HIV Health Services Planning Council

ESSENTIAL HEALTH BENEFITS WORK GROUP

San Francisco AIDS Foundation

1035 Market Street, 3rd Floor Swing Space

San Francisco, CA

Wednesday May 28th 2014

3:00-5:00 pm

Committee Members Present: Brian Brophy [ALRP], Celinda Cantu [DPH HHS], Anne Donnelly [Project Inform], Hanna Hjord [DPH-PDH], Lee Jewell, T.J. Lee [SFAF], Matthew Miller, Aja Monet [HPPC], Stephan Ouellette [AHP], Mark Ryle, Andy Scheer [City Clinic], Charles Siron, Chip Supanich, Mark Ryle [POH], Jolene Wong [PRC]

Committee Members Absent: Wade Flores [A], Mary Lawrence Hicks [A], Rachel Matillano [A], Ken Pearce [A], Lance Toma/Kim Gilgenberg-Castillo [A]

Others Present:

Support Staff Present: Jennifer Cust, Mark Molnar

Draft *Minutes*

1. **Introductions**
   The meeting was called to order at 3:05 by Mark Molnar. Everyone introduced themselves and quorum was established.

2. **Review/Approve May 28th 2014 DRAFT Agenda – VOTE**
   The May 28th 2014 DRAFT Agenda was reviewed, and approved by consensus.

3. **Review/ Approve April 30th 2014 Draft Minutes- VOTE**
   The April 30th 2014 DRAFT Minutes were reviewed, amended and approved by consensus.

4. **Announcements**
   - Hanna Hjord announced that there would be internal workgroups in PDH as part of the sustainability plan for Minority AIDS Initiative Targeted Capacity Expansion Project.
     - Transgender Coordination and Collaboration Workgroup have identified substance abuse and mental health as two key issues to address. Will also be working with providers around cultural competency.
     - Behavior Health Workgroup through HPPC will be coming up with specific recommendations around substance use and behavioral health services. Recommendations will be presented at August meeting.
     - Substance Abuse Workgroup through HPPC is working on finding current trends in substance use treatments. Will make recommendations to DPH.
   - CS Molnar asked the workgroup to fill out prioritization worksheets with their own priorities for potential allocations. Once the sheets for filled out, he will create an aggregate for the next meeting.
   - CS Molnar introduced a document that shows consumer's priorities to help with ranking.
     - Celinda Cantu asked if case management was inclusive of medical case management?
       - CS Molnar noted that these were general categories. Medical case management could also be under primary care, if primary care includes CoEs.

- Mark Ryle asked where the client data came from.
    - CS Molnar- Last needs assessment, last year. These were their priorities.
- Jolene Wong announced an event at PRC, called, "Thriving on June 24th. The event will be an institute and panels related to services available to people who are HIV+.

5. Public Comment

- None

6. Service Navigation Update

The group received an update from the Positive Resource Center.

- Jolene Wong updated the group on the EAHP at PRC.
    - Now that open enrollment is closed, the issues have mostly moved away from enrollments and onto keeping and retaining coverage.
    - Jolene listed the biggest issues:
        - OAHIPP always is an issue, not sending payments.
            - Our office has spoken to OA-HIPP and they seem receptive to problems.
        - Eligibility requirements.
        - Income requirements- these numbers have not changed it they don't take into effect current cost of living, etc.
        - Issues with MediCal office transitioning from old requirements to new ones.
        - Training and outreach for staff.
    - Ann Donnelly noted the steps that have been taken in regard to some of the issues:
        - A formal request for problem solving session has been filed for OA-HIPP. The issues that have been filed include missed payments and 5 or 6 other issues.
        - The assembly has approved a request to raise the income limit for ADAP and OA-HIPP to 500% of the poverty limit, which is the highest amount it can be raised. It goes to budget committee next.
        - There are 900,000 apps that are sitting in limbo through Covered CA. Advise all clients to go to MediCal office instead of Covered CA.
            - Andy Scheer- is there any kind of legal action?
                - Ann Donnelly- There has been some talk about legal action, but nothing formal. The problem is, OA HIPP is a wonderful benefit and shouldn't go away, but the processing has been problematic.
    - Jolene Wong- for individual clients OA HIPP clients who have had payment issues, we've been filing hearing requests with Covered CA to explain that the 3rd party is responsible for payments.
        - Ann Donnelly- I believe ADAP has a grievance process and I think problems should go through that as well, to formally document the issues.

7. Mental Health and Substance Abuse

The group discussed the idea of an essential health benefits plan that targets the needs of San Franciscans

- Ann Donnelly discussed two ways to bring mental health and substance abuse to parity:
    - She described parity of being able to get the same amount and type of services, for the same cost.
    - MediCal: Even though it is coming to parity and there is attempts to coordinate it, they are far from actually having coordinated service delivery due to various delivery entities networks.

- Substance Use Disorder Treatment is delivered through Drug MediCal and it's a complex, outdated system. California is about to submit an 11-15 Medicaid waiver to change the whole system.
- Mental Health is delivered in two different systems. Tier 1, or most severely ill, are treated through County MediCal. Tier 2, or mild to moderately ill, are treated through MediCal Managed Care. Medical Managed Care has the obligation to do an initial alcohol screening and a referral and they also have the obligation to try and coordinate Substance Use Disorder services. However, they don't have any real authority over that or way to coordinate that.
    - Ryan White patients often fall between the cracks.
    - Aja Monet inquired about patients not wanting to agree to an alcohol screening.
        - Ann Donnelly spoke to most people with substance abuse, going through Drug Medical, which brings up concerns with primary care coordination. For those who are screened through Medical Managed Care, there are concerns about departments handling screenings without complex knowledge of comorbidity and coincidence of substance abuse and mental health issues.
    - CM Siron inquired about the existence of mental health and substance abuse, after the defunding of detox programs.
        - Celinda Cantu- in the Drug Medical system, they have chosen to go with a hospital based medical model for substance abuse services. When they're speaking of detox, they are speaking about a primary care, out-patient program. There's a lot of disagreement about what is the best way to deal with substance abuse issues. Drug MediCal doesn't give many options.
        - Ann Donnelly- the way the reimbursement is set up, it continues to fund this suboptimal system and not a broad system.

    - CS Molnar inquired if the issues around mental health and substance abuse less around the need to expand service provision and more around navigation those systems of care.
        - Ann Donnelly noted that it was hard to tell, given the information. The only way she could suspect Ryan White dollars could be spent is through care coordination because R.W. Funds can't be supplanted.
        - Ann Donnelly suggested one way to enhance service without subplanting is to make a primary care apt. and a HIV management visit on the same day, at the same clinic. The HIV management visit could be billed to Ryan White because MediCal can only bill once a day and HIV management isn't a specific service MediCal bills for.

        - Celinda Cantu- Ryan White created a system of substance abuse recovery because of HIV that combined detox, residential services and outpatient and extended the treatment times for all three services. As funding were lost, many services were switched to general funds, and once those funds declined, they became part of Community Behavioral Health General Funds. HIV+ should give quicker access to these recovery services, there isn't the same kind of carve out of staffing of programing as we did in the past.

    - CS Molnar inquired about a parallel with substance and mental health for billing a visit to Ryan White on the same day.
        - Celinda Cantu- Mental health and substance abuse, Is usually 1 visit every 2 weeks. In HIV services, a patient could come in multiple times a week. But it

would have to be based on certain limits that would have to be figured in Drug MediCal.
    - Ann Donnelly- You would have to prove that HIV patients would need these services more than the Drug MediCal limits.
- CS Molnar summarized two ideas for possible recommendations. 1. Enhance navigation and care coordination. 2. Continue to fund mental health service and substance abuse services if there were way to be creative with visits.

- CM Miller spoke to the frustration with mental health services always being lumped in with substance abuse services**.**

- Stephen Ouellette spoke about providing mental health services for MediCal patients and the challenges they face. Ideally, Ryan White clients could be moved into the CBHS contract, but they are already over capacity for that contract. MediCal and CBHS have certain criteria for Mental Health.
    - The group discussed the system management and how it changes or should change under ACA.
- The group discussed the need for an in-depth discussion of system management, ACA and parity particulars, with providers.

8. San Francisco HIV Essential Health Benefits Plan

The group discussed the idea of an essential health benefits plan that targets the needs of San Franciscans.

- Ann Donnelly suggested that there would be way of knowing exactly what all essential benefits would be because the feds set up the categories and the states decide, based on the benchmark. Plans have to deliver some things, but in some categories, they only have to deliver the value and services don't have to be the same.
- Andy Scheer suggested creating an EHB expectation overall in the SF area
- Anny Donnelly suggested also figuring out what happens in transition between services.
- Charles Siron- Would that be the goals of the task force?
    - CS Molnar- the taskforce can weigh in on it, but maybe not something they can solve**.**

- CS Molnar noted some points from the conversation:
    - 1. Much like primary care, we can't look at the essential services of mental health and substance abuse as being drastically reduced; there can be creative ways to use the funding.
    - 2. Centralized coordinated care service or something that enhances current navigation and coordination is needed.
- Mark Ryle noted that each issue is interrelated. The prioritization has to be done as a group, and understood that they work together.
    - CS Molnar the services that have stood to clients as needing enhancement have been navigation and benefits.

- Celinda Cantu spoke to informational training and enhancements for service providers. The internal quality management from one service provider to the next went quickly when cuts made it impossible to have admin support systems. Some of the need is to just go back to basics, so that information gaps are filled and clients are not stuck in the middle.
- Celinda Cantu spoke about the true cost of services and the importance of figuring out what the dollars are covering.

- CM Miller summarized his primary goals:

    - 1. Keep as many people in care without interruption (benefit counseling, case management, navigation)
    - 2. Hold a closed seminar or retreat or training for providers to hash out particulars.
- Chip Supanich noted that the work needs to be realistic for the group to do, in another month**.**
- Co-Chair Jewell suggested the EHB workgroup, or similar body continue to do work, after the next meeting. There is some sort of value in trying to imagine a system of care that works well for people with HIV.
- Celinda Cantu noted that, although there are problems, the SF HIV Health system has been a combination of the best systems available. SF is fortunate to have the support community and access to resources to have conversations.
- Andy Scheer suggested creating a master essential health benefits document that draws out expectations for San Francisco by either this group, the task force or another workgroup.
    - CS Molnar inquired if there might already be an essential health benefits plan by looking at what is covered by the Ryan White system of care. Services that are in Ryan White currently, or have fallen of Ryan White and are now in general funds. It's a plan that has taken so many hits, so it has holes, but it can be looked at to rebuild.
- Ann Donnelly suggested not only looking at what are the essential health benefits, but where they should be delivered and through what mechanism. She suggested the taskforce be the place to work on this planning and thought it would be helpful to have people from the EHB workgroup, join the taskforce.

9. Funding Scenarios

The group reviewed the updated list of potential areas of resource reallocation.

- CS Molnar suggested the next meeting be primarily about funding scenarios and coming up with possible recommendations.
- CS Molnar explained that he changed, "substance use" and "mental health" to "navigation," and possibly a retention of funding, based on conversation.

- The group looked at the list of potential areas of resource reallocation and decided if they should be considered at the next meeting.
    - CM Miller suggested prioritizing, "Proportional increase to all service categories" last after looking at the other potential areas of resource reallocation.
    - CS Molnar asked Hanna Hjord if she thought the bullet point stating, "assume finding of Prevention with Positives programs due to diminishing CDC funding for Prevention interventions in 2016" should be kept.
        - Hanna Hjord will go back to her department for more information.
        - CM Miller suggested taking that bullet point off for now, since it won't be an issue for the next two years.

10. Next Meeting Date & Agenda Item

- June 18, 3-5pm at 25 Van Ness, 6th Floor.
- Recommendations.

11. Adjournment

The meeting was adjourned at 4:59 by Co-Chair Jewell.

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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