m. Richard Benavidez advised that the California Planning Group (CPG) is seeking new members and he is going to apply. Susan Farrington stated that she is willing to relinquish her seat on the CPG as the TGA's representative if the Council would like to appoint someone new to represent them.
Agenda Review*	A copy of the Agenda was presented. Richard Benavidez motioned to approve the Agenda with a second by Gail Brosnan. Discussion noted a change to the Agenda to include an update on the State Office of AIDS' Budget by the Fiscal Agent. Richard Benavidez amended the motion to approve the Agenda with the change noted. Gail Brosnan seconded the amended motion which was unanimously approved.
November 2019 Minutes Review*	Minutes of November 2019: Richard Benavidez noted an error on page of 4 under the NAC update:did not meet as <i>it</i> meets Motion to approve the Minutes with the correction noted was made by Gail Brosnan with a second by Susan Farrington and was unanimously approved.
Fiscal Agent: FY19 November 2019 Fiscal Agent Report*	A copy of the FY19 November Fiscal Agent Report was reviewed by the Committee. The Fiscal Agent advised that the June Medical Nutritional Therapy invoice was still outstanding. Richard Benavidez motioned to approve the FY19 November Fiscal Agent Report as presented with a second by Kristina Kendricks-Clark and unanimously approved.
RFP Update SOA Ending the HIV Epidemic Plan*	The Fiscal Agent advised that the Request for Proposal (RFP) awards have been announced.
	Susan Farrington motioned to approve the Ending the HIV Epidemic Plan

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FY19 Estimate Unobligated Balance Request	as presented which was seconded by Kristina Kendricks-Clark and was unanimously approved. It was noted that this was a "pie in the sky" request as there was no limit to the request.
SOA Budget Revision Request*	A copy of the Fy19 Estimate Unobligated Balance Request was presented for informational purposes as this is only an estimate and not the true request.
	The State Office of AIDS (SOA) contact the Fiscal Agent in regard to a contracting oversight/error. The SOA contracted with the County of Sacramento for Part B Supplemental for outpatient substance abuse services when the State Office of AIDS was not awarded funding for those services from HRSA. The County has agreed to a contract amendment to transfer the outpatient substance abuse services/invoices to psychosocial support services. The SOA has agreed to update ARIES service detail. The County will need to add the Psycho-social Support Services category to the list of TGA funded services and transfer the services/invoices internally. Gail Brosnan motioned to approve the contract revision as stated. The motion was seconded by Susan Farrington and unanimously approved.
Committee Updates: FY19 1 st and 2 nd Quarter AdAC Findings	Administrative Assessment Committee (AdAC): Susan Farrington advised that AdAC conducted the FY19 1 st and 2 nd Quarter Assessment and the findings were presented for informational purposes.
	Affected Communities Committee (ACC): Richard Benavidez advised that ACC met and finalized the Positive Advocate. Additionally, Reflectiveness is presently at 10.5%, however there are two non-aligned consumers pending appointment by the Public Health Advisory Board. If appointment, the Council will still need an additional five non-aligned

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	consumers to meet the mandated 33% reflectiveness requirement.
	Governance: The following Service Standards are presently under review by Governance. SSC03 Dental Services, SS05 Eligibility, SS06 Substance Abuse – Outpatient, SSC11 Medical Transportation, SSC12 Food Bank/Home Delivered Meals, SSC14 Mental Health, and SSC23 Substance Abuse – Residential.
	The Executive Committee reviewed the documents and made changes pending further input from the Governance Committee at the January 2020 Council Meeting.
SSC03 Dental Services*	SSC03 Dental Services: The service name Dental Services was updated to Oral Health Services to reflect the HRSA service name/definition. Motion to approve SSC03 was made by Richard Benavidez with one correction. On page 2, item B.10,provision of <u>at least</u> one The motion was seconded by Gail Brosnan and unanimously approved.
SSC05 Eligibility*	SSC05 Eligibility: Motion to approve SSC05 as presented was made by Gail Brosnan with a second by Richard Benavidez. Discussion noted a change in wording on Page 7, Item E.2.iii. The sentence will be changed from: 10% annual cap for patients with incomes greater than 300% of FPL to 10 annual cap for patients with incomes between 300% and 500% of FPL. Kristina Kendricks-Clark amended the motion as stated which was seconded by Susan Farrington and unanimously approved.
SSC06 Substance Abuse – Outpatient*	SSC06 Substance Abuse – Outpatient: Council Staff advised that the original SSC06 was for Substance Abuse Services, both Residential and

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	Outpatient. In an effort to clearly differentiate the differences between the two services and incorporate the SOA Part B Standards of Care, SSC06 was renamed Substance Abuse – Outpatient and a new service standard for Substance Abuse – Residential was created.
	Motion to approve SSC06, Substance Abuse – Outpatient as presented was made by Susan Farrington with a second by Richard Benavidez. Discussion included altering the text format on several key words for emphasis purposes.
	 Page 3: in regard to Acupuncture therapy, first paragraph, first sentence:this services category ONLY when it is Page 3: in regard to Syringe access services, second paragraph, second sentence: Syringes MAY NOT be purchased Page 4: in regard to Other Professional and non-professional staff, first paragraph, first sentence: (waivered) staff may provide services care team under the supervision of a licensed Page 6, in regard to Harm Reduction Model, second sentence: HCP clients and cannot include purchase of syringes. Page 6, in regard to Acupuncture: first sentence:provider per a written referral from the client's primary care provider.
	Susan Farrington amended the motion to approve SSC06 with the changes noted above. The motion was seconded by Gail Brosnan and unanimously approved.

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SSC11 Medical Transportation*	SSC11 Medical Transportation: Susan Farrington motioned to approve the Medical Transportation service standard as presented. The motion was seconded by Kristina Kendricks-Clark. Discussion included updating the service standard with two changes on page 5. At the top of page 5, under the Item F; Unallowable costs, the third bullet, add a sixth subbullet, Motor vehicle violations. Also on page 5, under \$. Fiscal Management, delete the last sentence under the third bullet referencing ARIES updates as individual providers do not access ARIES in the Sacramento TGA.
	Susan Farrington amended the motion to approve SSC06 with the changes noted above. The motion was seconded by Kristina Kendricks-Clark and unanimously approved.
SSC12 Food Bank/Home Delivered Meals*	SSC12 Food and Nutrition Services: Council Staff advised that the name of the service standard was updated to Food Bank/Home Delivered Meals to reflect the HRSA service name/definition.
	Kristina Kendricks-Clark motioned to approve the Food Bank/Home Delivered Meals service standard as presented. The motion was seconded by Richard Benavidez and was unanimously approved.
SSC14 Mental Health*	SSC14 Mental Health: Motion to approve the Mental Health Service Standard as presented was made by Kristina Kendricks-Clark with a second by Richard Benavidez. Discussion resulted in the removal of Item D on page 4. Formatting will be corrected upon final approval. Additional discussion noted moving Item. 3.F. on page 6 to page 1 for emphasis. Further discussion noted that services for Affected clients are not

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	permitted as per language in Policy Clarification Notice 16-02, Revised 10/22/18, Page 3, Eligible Individuals. The language reads: Eligible Individuals: The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility. Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below: a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

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	b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.
	c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.
	d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.
	Motion to table SSC14 Mental Health for further clarification was made by Kristina Kendricks-Clark with a second by Richard Benavidez and was unanimously approved.
SSC23 Substance Abuse – Residential*	SSC23 Substance Abuse – Residential: Council Staff advised that Residential Substance Abuse services were originally covered under SSC06. In an effort to clearly differentiate the differences between the two services and incorporate the SOA Part B Standards of Care, SSC06 was renamed Substance Abuse – Outpatient and a new service standard for Substance Abuse – Residential, SSC23, was created.

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	Motion to approve SSC23 Substance Abuse Residential was made by Gail Brosnan with a second by Susan Farrington. Discussion noted the following:
	 Page 2, Item C. ii: Deleting the "(pending funding)" as it is unnecessary. All services are pending funding. Page 6, in regard to Harm Reduction Model, second sentence:HCP clients and cannot include purchase of syringes. Page 6, in regard to Acupuncture: first sentence:provider per a written referral from the client's primary care provider.
	Gail Brosnan amended her motion to approve SSC23 with the changes stated above. The amended motion was seconded by Susan Farrington and unanimously approved.
	Priorities and Allocations Committee (PAC): Susan Farrington advised that PAC did not meet as there was no pressing business to conduct. The Committee will meet in February to complete its annual Committee Self-Assessment and create the FY20 Work Plan.
	Prevention Committee: Gail Brosnan advised that Prevention did not meet. The Committee will meet in February to complete its annual Committee Self-Assessment and create the FY20 Work Plan.
	Quality Advisory Committee (QAC): Council Staff advised did not meet due to quorum issues. The Committee will meet next month to continue reviewing service standards.

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FY19/20 Needs Assessment Survey*	Needs Assessment Committee (NAC): Council Staff advised that NAC met in December and updated the FY19/20 Needs Assessment Survey. Gail Brosnan noted that Question 8 needed re-wording for clarity. The question was re-worded from "How many years since you first tested positive/were diagnosed with HIV" to "How long have you known you were HIV+". Motion to approve the FY19/20 Needs Assessment with Question 8 being reworded was made by Richard Benavidez with a second by Kristina Kendricks-Clark and unanimously approved.
Set January 22, 2020 HHSPC Agenda*	A draft of the January 2020 Planning Council Agenda was presented. Discussion determined three changes to the Agenda. The changes were: • Page 1: Updating the SOA Update from December to January • Page 2: Adding the SOA Budget Revision to the Fiscal Agent report • Page 2: Removing SSC14 Mental Health from the agenda as it was tabled by the Executive Committee
	Motion to approve the agenda with the changes noted was made by Richard Benavidez with a second by Kristina Kendricks-Clark and unanimously approved.
Technical Assistance	Those needing technical assistance can contact Kristina Kendricks-Clark, Chelle Gossett or Paula Gammell.
Public Comments	None
Adjournment	The meeting adjourned at 4:59 p.m. The next meeting will be held on February 13, 2020.