



HIV Health Services Planning Council  
ESSENTIAL HEALTH BENEFITS WORK GROUP  
25 Van Ness, 6<sup>th</sup> Floor Conference Room  
San Francisco, CA  
Wednesday June 18<sup>th</sup> 2014  
3:00-5:00 pm

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**Committee Members Present:** Bill Hirsh [ALRP], Celinda Cantu [DPH HHS], Anne Donnelly [Project Inform], Mary Lawrence Hicks, Hanna Hjord [DPH-PHD], Lee Jewell (Co-Chair), T.J. Lee [SFAF], Rachel Matillano, Matthew Miller, Aja Monet [HPPC], Gabriel Ortega, Ken Pearce, Mark Ryle [POH], Andy Scheer (Co-Chair) [City Clinic], Charles Siron, Mark Ryle [POH], Jolene Wong [PRC]

**Committee Members Absent:** Wade Flores [E], Lance Toma/Kim Gilgenberg-Castillo [A], Stephan Ouellette [AHP], Chip Supanich [E: Proxy- Charles Siron]

**Support Staff Present:** Jennifer Cust, Ali Cone, Mark Molnar

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## *Minutes*

### 1. Introductions

The meeting was called to order at 3:06 by Mark Molnar. Everyone introduced themselves and quorum was established.

### 2. Review/Approve June 18<sup>th</sup> 2014 DRAFT Agenda – VOTE

The June 18<sup>th</sup> 2014 DRAFT Agenda was reviewed, and approved by consensus.

### 3. Review/ Approve May 28<sup>th</sup> 2014 Draft Minutes- VOTE

The May 28<sup>th</sup> 2014 DRAFT Minutes were reviewed, amended and approved by consensus.

### 4. Announcements

- CS Molnar announced the date for The HHSPC Summit as Friday Sept 5<sup>th</sup>. August dates will go back to original schedule.
- Bill Hirsh announced that on Friday, June 20<sup>th</sup>, the Budget Justice Coalition will be having a press conference at 9:00am and a hearing before the Budget Committee at 10:00am.
- Aja Monet announced that on June 27<sup>th</sup>, at 6:30PM Vicki Marlane St. will be unveiled.

### 5. Public Comment

- None

### 6. Service Navigation Update

- Jolene Wong reported back on the EAHP at PRC:
  - Still seeing similar issues.
  - EAHP is going to hold a drop in clinic at POH every 3<sup>rd</sup> Tuesday from 10am to 2pm. Clients can stop by when they go in to pick up food.
  - EAHP is ending the contract year. We're confident, but not sure we'll get funding again. EAHP is not taking new clients that need representation.

### 7. Funding Scenarios- VOTE

- CS Molnar introduced the topic by explaining that the EHB workgroup was tasked to provide recommendations to the full council for funding reallocation in the event of additional funds being made available from shifts in funding from RW. Since there are no numbers yet, the group decided to make broad recommendations.
- CS Molnar introduced an aggregate of prioritizations based on the list people turned in at the last meeting.
- CS Molnar- introduced the “points to consider”.
- **CM Siron moved: In the event of additional funds made available due to shifts in funding from Ryan White to other funding streams, those service categories providing Navigation and/or Benefits Counseling (medical case management, non-medical case management, referral for services, psychosocial support and legal service) will be increased up to an additional 25% of their contract amount. Funds will be used to specifically provide Navigation and/or Benefits Counseling support.**

**Any Additional funding remaining after the above will be split proportionally across all service categories to allow for Cost of Living Adjustments for contract staff. Bill Hirsh Seconds.**

- Co-Chair Jewell noted that the motion is addressing the navigation requirement that was spoken about at the past meetings.
- Bill Hirsh noted that the need seems to be navigation. Suggested instead of putting service categories against each other, that we recognize that there may not be much for extra funding, and should focus on setting what we want to be our essential health benefits for SF.
- CM Lee inquired about the aggregate compared to what clients think is most important. It seems like the needs assessments results differ from what is prioritized by providers.
- CS Molnar- Navigation seems to always be a top concern for clients during the Needs Assessments. Because navigation is not a service category, consumers don't vote on it during prioritization exercise, although they do vote for case management.
- CM Miller inquired if there is anything else that might need a proportionally increased. Also, he inquired if any of the 16 items on the list are going to get any funding through MediCal.
- Co-Chair Jewell- What we are doing here is providing a little bit of direction for the council from what has been coming up during the EHB meetings and during the taskforce.
- Dean Goodwin spoke to what Bill Hirsh said, and suggested the potential of adding to the language to reflect the other goal of the EHB workgroup, which is helping people during the transitional period in health care.
  - Co-Chair Jewell inquired if a language change might be easier to implement the goals.
  - CS Molnar inquired about what the general language might be.
    - Dean Goodwin- suggested something about the goal to help people during the transition from ACA.
  - CS Molnar inquired if a language change would be necessary, if HHS will come back to the Full Council for approval.
    - Dean Goodwin- no.
- CM Hicks noted that the aggregate list of priorities was just to help shape the conversation, not used to make any decisions. Categories such as primary care, involve some services that are covered by other insurance sources, and some that aren't.
  - Andy Scheer- some of the funds will be freed up to go from RN care to physician care. Will that naturally enlarge the capacity of an agency in general?

- CM Hicks- When patients have encounters with RN and physicians, most of these will be covered by ACA, but we often have clients that come in for an RN visit only and that isn't covered. Those things will still need coverage.
- Andy Scheer noted that the maintenance of the system of care is not mentioned, which is something that has been spoken about often.
  - CS Molnar inquired if that would require a language change in the motion, or just something to continue to work on with the EHB workgroup.
  - Any Scheer spoke in favor of adding it to both, the motion and the future work. He also spoke about housing not being mentioned.
- Celinda Cantu noted that the model that insurance provides may not be the model that works best of the client. I like the idea of having a goal or vision statement in the motion. Looking at essential services that is for the optimal care of the client. And to guarantee coverage for the underinsured.
- Hanna Hjord inquired if navigation and/ or benefits counseling would be just during the transition, or on going.
  - CS Molnar- the language is broad enough to include navigation in general.
- CM Pearce spoke to difficulties with the motion, without knowing what money is already on the table for navigation/ benefits counseling and what 25% of that, would look like. He also noted the absence of mental health, as it had been identified as a major issue.
  - CS Molnar noted that mental health is one of the categories that will need to have funds retained. There is some creative ways to have Ryan White Part A. to be billed for some of this.
  - CM Pearce- in the rest of the world, primary care includes mental health. We've separated it out and its separate funding.
- Bill Hirsh addressed the issue of providers and consumers having a different view of priorities. He also spoke to the importance of understanding how categories are backfilled with general fund dollars and how that affects the funding, especially with the 75/25 rule.
  - Dean Goodwin- 75/25 waiver is almost done and will most likely be submitted next week. HHS assumes we are going to get approval.
    - Co-Chair Jewell- How has HHS, through the planning council, allocated prioritized funds and also used general funds in the past?
  - Dean Goodwin- because we've received backfill, we allocate in a way that isn't administratively burdensome and bring that back to the council to show that the dollar amount has remained the same, with the combination of Ryan White and general funds. Usually we use the MOUs for larger dollar contracts, to make less modifications and Ryan White Part A. for smaller dollar items.
- Mark Ryle spoke to creating what the health benefits should be, as a base, not just modifying what we already have and the importance of filling the gaps in service, before prioritizing.
  - Andy Scheer spoke to the importance of looking at previous system of care and what has been lost over the years.
  - Dean Goodwin suggested HHS could do that presentation to the council.
  - CM Pearce- spoke to how the council has dealt with cuts in very positive ways and how it's unrealistic to look to the past for answers on how to deal with current scenarios.

- CM Miller noted that the motion does not have verbiage about the categories that will be retained.
    - CS Molnar explained that the retention of funding for some categories is not something that the council can do.
  - Co-chair Jewell spoke to the fact that Ryan White will likely continue to receive cuts, and there shouldn't be an expectation of a lot of extra funds to help restore the old system of care. The most important priority should be how to help client right now, and the motion speaks to that. He also suggested adding language to include underinsured and uninsured and maybe a statement about the imaged system of care.
    - CS Molnar- would that be additional language in the current motion or a separate motion? Also, might the second part be continued work for this group?
    - Co-Chair Jewell spoke to the importance of a group existing to continue the work.
    - Celinda Cantu spoke to keeping the current motion, and the vision of a model of service, separate and to continue to create an ideal system for everyone the EMA.
  - CM Siron spoke to the importance to creating a motion at the current meeting.
  - Andy Scheer spoke to the term navigation being vague.
    - CS Molnar- It's provided by multiple service categories. The term could include navigating around ACA or just navigating the system of care in general. Benefits means many things, right now, we've talked about it through navigating in changing funding streams. It's not a service category, it's a modality.
  - CM Pearce why don't we roll navigation and benefits counseling into one category, and define it to how we expect it to be.
    - CS Molnar that's why so many service categories were listed. We are looking to DPH to come back and show how they can increase across certain areas. This a broad strokes recommendation. Nothing can move forward until a continued dialogue happens from DPH and council.
  - Dean Goodwin- noted that this motion is only for a one-time adjustment and wouldn't roll over for each year.
  - Dean Goodwin- at the summit we'll look at the budget. We will look at how to best allocate one-time funds. This is part of what our analysis would be.
  - CS Molnar inquired if the motion needs more generalized language.
    - Dean Goodwin- I think the language is fine for HHS to work on what was requested.
  - CM Miller inquired about what a cost of living allocation actually does.
    - Celinda Cantu- COL would only apply to paid salaried staff. It would give a little salary increase. You can't put it in operations.
    - CS Molnar- the idea behind it, so that contracted staff become more parallel to the cost of living in SF.
  - Co-Chair Jewell- We could have this vote with the people that are present, we can have another meeting to craft the statement for the essential health benefits package.
  - CM Pearce suggested waiting to vote, as it is difficult to make a decision without knowing the dollar amount.
    - Co-Chair Jewell because we're dealing within a context where we don't have numbers, making a recommendation is important, because this is what this group was tasked to do.
- **Motion:**
  - **In the event of additional funds made available due to shifts in funding from Ryan White to other funding streams, those service categories providing navigation and/or Benefits Counseling (medical**

case management, non-medical case management, referral for services, psychosocial support and legal service) will be increased up to an additional 25% of their contract amount. Funds will be used to specifically provide Navigation and/or Benefits Counseling support.

Any Additional funding remaining after the above will be split proportionally across all service categories to allow for Cost of Living Adjustments for contract staff.

- VOTE: Motion passes.
  
- CM Pearce inquired about the budget for navigation and benefits counseling, if the plan is to give up to 25%?
  - Celinda Cantu- We do have our Ryan White budget, and we do know what those figures are.

## 8. Next Steps

- Co-Chair Jewell- the 4<sup>th</sup> Wednesday would be July 23<sup>rd</sup>- 3:00-5:00pm. Either 25 Van Ness, 6<sup>th</sup> floor or Aids Foundation.

## 9. Adjournment

The meeting was adjourned at 4:27 by Co-Chair Jewell.

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**Note: Agenda items are subject to change, postponement, or removal. Meeting agendas considered to be in DRAFT form until reviewed and approved by Committee attendees.**

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