



CONSUMERS' COMMITTEE

Tuesday, May 16, 2017, 12:30 – 3:00 PM
LGBT Center, 208 West 13th Street, Rm 101, NY, NY

Planning Council Members Present: Billy Fields (Co-Chair), Katrina Balovlenkov (Co-Chair), Randall Bruce (Consumer-At-Large), Paul Carr, Lisa Best, Atif Abdul-Haqq, Saul Reyes, John Schoepp, Kim Watson

Planning Council Members Absent: Maria Diaz (Co-Chair, TCSC),

Appointed Community Members: Mark Brown, Ron Joyner, David Martin

Guests: Claudia Calhoon, Gordon Moore, Corey Thorpe,

NYCDOHMH: Jose Colon-Berdecia, Cristina Rodriguez-Hart, Melanie Lawrence, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda;
- April 18, 2017 Meeting Minutes;
- Planning Council Announcements/Tributes on passing of Daphne Hazel;
- ICE-FREE New York, Take Action, May 2017;
- Health Access and Rights for Immigrant New Yorkers, Powerpoint presentation, Claudia Calhoon, New York Immigration Coalition;
- Community Toolkit (English) & Herramientas Para la Comunidad (Spanish), New York Immigration Coalition, Spring 2017;
- Documented/Undocumented: Stories by Immigrant Youth, Museum of the City of New York;
- Responses from NYCDOHMH Bureau of Communications to committee edits/comments, 5/17;
- Anti-Violence Project (AVP) announcement, 5/5/17;
- Planning Council Outreach Report, April 2017;
- HIV/AIDS Bi-Weekly Update, 5/10/17;
- NY HIV Planning Council May & June 2017 calendars;
- Consumers' Committee April 2017 Meeting Evaluation Results; and
- Consumers' Committee May 2017 Meeting Evaluation (to be completed).

WELCOME/INTRODUCTIONS/REVIEW OF MINUTES

Billy Fields and Katrina Balovlenkov, Committee Co-Chairs, opened the meeting. After member introductions, Darryl Wong led the group in a moment of silence in tribute to Planning Council Member Daphne Hazel, who transitioned on May 1. Billy Fields, Committee Co-Chair, recited a poem in honor of Daphne and Kim Watson, Planning Council member, mentee, colleague and friend, offered words of condolence to the youth, women and transgender communities Daphne touched. Meeting materials were reviewed and the April 2017 meeting minutes were accepted as presented.

PUBLIC COMMENT

There was no public comment.

IMMIGRANT RIGHTS/HEALTH CARE ACCESS IN THE NY EMA

Claudia Calhoon, Director of Health Advocacy at the New York Immigration Coalition, began her presentation by querying committee members on 1) the health needs of immigrants that members

work/are in contact with 2) the kinds of questions about immigration and public benefits asked by individuals and 3) whether these questions have changed recently.

The following are salient points made during the presentation:

- ALL New Yorkers, regardless of immigration status, have the right to access health care and receive financial assistance in New York
- HEALTH CARE + INSURANCE are SAFE for immigrants to use
- Hospitals, ambulances and clinics do not report immigration status to the United States Immigration and Customs Enforcement (ICE) or US Citizenship and Immigration Services (USCIS)
- **Non-emergency Free or Low-cost Care** is available, including public hospitals and clinic systems in NY State: Public Hospitals throughout New York State, including NYC Health & Hospitals.
- NYC Health & Hospitals has prepared an open letter to Immigrant New Yorkers on patient data and confidentiality
- Also includes Federally Qualified Health Centers (FQHCs), e.g. Marble Hill Family Practice, Urban Health Plan and the Community Healthcare Network
- Since 2007, hospitals have been required to:
 - Offer financial assistance to any patient, **regardless of immigration or insurance status**
 - Offer discounts to low-income (<300% federal poverty level), uninsured NYS residents for any service
 - Post signs about financial assistance; inform patients at registration and on all bills
 - Provide a clear, simple application form
 - Send a written decision about application and instructions on how to appeal
 - Offer options to pay bill in affordable installments
 - Allow patients to have 90 days after receiving care to apply for assistance
 - Refrain from sending bill to collections if eligible for financial assistance or Medicare/Medicaid and asking for information about a patient's car, home, college or retirement savings
- With respect to **language access protections**, there are Federal (Civil Rights Act, Title IV, 1964) and State laws (NYS Hospital Communications Assistance Law/New York State Patient Bill of Rights (2006) that require the provider to
 - Identify a patient's preferred language
 - Provide free, skilled interpreting services for a patient's entire visit
 - Post signs in all public areas and offer information about free interpreting services in top six languages
 - Provide interpreter services even when family members or friends accompany patient
 - Translate all significant forms for patient
 - Executive Order 26 (2011) covers state agencies that provide direct public services
- With regard to **immigrant access to care and coverage** in New York, these populations are eligible:
 - Undocumented youth up to age 19 and 400% FPL (Child Health Plus)
 - Undocumented pregnant women
 - Anyone in five-year bar
 - People who are "permanently residing under color of law" (largest group is DACA recipients)
 - Broader Emergency Medicaid benefits (chemotherapy and outpatient dialysis)
- Regarding **Public Insurance**,
 - Medicaid has been expanded under the ACA: available for incomes up to 138% of the federal poverty level

- Can enroll at anytime with 3 months retroactive coverage
- Income guidelines based on age, family size, disability: 1 person, \$16,243, 2 persons \$21,983, 3 persons \$27,724, 4 persons \$33,4654 and 5 persons \$39,206
- Lawfully present and PRUCOL immigrants eligible in New York State
- The **Essential Plan (EP)** extends affordable coverage to two groups:
 - Lawfully present immigrants (up to 138% of the FPL)
 - This population was previously Medicaid eligible, a/o 2016, eligible for EP instead
 - US citizens and lawfully present non-citizens (139 -200% of the FPL)
 - PRUCOL and not lawfully present are NOT currently eligible
 - New York State of Health (855-355-5777) – can determine eligibility for any type of insurance and pre-certify for Emergency Medicaid. Language assistance available
- **Community Health Advocates - State Consumer Assistance program**
 - Free and confidential individual counseling and educational community presentations to individuals, families, advocates and providers about health insurance in New York State. Contact <http://communityhealthadvocates.org> or 888-614-5400
- **#Coverage4All** aims to procure coverage for short-term clients (Protect coverage for DACA grantees & expand coverage to more young adult immigrants up to age 29); over the long-term seeks true coverage for All, including 433,000 currently undocumented and uninsured
- **To get involved**, join a collaborative or a campaign, volunteer your skills, donate, organize join #OurNY campaign or go to www.ourNY.info.

Ms. Calhoun also presented the **NYIC's Community Toolkit**, available in English, Spanish, Creole and Chinese, which was designed to give the community more information and help them be prepared to protect their rights. The Toolkit contains information on how to: talk to an immigration lawyer, make a plan for how these changes may affect your family, learn about your rights (including your child's), report hate crimes, learn what the City is doing to protect our communities, and be aware of fraud.

CONSUMERS COMMITTEE OUTREACH BROCHURE RE-DESIGN

After a very spirited discussion reacting to the latest revisions, the Committee offered several comments regarding graphics. The responses from the NYCDOHMH are noted below:

- Font size will be increased for legibility
- It was suggested that the format using mixed fonts should be kept as is; having a mix of text improves readability and helps distinguish the hierarchy between headers and body text.
- It was suggested that the body of text not be justified.
- The brochure will be printed with full bleeds.
- The photos on the front cover should surround a red ribbon, connoting the common link between all those affected.
- The resolution of the photos on the front cover will improve once the photographs have been purchased; the Getty photo credit will be removed.
- The photo of the older Hispanic woman will be replaced with a 50-60 year old Hispanic woman.
- More photos cannot be added to the inside cover because it would exceed the quoted price for the project; adding more photos will be too busy visually.

In lieu of a photograph of a consumer using a wheelchair, the Committee agreed that the use of an ADA symbol would convey the message that the Planning Council is cognizant of physical disabilities as a barrier to engagement/participation.

PLANNING COUNCIL COMMUNITY OUTREACH ACTIVITIES: APRIL 2017

Jose Colon-Berdecia, Planning Council Community Outreach Coordinator, presented the Monthly Outreach Report (April 2017), noting that outreach is multi-pronged and has included TPLW client

recognition ceremonies, CABs, HIV Care Networks and the borough ETE workgroups. Mr. Colon-Berdecia asked each committee member to recruit one person from each organization/network with which they are affiliated or seek care. Members were asked to also please share community advisory board (CAB) affiliations and contacts, if possible. A contact referral sheet will be prepared and distributed at the committee's meeting in June.

PLANNING COUNCIL UPDATES

The Needs Assessment Community Briefing on Housing for PLWHAs in New York City held on April 25 was well-attended and pointed to the need for continued education and action around this unmet need.

At the **Priority Setting/Resource Allocation Committee (PSRA)**, a motion was made to recommend an FY 2017 reprogramming plan that first restores the upfront cut to ADAP (up to \$756,445, depending on the final grant award) in conjunction with FY 2016 carry-over, followed by giving the Grantee and Master Contractor the flexibility to enhance over-performing contracts and move funds between service categories up to 20% of the service category allocation in the final spending plan. Tri-County underspending will be kept for carry-over in the TC region. The motion was approved unanimously.

The Committee began the exercise of planning for large cuts to the award and began looking at the elimination of two service categories: Transitional Care Coordination (TCC) and Health Education/Risk Reduction (HER). A side-by-side comparison of TCC with other models of Case Management (MCM/Care Coordination, Non-Medical Case Management/General Population), nMCM/Rikers, and Medicaid Health Homes showed that the service elements provided under TCC (e.g., health promotion, care plan development, patient navigation, entitlements assistance, coordination with service providers) are provided under other programs. This discussion will continue at the next PSRA meeting.

At the **Tri-County Steering Committee**, updates regarding Living Together, legislative and policy developments, Ending the Epidemic (ETE) were provided. *Mr. Harriman* presented the grantee report, noting that they NY EMA is still waiting for the remainder of its grant award. The ensuing discussion then focused on the entire portfolio being rebid for FY 2018. Consequently, the Steering Committee needs to develop a ranked list of priorities with allocations for both the FY 2018 grant application and RFP using the data presented over the course of the year in the service category fact sheets and other sources. The Committee needs to focus on service categories, not providers, especially as there will be a new set of providers next year. *Dr. Julie Lehane* of the Westchester County Department of Health presented a side-by-side table showing allocation amounts, number of active clients and cost per client for all services.

At the **Needs Assessment Committee (NAC)**, the discussions focused on the feedback and evaluation of the Community Briefing on Housing for PLWHAs, as well as the acknowledgement that the NAC has not recently undertaken an entire portfolio review. *Co-Chair Castellanos* moved for a vote on the following: 1) continue action steps for community briefing; 2) review the portfolio, with an emphasis on MCM and TCC, Health Education and Housing and 3) engage the NYS DOH with an update as to the roll-out of the Integrated Prevention and Care Plan. The committee voted unanimously in agreement.

Co-Chair Balovlenkov suggested that, in order to keep all members apprised of developments, Planning Council updates should be placed at the beginning of the agenda.

Members were invited to participate in the HIV Community Planning Bodies Workgroup, the charge of which is to explore the feasibility of integrating the prevention (HPG) and care/treatment (PC) bodies and planning processes.

PUBLIC COMMENT/NEW BUSINESS/ADJOURNMENT

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