



CONSUMERS COMMITTEE

Wednesday, March 21, 2012, 1-3:00PM

NYCDOHMH, Gotham Center, 42-09 28th Street, Room 17-42, Long Island City, NY

Planning Council Members Present: Victor Benadava (Co-Chair), Gregory Cruz (Co-Chair), Randall Bruce, Pastor Jerome Payne

Planning Council Members Absent:, Victor Alvarez, **Felicia Carroll**, **Gregory Cruz**, Gerald DeYounge, John Eddie, Steve Hemraj, Rev. Keith Holder, Munying Hunt, Deborah Marcano, Hilda Mateo

Community Members Present: Billy Fields, Jesus Maldonado, David Martin

DOHMH: Rafael Molina, Jan Park, Nina Rothschild, DrPH

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- February 15, 2012 Draft Meeting Minutes;
- PC-approved (7/27/06) Housing Services Program Guidance;
- Change Agents – The Impact of the Affordable Care Act, Medicaid reform and Health Homes on the Future of Ryan White Funded Services, Powerpoint presentation by Jan Park, 3/21/12;
- Test & Treat: A New Paradigm for Slowing the Spread of HIV, HRSA CARE Action, January 2012;
- HIV Epidemiology & Field Services Semi Annual Report, Jan. 1, 2010- Dec. 31, 2010, Vol 6, No 2,
- Positive Voice, March 12, 2012, Series 2, Vol 2, Issue 24, National Association of People with AIDS;
- How Does the Affordable Care Act Help People Living with HIV/AIDS?, healthcare.gov, 11/9/11;
- Goals and Objectives of the Comprehensive Plan for HIV/AIDS Services in the NY EMA, 2012-15, Needs Assessment Committee, NY HIV Planning Council, Spring 2012; and
- April 2012 Meeting Calendar, NY HIV Planning Council.

INTRODUCTIONS:

Victor Benadava, Co-Chair opened the meeting and members introduced themselves. Gregory Cruz, Co-Chair and Darryl Wong, Planning Council Consumers Committee liaison were unable to attend due to illness. Dr. Nina Rothschild reviewed the agenda and meeting materials. Due to lack of quorum, the minutes of the February 2012 meeting could not be approved.

PUBLIC COMMENT:

There was no public comment.

HOUSING SERVICES - INTEGRATION OF CARE COMMITTEE UPDATE:

Dr. Rothschild reported that since October 2011, the IOC Committee has been re-examining the housing services program guidance. Currently, NYC has more than 36,000 homeless individuals, of which nearly 3,000 are PLWHAs. Housing services are offered through Ryan White, HOPWA and the Division of Mental Hygiene of NYCDOHMH. Ryan White funds forty (40) transitional housing programs, with a total of 256 housing units for PLWHAs and those who are homeless or unstably housed, including substance users. Ryan White funds five (5) housing placement assistance programs and one (1) emergency rental assistance program. Currently, permanent housing is not offered through Ryan White.

In NYC, it is reported that between 50-70% of all PLWHAs have experienced homelessness or housing instability. Between 10-16% of PWAs are homeless at the time of their diagnosis; the CHAIN study has

found that approximately 50% of PLWHAs are unstably housed when diagnosed. Sequellae of homelessness include the increased likelihood of high risk behavior, including transactional sex, the lack of protective space in which physical and psychological needs can be attended to, high levels of stress, compromised identity, i.e., issues of disclosure when taking medications, the competing hierarchy of needs and a compromised sense of self.

Housing assistance has been shown to increase physical and mental health, including medication adherence. It is estimated that for every \$1 spent on homeless prevention, between \$5-8 are saved in homelessness costs. CHAIN studies show that ~25% of PLWHAs who were homeless returned to a state of homelessness within six months of placement, underscoring the need for supportive services for this very vulnerable population. While there are programs focusing on abstinence of drug use in order to access housing services, there are also programs which offer stable housing for actively using drugs.

Housing services supported by Ryan White funds include:

- *Emergency Rental Assistance* includes rent payments to landlords and brokers' fees for non-HASA eligible populations (individuals and their families), including non-documented individuals and those with CD4s above 200 without a history of AIDS-related opportunistic infections. It was suggested that there should be training associated with financial management for people in independent housing.
- *Housing Services for Homeless PLWHA and for those at risk for homelessness and unstable housing* target those who are formally incarcerated, mentally ill, substance users, MICA and youth with low-threshold, safe and appropriate emergency/transitional housing and services and help clients transition into more permanent housing and assist clients to locate a secure safe, affordable and appropriate permanent housing.
- *Housing Placement Assistance* provides intake, assessment and placement of homeless, unstably housed and those at high risk of homelessness and unstable housing into appropriate transitional and permanent housing.

PRESENTATION: THE FUTURE OF RYAN WHITE SERVICES – EXTERNAL FACTORS IMPACTING RYAN WHITE PART A SERVICES IN NYC

Jan Park began his presentation by reminding the Committee that many changes related to the Affordable Care Act (ACA) are going to be implemented beginning 2014. The major components of Health Care reform affecting PLWHAs in New York City include:

- *New York State Medicaid* provides for children < 18 years and for low income adults > 19 years.
- *Ryan White* pays for treatment and care services for low-income PLWHA, through 185 contracts providing medical and support services to 19,000 PLWHA. Ryan White services are gap-fillers for PLWHA with insufficient or no source of coverage.
- *Health Insurance Exchanges* have the potential to reduce the number of uninsured persons by 32 million over the next ten years. Nationally, only 13% of PLWHA have private insurance. Almost 24% have no insurance. In the NY EMA, it is estimated that 2% of PLWHA have no insurance, with the remainder receiving coverage through Medicaid, Medicare, Ryan White programs or private health insurance. In New York City, more than 1.3 million people (16% of all residents) were without health coverage in 2010.
- *Medicaid Health Homes* provide care management services through a care manager who coordinates services with all caregivers. They are led by a designed provider-led organization but consist of networks of providers who agree to provide care management services and accept referrals from the Medicaid Health Home. Moth Medicaid fee for service and Medicaid managed care beneficiaries are eligible for Health Home services. A beneficiary can opt-out, but NYSDOH is considering mandatory enrollment in the future. Health Homes began operation in Brooklyn and the Bronx on March 1, 2012 and in Manhattan, Queens and Staten Island on April 1, 2012.

- *Expanded Medicaid Eligibility*, will, effective January 2014, will raise levels for non-disabled individuals under the age of 65 from 78% of FPL to 133% of the FPL. An estimated 50,000-70,000 New York residents will become newly eligible for Medicaid as a result of Medicaid expansion. In addition, an estimated 110,000 to 440,000 individuals who are currently eligible for Medicaid but un-enrolled may become enrolled.
- *Medicaid Managed Care Plan Mandatory Enrollment* offers those who are eligible for Medicaid a health managed care plan; of approximately 5 million individuals covered through Medicaid, approx. 70% are enrolled in a Medicaid managed care plan. New York State intends to move most populations into Medicaid managed care over a 3 year period that began in October 2011.

Other specific core and non-core components of the Part A continuum of care in NYC include:

- *ADAP*: No additional Part A funding needed through 2013; estimates of ADAP enrollees affected by expanded Medicaid eligibility will be needed for future planning; future ADAP services will be impacted.
- *Outpatient Medical Care/ADAP+*: No additional Part A funding needed for ADAP+ through 2013; ADAP+ will not be impacted by mandatory managed care enrollment; ADAP+ will not be impacted by Medicaid Health Homes; ADAP+ will be impacted by Health Insurance Exchanges
- *OMC/Bridge Care*: Not likely to be reimbursed, will probably not be impacted by Medicaid changes.
- *Medical Case Management*: Will be impacted by enrollment in Medicaid Health Homes; identify Ryan White (RW) Care Coordination programs, monitor impact; when full implementation is underway, evaluate RW MCM service needs; Riker's Island Transitional Project will not be impacted; Transitional Care Coordination Program participants will be impacted as they are moved into Medicaid Health Homes
- *Mental Health*: Will be impacted by HRSA Mandated Medicaid Certification Requirement in 2013; will be impacted by implementation of Behavioral Health Homes in 2014; will be impacted by expansion of Medicaid eligibility in 2014; will be impacted by Health Insurance Exchanges in 2014
- *Harm Reduction*: If approved, Medicaid Certification will become necessary, programs will be impacted; Timeline for approval and implementation is unknown
- *Early Intervention/HIV Testing*: NYS/NYC requesting HRSA exemption of Medicaid certification programs (will not be impacted); programs that are certified to bill Medicaid will be impacted
- *Oral Health (Tri-County)*: Expanded Medicaid eligibility will impact Tri-County program participants; 17 Part F programs continue to serve the NY EMA; Essential Health Benefits Package may impact RW program participants; inclusion of oral health services is yet to be determined
- *Home Care*: Health Homes may have an impact on RW program participants; LTMC Plans may have an impact on RW program participants; individuals mandated to move into managed care plans will have to accept home health care approved by the plan
- *Food and Nutrition*: May impact RW program participants -- proposed 2012 Budget would expand Medicaid coverage to allow a small percentage of PLWHA to receive enteral formula; although Medicaid does not cover medical nutrition therapy as a stand-alone service, visits can be billed as evaluation and management visits and could impact RW program participants
- *Housing*: A formula change could result in substantial funding losses for NYC – losses in the HOPWA program could place pressure on RW housing allocations

- *Legal*: Not reimbursable, will not be impacted by Medicaid changes
- *Medical Transportation (Tri-County)*: Expanded Medicaid eligibility will increase PLWHA access to this service
- *Supportive Counseling*: Ryan White programs may be impacted as some services may be billable to Medicaid through mental health, outpatient substance abuse or health homes; Ryan White programs are primarily intended to provide services that are not Medicaid reimbursable.

It is envisioned that the impact of these changes may be felt as soon as the third quarter of this year.

BOROUGH UPDATES ON HIV NETWORKING ACTIVITIES:

Staten Island will host a presentation at Project Hospitality on Quality Management, Employment and Health Homes (date not announced).

PUBLIC COMMENT/ANNOUNCEMENTS

There was no public comment.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 3:00PM.