



Meeting of the
EXECUTIVE COMMITTEE

Thursday, October 20, 2011
3:00-5:00 pm

NYCDOHMH, 2 Gotham Center, 42-09 28th Street, Conference Room 8-25
Long Island City, NY

MINUTES

Members Present: Jan Carl Park (Governmental Co-Chair), Dorella Walters (Community Co-Chair), Victor Alvarez, Felicia Carroll, Gregory Cruz, Nancy Cataldi, John Anthony Eddie, Marya Gilborn, Graham Harriman, Steve Hemraj, Lee Hildebrand, JoAnn Hilger, Tom Petro, Charles Shorter, Allan Vergara

Members Not Present: Victor Benadava, Joan Edwards

Staff Present: David Klotz, Rafael Molina, Nina Rothschild, DrPH, Jay Varma, MD, MPH, Darryl Wong

Parliamentarian: Joan Corbisiero, PRP

Public Health Solutions: Rachel Miller

Agenda Item #1: Closed Session – Selection of Mid Term Replacements

Jan Park opened the closed session during which Ms. Walters and Mr. Klotz facilitated the discussion regarding 2011-13 Planning Council recommended mid-term replacements. *[Please note that proceedings from the closed session are confidential and are therefore excluded from these minutes.]*

Agenda Item #2 – Welcome & Introductions

Dorella Walters, Community Co-Chair opened the meeting and members introduced themselves. John-Anthony Eddie led the group in a moment of silence. The minutes of the July 28, 2011 meeting were reviewed and approved with no changes.

Agenda Item #3: Public Comment I

Mr. DeYounge reiterated the value of the Leadership Training Institute (LTI) series of Planning Council trainings in helping him better understand the planning process and urged other members to avail themselves of these training opportunities.

Agenda Item #4: HRSA Monitoring Standards

JoAnn Hilger, Director of Ryan White CARE Services, presented an overview of the HRSA Monitoring Standards for Part A & Part B grantees, which include universal standards, program monitoring standards and fiscal monitoring standards. The monitoring standards became effective on April 1, 2011. It was noted that the NY EMA was not included in the original discussions, but that at the All Titles Grantee meeting in 2010, the EMA had opportunity to give feedback and continues to do so.

The components that will have a major impact on all Ryan White programs includes the requirement that agencies must be certified to bill Medicaid for potentially billable service, clients will be subject to income eligibility standards starting March 1, 2012, clients will be required to provide evidence of EMA residency for eligibility starting March 1, 2012 and subcontractor rent and utilities will no longer be include in program costs, but rather, as administrative costs and will be phased in from 2011-12 (some contractors have already adjusted their budgets to reflect this change).

The Medicaid certification requirement will ensure that every subcontractor must participate in Medicaid and be certified to receive Medicaid payments in order to receive Part A funds in the Mental Health, Early Intervention, Home Care, Substance Use and Outpatient Medical Care service categories. Bridge Care programs would be exempt from this requirement because services are provided Off-site, All other service categories will be phased in except Harm Reduction programs beginning in 2012.

With respect to income eligibility requirements, all new and continuing Ryan White Part A clients in the NY EMA must meet the income eligibility requirement beginning March 1, 2012, with the exception of Early Intervention Services, whose clients are exempt from this requirement. Because EIS services aim to 1) reduce barriers to testing, 2) increase the number of individuals who are aware of their HIV status 3) promote early entry into HIV care and 4) provide an essential linkage to care for newly diagnosed individuals, those programs will not ask clients about their income qualifications. The EMA will use 435% of the Federal Poverty Level (FPL) for maximum household income (currently at \$47,371 per household, the same amount as used by the ADAP program to determine eligibility). In order to reduce the paperwork burden on clients receiving services at multiple agencies, primary income documentation may be maintained by the referring provider.

Preferred documentation includes the NYSDOH Uninsured Care (ADAP) card or Medicaid card. Other accepted documents, for unemployed clients without ADAP or Medicaid cards, would include unemployment, Social Security or pension checks, while acceptable documents for employed clients could include recent copies of the most current two consecutive pay stubs. If paystubs are not available, a notarized letter from the employer showing the gross pay for the most current two (2) consecutive pay stubs is acceptable. If the notarized letter is unavailable, the client may submit a notarized statement reporting monthly or annual income. Of nearly 19,000 HIV+ clients enrolled in non-EIS Ryan White contracts, approximately 80% of clients report income at or below the Federal Poverty Level of \$10,980 for an individual and nearly 95% of clients qualify for the \$47,371 ADAP income requirement.

With respect to residency requirements, effective March 1, 2012, all new and continuing Ryan White Part A clients in the NY EMA must provide documentation of residency in the EMA. Those exempt from this requirement include incarcerated individuals who receive services in jails/prisons located in the EMA and those who avail themselves of HIV testing in mobile units (unless the client tests positive, in which case documentation would be required for continued services). As in income requirements, for those clients who are referred to other Ryan White Part A services, documentation of primary residence may be maintained by the referring provider.

Preferred documentation includes: a government issued ID card, NYS driver's license, any local (City or County) government benefits card or letter with client name, an insurance benefit card with name and address, a residential lease, a tenancy agreement for individuals who do not have a lease, a NYS voter registration card or any US immigration document with the current address. Other acceptable documents would include a bank statement with name and address, any bill that includes

the name and address, e.g., utility, phone, mobile phone, cable, internet, hospital, clinic or credit card bills or a pharmacy receipt with name and address. Committee members concerns included documentation for undocumented immigrants, especially those who are homeless, those living in NYCHA or Section 8 public housing, the shift of infrastructural costs from program to administrative costs, the number of Part A contractors who are not currently Medicaid certified, performance-based contract monitoring vs. cost-reimbursement monitoring, the number of clients from neighboring counties and/or states. Ms. Hilger re-iterated that there is continued dialog with HRSA regarding the implementation of these standards. It is envisioned that operationalization will require a period of approximately two years. Committee members were referred to the HAB/HRSA website for the specific monitoring standards.

Agenda Item #5: Committee Updates

Consumer Committee: Darryl Wong reported on behalf of the Committee met on October 19, at which Ms. Hilger presented an overview on the HRSA Monitoring Standards for Part A Grantees and sought feedback on eligibility and residency requirements for clients of Part A programs and Kelly Piersanti, Graduate Intern, presented interim results from the ongoing CAB survey.

Integration of Care Committee: Charles Shorter announced that the Committee will be meeting on October 26 at which a Committee orientation will be conducted and work on the service model for housing service will commence.

Needs Assessment Committee: Lee Hildebrand reported that NAC met October 7 at which there was a Committee orientation, an update on the Provider Resource Inventory and the unmet need section of the HRSA application and an update of Planning Council and NYCDOHMH initiatives since the 2002 Needs Assessment.

Policy Committee: Dr. Rothschild reported that the Policy Committee met on October 18 during which the orientation was conducted, a structured Q/A session regarding the Kaiser Foundation report on HIV and Medicaid. There was also agreement that the Committee would develop the final chapter of the Needs Assessment and an overview of the HRSA Monitoring Standards by JoAnn Hilger.

Rules & Membership Committee: David Klotz reported on behalf of the Committee noting that the Committee finalized the Memorandum of Understanding. There was discussion regarding Council Bylaws revisions concerning quorum and voting procedures and the election of officers. It was noted that in the previous versions of the Bylaws, an abstention was counted as a no vote. Blanks and absentions are not counted in the voting base. With respect to the definition of quorum, a majority is defined as more than half. Without a quorum, reports can be delivered but no deliberative action may be taken. The remaining bylaws revision clarified the voting process where no one candidate received a majority of votes, requiring that the two candidates compete in a runoff election immediately following the first ballot. To break a tie, the voting body must agree upon the method used to break the tie, i.e., tossing a coin. The revisions were voted upon, passed and will be presented to the full Planning Council for consideration. However, as Planning Council members must have a two week notice of revisions before voting, these revisions cannot be voted on until the November 2011 meeting.

Finance Committee: Mr. Hemraj reviewed the Base & MAI FY 1-1 1st Quarter Spending Report, beginning with uncommitted MAI funds totaling \$2,144,509 in ADAP Plus, Care Coordination, Early

Intervention Services and Housing services. The Care coordination funds will be available for reprogramming and the EIS funds will be committed by the second/third quarters. Eighty (80%) of committed funds have been expended in the 1st quarter.

The FY 1st Quarter Base Spending Report was reviewed, noting that there are uncommitted funds in ADAP, Care Coordination, Mental Health Services, Harm Reduction, Early Intervention services (new contracts commencing in October 2011). Funds are expected to be committed via the reprogramming plan. Spending is more robust in the current year compared to last year. Under-spending is high in outpatient medical care; Public Health Solutions commented that some providers chose to provide primary care outside of clinical settings. Total underspending during the 1st quarter is 22%, roughly equivalent to first quarter (25%) spending.

With respect to the Planning Council Support Budget, overall 49% of funds have been spent through the 2nd quarter. There are some line items where there is under-spending, as well as overspending in certain areas (audio, space rental, participant travel) which will require discussions between the Planning Council and the grantee to cover any budget shortfalls. It was noted that presenter travel was removed from the support budget and re-allocated to the grantee and that the fringe rates have been adjusted.

Agenda Item #6: Planning Council Update

The agenda for the October 27, 2011 full Planning Council meeting was reviewed and approved.

Mr. Park reported that the Memorandum of Understanding between the Planning Council and the Grantee is currently at the General Counsel's office of NYCDOHMH undergoing review. An executed MOU is due to HRSA by December 15, 2011.

Mr. Park provided an update on Mayoral Executive Order 28, noting that it is being reviewed by staff of the Law Department, particularly with respect to non-voting ex-officio members.

Mr. Wong reviewed the process guiding the development of the Retreat agenda, which will be held on November 15, 2011 at the Isamu Noguchi Museum. A high number of respondents indicated that they feel they contribute to the Planning Council Process and over 50% of respondents indicated that they are interested in mentoring and coaching possibilities. NYCDOHMH vans will transport retreat participants to the meeting site from Gotham Center.

Agenda Item #7: Public Comment II

Mr. DeYounge expressed his enthusiasm for the retreat and was concerned about safekeeping of documentation for eligibility of Part A services.

There being no further business, the meeting was adjourned at 5:00PM.