



Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Lisa Zullig and Christopher Joseph, Co-Chairs

McSilver Institute at NYU
41 East 11th Street in Room 741
December 16, 2015

Members Present: Peter Campanelli, PsyD, Amber Casey (alt. for Graham Harriman), Christopher Cunningham, Michael Ealy, Dorothy Farley, Deborah Greene, Daphne Hazel, Christopher Joseph, Peter Laqueur, Julie Lehane, PhD, Jan Carl Park, Gina Quattrochi, JD, John Schoepp, Claire Simon, Lisa Zullig

Members Absent: Joan Edwards, Janet Goldberg, Terry Hamilton, Zach Hennessey, Maria Perez, David Price, Bobby Rallakis, Brenda Starks-Ross

NYC DOHMH Staff Present: Nasra Aidarus, Nina Rothschild, DrPH

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, LaShonda Cyrus, Erika D'Aquino, Maura Donohue, Billy Fields, Linda Hakim, Rob Maher, Scott Sullam

Material Distributed:

- Agenda
- Minutes from the December 2, 2015 IOC Committee Meeting
- Food Bank and Home-Delivered Meals Tri-County Service Directive
- Medical Case Management Tri-County Service Directive
- Planning Council Calendar for December 2015

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Lisa Zullig and Christopher Joseph welcomed meeting members. Participants introduced themselves. Lisa Zullig led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the December 2nd IOC Committee meeting were approved for posting on the Planning Council website at nyhiv.org.

Food and Nutrition Services Directive for the Tri-County Region (TCR): Committee members reviewed the three questions used to assess food insecurity every six months:

- How often have you not had enough food in the past three months?
- Have you gone a whole day without food in the last 30 days?

Ms. Zullig noted that her agency, God's Love We Deliver, takes into account a large number of factors beyond the questions required by the e-Share reporting system when assessing food need: lab values, facilities in the home, allergies, special diets, education, personal history, height, weight, BMI, etc.

Dr. Lehane reviewed the changes to the food and nutrition services directive agreed on by committee members at the previous IOC meeting. Deborah Greene made a motion to accept the directive; Gina Quattrochi seconded the motion; and the directive passed unanimously.

Medical Case Management: Programs funded under medical case management (MCM) and under non-Medical Case Management (nMCM) essentially provide the same services. Both the IOC Committee and the Tri-County Steering Committee agreed to combine the directives for these two service categories into a single directive.

Dr. Lehane presented information on MCM and nMCM in the TCR:

- Six MCM programs in medical facilities
- Four MCM programs in CBOs
- Total MCM funding: \$1,145,964
- Roughly 42% of funds allocated to the TCR go to MCM
- A disproportionate number of clients are people of color

Services include but are not limited to:

- Accompaniment
- Assistance with health care
- Health care planning: clients participate in the development of a care plan and sign off on it, as does the medical provider
- Case conferencing
- Health education/promotion and wellness/self-management
- Directly Observed Therapy (DOT) is not currently offered
- Clients do not graduate out of case management but may at various points in time need more or fewer services

Health Homes: Clients in health homes are not eligible for Ryan White services. Health homes do not, however, provide education and support for

treatment adherence. Health home staff members, who are mostly former COBRA providers, are not as well trained in HIV as Ryan White staff. If the two entities (health homes and Ryan White services) are equivalent (and an agency in the TCR does provide equivalent services), clients are switched to health homes. If the entities are not equivalent, the client may remain in RW services.

Grantee staff members are going to be able to do a match of Ryan White and Medicaid clients and will be better able to ensure that the Payer of Last Resort rule is in effect and that Ryan White is only paying for clients who cannot receive services funded by anyone else. Dorothy Farley noted that clients often receive duplicative services and underscored the importance of matching surveillance and Medicaid data. In the NY EMA, we have patients who aren't insured, have no other payers, and really need RW services.

We do not know at this point whether health homes are achieving their intended goals. And the case loads for health home providers recently went up exponentially, potentially compromising the quality of care. Patients can opt out of health homes if they are not doing well and need more intense services.

Peter Laqueur suggested drilling down on the differences between health homes and RW-funded care. People fall in and out of health homes. Claire Simon volunteered that staff in her section at the NYS AIDS Institute can provide assistance with assessing whether patients are receiving the services they need.

Vote: Lisa Zullig motioned to approve the medical case management service directive; Dr. Peter Campanelli seconded the motion; and the directive was unanimously approved and will go back to the Steering Committee for a vote and then to the Planning Council's Executive Committee and the full Council.

Public Comment: Gina Quattrochi noted that Bailey House will have a major mental health center in East Harlem. In addition, Harlem United and Bailey House have been selected to provide housing for homeless veterans whose HIV status is unknown.

Adjournment: The meeting was adjourned.

Next Meeting: The committee will not meet on January 6th. It will meet again on January 20th.