



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

EXECUTIVE COMMITTEE MEETING MINUTES

April 28, 2008



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Nettie DeAugustine	Dean Page	Douglas Frye	Jane Nachazel
Anthony Braswell, <i>Co-Chair</i>	Richard Hamilton	Lambert Talley	Michael Green	Glenda Pinney
Diana Baumbauer	Angelica Palmeros			Jim Stewart
Whitney Engeran	Kathy Watt			
Jeff Goodman	Fariba Younai			
Lee Kochems				
Brad Land				
Mario Pérez				
James Skinner				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Agenda, 4/28/2008
- 2) **Budget:** Title I YR 17 Planning Council Support Budget, 4/28/2008
- 3) **Memorandum:** Recommendations for the 2009 Comprehensive Care Plan, 4/22/2007

1. **CALL TO ORDER:** Mr. Braswell called the meeting to order at 10:10 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:** There were no minutes.
MOTION #2: Approve the Executive Committee Meeting minutes, as presented (*Postponed*).
4. **PARLIAMENTARIAN REMARKS:** Mr. Stewart had no comments.
5. **PUBLIC COMMENT, NON-AGENDIZED:** There were no public comments.
6. **COMMISSION COMMENT, NON-AGENDIZED:** There were no Commissioner comments.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
8. **CO-CHAIRS' REPORT:** There was no report.
9. **EXECUTIVE DIRECTOR'S REPORT:** There was no report.
10. **OAPP REPORT:**
 - A. **YR 18 Part A Increase Implementation Plan:**
 - Dr. Green said there had been discussions on how to address the problem of medication lapses due to the "donut hole." Most approaches suggested were cumbersome for providers, or consumers, or both.
 - Dr. Green indicated that a provider had been identified that, once patient eligibility was established, would pay the pharmacy directly. The proposal met all state and federal regulations because OAPP would pay the provider who then

worked with the patients. NCC funds would be used to pay for the services. The program would not reimburse patients for expenses already paid and would end with the calendar year when share-of-cost expenses reset for the next year. He added that if all went according to plan, the program could be initiated within one month by augmenting contracts.

- OAPP would send a series of communications to contracted case management and medical services providers so they could ensure patients were aware of the temporary program and could access enrollment assistance.
- Mr. Engeran asked if there would be income eligibility requirements. Dr. Green said there would not be because it was already May, so the number of people in the “donut hole” is declining, and it was expected that the initial allocation would be sufficient. If it is later found not to be adequate, OAPP may have to consider eligibility requirements.
- The Committee expressed their thanks to OAPP for implementing a response so quickly. It was agreed that the motion passed at last month’s Commission meeting was sufficient to support the program.
- The state was working to obtain legislative authority for ADAP expenditures to count toward the “donut hole” next and in subsequent years. Mr. Goodman reported that there was a letter-writing campaign calling for Congressional attention to the problem.
- Mr. Page noted he had lost Medi-Cal neurology services. Dr. Green said OAPP covered such services under Medical Specialty.
- ➡ Dr. Green would provide a memorandum to the Co-Chairs summarizing the program for the Commission meeting.

B. Miscellaneous:

- Mr. Pérez said an HIV Counseling/Testing RFP for \$4.7 million had been released. There would be a bidder’s conference later that day. Services would begin 1/01/2009 in five focus areas: community-based, mobile unit, multiple morbidity, high risk social networks, and rapid testing in non-OAPP funded medical outpatient sites. The latter would contribute some resources to participate in the program. The goal was to purchase the most cost-effective services to diagnose as many of the roughly 15,000 people in the County believed to be undiagnosed. While not everyone could be reached, it was hoped testing could outpace new infections. Services would be countywide, but not specifically per SPA.
- He, Dr. Green, other OAPP staff, the CEO, and representatives of the HIV Medical Outpatient Caucus met with Mercer the previous week. There had been continued provider input on cost impacts.

11. HIV EPIDEMIOLOGY REPORT:

- Dr. Frye said 9,425 non-AIDS cases of HIV had been reported by name from April 2006 through March 2008. Another 3,000 new AIDS cases had also been reported by name during that period. 12,380 cases had been added in total for Los Angeles County. It was not yet known if the County would reach 14,000 named HIV non-AIDS reports, but the case report counts should be competitive with what other jurisdictions are reporting. Despite declining availability of NCC funds, Dr. Frye reported that Dr. Fielding and the County were supportive of surveillance efforts. Additional staff are being hired.
- The CDC was due for a site visit the prior week. Key areas of discussion would be the difficulty of following both their transition plan and County Counsel interpretation of state law. While the CDC was asking for about 95% of coded cases to be re-reported as named cases that was not feasible because state law prohibited re-reporting of old cases. 5,000 to 6,000 of the 15,000 coded cases could not be re-reported for state or federal data unless patients returned to in-County care, but it was added to local prevalence data. The current transition plan did not permit quick matching between named lab data and old coded cases. One large provider refused to re-report old cases, though the inaccuracy match rate was only about 0.02%. Some 1,000 cases could be added quickly if the rule were relaxed. CDC has agreed to review the transition plan requirement.
- Dr. Frye noted there was only about a 1 in 40,000 error rate for matching coded and named cases with the code information only. Even so, HIV Epidemiology did additional research to further reduce the possibility of double-reporting.
- The Commission had requested review of special populations. It was difficult to obtain denominators for some populations like non-gay-identified MSM of color, people engaged in survival-exchange sex, and people with disabilities like the deaf and blind. The surveillance database did not track such populations, but HIV Epidemiology was doing its best.
- Mr. Engeran asked about the statewide Sacramento meeting on surveillance. Dr. Frye responded that Michelle Roland listened to everyone’s input. Based on how the group prioritized issues, work groups were formed to discuss subjects like partner notification and centralized laboratory reporting. Dr. Frye commented that centralized reporting was important, since without it laboratories had to do protocols for each of the 61 jurisdictions. While important for smaller jurisdictions, centralized reporting would be cost-effective for all. Non-compliance with CDC and HIV Epidemiology prohibition of faxed reports was also discussed due to potential confidentiality issues. The state also said some issues could be resolved through rulings, for example, prevalence reporting.
- ➡ Mr. Engeran requested updates for JPP on follow-up to SB 699 (Name-Based HIV Reporting), especially on reporting coded data and the importance of data for Ryan White. Dr. Frye agreed to keep the Commission informed.

12. PREVENTION PLANNING COMMITTEE (PPC) REPORT: Dr. Green reported there would be no colloquium this week, so Thursday’s meeting would start at 12:00.

- ➡ Mr. Kochems said the PPC was revising its policies and procedures. For the most part that would not affect the Commission, but it might affect JPP. He would keep the Executive Committee informed.

13. **STANDING COMMITTEE REPORTS:**

A. **Operations:**

1. **Commission Operational Budget:**

- Ms. Baumbauer presented the budget. She noted there were no dramatic changes from the previous year, nor the preliminary budget that had been presented to the Committee the month before. Mr. Engeran noted that this year's budget was than those of previous years, leaving little flexibility or "wiggle room".
- Several asked if less expensive monthly space could be located. Ms. Nachazel noted over the last six years she and Ms. Werner had researched less expensive alternatives, but that there none identified that met the requirements for a central location, handicapped-accessible space, parking, and food. St. Anne's had also negotiated a lower rate.

MOTION #3: Approve the Commission Operational Budget, as presented (*Passed by Consensus*).

2. **Commission Member Nominations:**

- Ms. Baumbauer noted Mr. Land's nomination was being forwarded for renewal. He was also the first to use the new self-assessment tool for returning Commissioners and Alternates.
- Ms. Baumbauer said other applications were being held until vacant Latino/a consumer seats were filled.

3. **Consumer Caucus:**

- Mr. Land, Mr. Page and Ted Liso had been elected Co-Chairs of the Consumer Caucus.
- Mr. Page reported there would be a quarterly meeting open to all consumers to meet with the Grantee that would rotate among SPAs. The first such meeting was scheduled for SPA 1, in Antelope Valley June 18th. Several consumers from the area attended the last Consumer Caucus meeting. The other Consumer Caucus meetings of the year would continue to be held after Commission meetings. They would also continue to be restricted to Commission members for the time being.
- Mr. Engeran felt the Caucus was most important for Commissioners who constituted at least one-third of the Commission and could hold great influence, as legislative caucuses did, by how they vote on issues of importance to consumers. That would also balance provider influence coordinated through SPNs. He suggested meeting before the Commission would better facilitate that influence. He also felt the Caucus also offered training and educational opportunities to Commission members with outreach important, but secondary. He supported it reporting as an independent subcommittee of the Executive Committee.
- Ms. Baumbauer noted work group status under Operations was being retained in part because several things pertained to a full committees, including Brown Act coverage and Ordinance adjustments. The Co-Chairs and Mr. Vincent-Jones would meet after the SOC Committee to discuss procedures and the agenda.
- Mr. Land asserted that Consumer Advisory Board (CAB) attendance had declined since the new SPN contracts shifted responsibility to individual providers. Antelope Valley consumers had reported poorer coordination and fewer CAB amenities like food.
- ➡ Mr. Braswell noted that a road map would be developed by August for presentation to the Commission.

B. **Priorities and Planning (P&P):**

1. **YR 19 Contingency Scenarios:** Mr. Goodman reported a motion would be brought to the Commission to revise the Year 19 contingency plan. As the plan was previously approved, the motion would require a two-thirds Commission vote. The Year 19 contingency plan that the Commission approved was consistent with the Year 18 plan, which distributed any change in award from a decrease up to 4.9% to an increase up to 4.9% across-the-board. The Year 18 experience demonstrated that was not practical. The revised proposal retained the flat-funded allocation distribution for an award representing no change up to a 4.9% decrease. P&P would reconvene to review allocations for any increase in the award
2. **Comprehensive Care Plan:** Mr. Goodman indicated that a new plan was required by HRSA in 2009. A timeline outlining the Comprehensive Care planning process would be presented to the Commission.

C. **Standards of Care (SOC):**

1. **Medical Care Coordination Implementation:** Ms. Pinney said the implementation plan would be discussed at the next SOC meeting the following Thursday, and depending on the outcome of that discussion, there might be a Commission presentation.

D. **Joint Public Policy (JPP):**

1. **SB 1184 (Infectious Disease Reporting):** There is no identified opposition and the bill was moving well.
2. **State Budget:** The May Revise was still in play with multiple advocacy efforts.

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3. **Miscellaneous:** Mr. Engeran voiced deep concern over an appeals court decision supporting the Suffolk/Nassau County TGA restoration to EMA status, with funding, and a waiver of required 75% core medical threshold. He indicated that if the ruling is upheld, it could significantly impact Los Angeles County funding, and suggested the County submit an amicus brief corresponding to the government's position.

➡ Mr. Engeran would email updated information on the case to the office for distribution to the Commission.

14. **WORK PLAN:** There was no additional information.

15. **ANNOUNCEMENTS:** There were no announcements.

16. **ADJOURNMENT:** The meeting was adjourned at 11:50 am.