



Meeting of the  
**EXECUTIVE COMMITTEE**

Thursday, December 15, 2011

3:00-5:00pm

DOHMH, 2 Gotham Center, 42-09 28<sup>th</sup> Street, Conference Room 19-2831

Long Island City, NY

**MINUTES**

**Members Present:** Jan Carl Park (Governmental Co-Chair), Dorella Walters (Community Co-Chair), Victor Alvarez, Victor Benadava, Felicia Carroll (Consumer-At-Large), Nancy Cataldi, Robert Cordero (Finance Chair), Marya Gilborn, Graham Harriman, Allan Vergara

**Members Not Present:** Gregory Cruz, John Anthony Eddie, Joan Edwards, Lee Hildebrand, Tom Petro, Charles Shorter

**Staff Present:** JoAnn Hilger, David Klotz, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong

**Public Health Solutions:** Rachel Miller

**Agenda Item #1: Welcome & Introductions**

Dorella Walters, Community Co-Chair, opened the meeting with Jan Park, Governmental Co-Chair leading a moment of silence in recognition of the passing of Doug Morgan, former Director of Service Systems of the HIV/AIDS Bureau of HRSA. The minutes of the October 20, 2011 and November 10, 2011 meetings were approved.

**Agenda Item #2 : Public Comment**

On behalf of God's Love We Deliver, Elisa Watson noted the continuing unmet food and nutrition needs of PLWHAs in NYC and reported that a CHAIN briefing on this service category is available.

**Agenda Item #3: Approval of Revised FY 2011 Reprogramming Plan**

Allan Vergara, Co-Chair of PSRA provided an historical narrative of the 2011 reprogramming process, which culminated in the Executive Committee, at its 7/28/11 meeting, approving a reprogramming plan that would require Planning Council approval for *both* service category enhancements and reductions. Since PSRA has originally approved a plan in May 2011 that would require Planning Council approval for enhancements *only*, the Committee recommended the approval of the original version, which was reworded to make it unambiguous that prior Planning Council approval is required *only* for enhancement over 15% of the original allocation.

**ACTION:** *The motion was made, seconded and passed to approve the revised FY 2011 Reprogramming Plan.*

**Agenda Item #4: Approval of FY11 Part A Carryover Waiver Request**

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The proposed FY 11 Estimated Carryover Request, which is due to HRSA by the end of the year and was approved by PSRA on 12/13/11 was presented by Joann Hilger. This request will enable the NY EMA to use any Part A unobligated formula and MAI grant funds for the ADAP program, which is the highest ranked priority in the EMA.

***ACTION: The motion was made, seconded and passed to approve the revised FY 11 Part A Carryover Waiver Request.***

### **Agenda Item #5: HRSA Part Waiver of Core Medical Services**

Graham Harriman of CTH began the discussion by providing a synopsis of the external factors which have motivated this presentation, including the implementation of the HRSA Monitoring Standards effective 4/1/11 (which require Medicaid certification for all Part A and B programs providing potentially reimbursable services), the implementation of the Affordable Care Act, as well as NYS Medicaid Redesign, including expanded access to Medicaid and the requirement of the provision of Health Homes for Medicaid clients with chronic conditions.

The Treatment Modernization Act of 2006 requires that grantees expend 75% of funds under Parts A, B and C on core medical services. The Uniform Standard for Waiver of Core Medical Services Requirements became effective in 2008 and established the criteria used to evaluate waiver requests for FY 2009 and beyond, as well as waiver eligibility, and guidelines for the development and submission of waiver application, as follows:

- The waiver request, which is signed by the CEO of the EMA, is submitted with the annual grant application and includes certifications and a narrative description of the process and evidence;
- Grantees will be notified of waiver approval no later than the date of the Notice of Grant Award;
- Waivers will be effective for a one-year period consistent with the grant award period.

The four waiver requirements include: 1) certification from the NYSDOH that there is no current or anticipated ADAP services waiting lists in NYS for the year in which the waiver request is made; 2) certification that all core medical services listed in the statute, regardless of whether such services are funded by Ryan White, are available within 30 days for all identified and eligible individuals with HIV/AIDS in the NY EMA; 3) evidence that a public process (may be conducted by the Planning Council) was conducted to seek public input on availability of core medical services; and 4) evidence that receipt of the core medical services waiver is consistent with the NY EMA's application, as described in the "Description of PSRA processes" and "Unmet Need Estimate and Assessment".

The submitted narrative must address: local and state underlying issues that influence NY's decision to request a waiver and how the documentation provided supports the assertion that service are available and accessible, how the approval of a waiver will impact NY's ability to address unmet needs and perform outreach to HIV positive individuals not in care and the consistency of the waiver with application.

In deciding whether to move forward with a waiver application, factors which must be considered include: 1) the essential core medical services that Ryan White should support, as well as identification of the populations depending on Part A core medical services and re-assessment of funding allocations; 2) other service categories not currently funded that should be funded; and 3) the adequacy of current allocations for non-core services to address unmet need.

Core medical services funded in the NY EMA include Outpatient and Ambulatory Medical Care, ADAP, Oral Health Services (Tri-County only), Early Intervention Service, Home Health Care, Mental Health Services, Medical Case Management Services and Outpatient Substance Abuse Treatment. Non-Core/Support services funded in the NY EMA include Food Bank/Home Delivered Meals, Housing

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Services, Legal Services, Medical Transportation Services (Tri-County only) and Psychosocial Support Services.

With respect to the future needs of PLWHAs in the NY EMA, several issues need to be explored:

- The degree to which the NY EMA's healthcare system can provide for the core medical service needs of PLWHAs through other funding sources (Medicare or Medicaid);
- As a result of healthcare reform, incl. Health Homes and the increase of Medicaid eligibility to 133% FPL in 2014, the NY EMA's healthcare system's ability to respond to needs of PLWHAs;
- Health insurance exchanges (to be implemented in 2014) and the effect on the NY EMA;
- Documentation that all core medical services are available to eligible clients within 30 days;
- The review of the service portfolio in light of these changes and the identification of new need, including time needed to reassess the portfolio, re-allocate funds and re-bid services, data sources needed, involvement of Planning Council committees and short and long term plans to be considered.
- Planning Council members, clients, providers and other stakeholders thoughts about requesting a waiver, based on available data.

Regarding the proposed timeline, it was noted that a Grantee-funded Medicaid consultation is scheduled for early Spring 2012 which will examine Medicaid coverage, our service portfolio, payer of last resort issues, what we currently fund and what we will be able to fund in the future.

Comments, issues and concerns raised by Committee members include:

- the amount of time needed to assess the feasibility of moving forward with the waiver application process;
- the amount of currently available data in order to support the waiver application;
- the waiver request would need to reflect the implementation plan in the application;
- PSRA and PC would need to develop a new spending plan with new priorities by July 2012;
- the implications of a spending plan developed with the assumption of an approved waiver;
- the political & fiscal implications of applying for a waiver, as perceived by HRSA and others;
- assuming a waiver approval, the implementation issues involved in new service categories;
- the process (& request) could be incremental so as not to drastically disrupt the current continuum;
- the need for a decision to proceed (or not), even if we are lacking all data needed.

The Committee agreed to move forward with discussions to explore whether or not we should proceed with a waiver application; dates will be proposed for a special session in January.

### **Agenda Item #6: December 22, 2011 Planning Council Meeting Preparation**

Jan Park announced that Dr. Thomas Farley, the Commissioner of Health, will address the Planning Council on December 22 regarding the newly-released DOHMH HIV Treatment Recommendations. Dr. Blayne Cutler will also be presenting on the Early Comprehensive HIV Prevention Plan. The meeting format will allow for both Q/A sessions by Planning Council members as well as community members.

### **Agenda Item #7: Committee Updates**

Nina Rothschild, DrPH, staff to the Policy Committee, presented several letters for EC review & approval, which will be moved to the full Planning Council, if approved:

- HRSA: Part A Monitoring Standards – *Approved*
- FDA: Organ Donation – *Approved*
- HHS: Essential Health Benefits – *Approved*

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- NYS: HIV Counseling & Testing Regulations – *Approved*
- Local: AIDS Memorial Park – *Not approved*

Given time constraints, Committee reports were not delivered

**Agenda Item #7: Public Comment II**

There was no public comment.

There being no further business, the meeting was adjourned at 5:15pm..

DRAFT