Meeting of the

EXECUTIVE COMMITTEE

July 20, 2006
2:30 – 4:10 PM
Friends House, 130 E. 25th Street

MINUTES

EC Members Present: J. C. Park, MPA (Govermental Co-chair), S. Hemraj (Community Co-chair), P. McGovern (Finance Officer), E. Camhi, J. Chestnut (for F. Carroll), O. Clanton, H. Cruz, I. Gamble-Cobb, J. Grimaldi, MD, J. Hilger, R. Johnson, J. Lehane, PhD (for T. Petro), H. Mateo, W. Okoroanyanwu, MD

Staff Present: OAPCP: D. Wong, D. Klotz, C. Silva, S. Bailous, N. Rothschild; MHRA: R. Miller, G. Kaloo, B. Carroll

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Park and Mr. Hemraj opened the meeting, followed by introductions.

Mr. Clanton introduced the moment of silence.

The minutes of the June 15th joint EC/PSRA meeting were approved with no changes.

Agenda Item #2: Public Comment

J. Livigni: The president's veto of stem cell research will hurt future research for treatments for HIV/AIDS.

M. Gold: There still needs to be funding set aside for PLWHA with disabilities who have serious needs. Ryan White dollars can not be spent on durable equipment, which is a problem for people who use wheelchairs, scooters, etc.

R. Jones: The PLWHA AG has formed a membership committee to help bring consumers into the process, especially to advocate for people who can not attend meetings.

Agenda Item #3: FY 2007 Spending Plan

Dr. Grimaldi: The Integration of Care Committee (IOC) had a successful year developing program models that are more integrated and consistent with the Comprehensive Strategic Plan. Sources of data for planning that we used included input from consumers who attended meetings, input from providers, AIDS Institute data, and research literature.

Changes were made to the housing categories to supports them as much as possible as a key to access to and maintenance in care. Program guidance was streamlined, particularly Emergency Transitional

Housing, which combined two older distinct categories. We added a requirement that all funded agencies to link clients to primary care, and emphasized special populations (e.g., substance users and prison releasees). The ultimate goal is to move people into permanent housing, as that is most tied to successful access to and maintenance in primary health care. Our guidance for Oral Health acknowledges that it is an underappreciated aspect of primary care and health outcomes, and that programs need more coordination with primary care providers.

Home Care changes recognize that the need for home care has changed. We wanted to preserve non-reimbursable services delivered in the home (e.g., mental health visits). IOC proposes that the former category "Hepatitis C Screening and Treatment" be eliminated as a stand-alone category and that its revised program guidance be incorporated into the existing "Outpatient Medical Care" category. The rationale is that Hepatitis C and B screening and treatment has since become part of the HIV-related standard of care, but that Title I is needed for the often non-reimbursable, extensive wrap-around and support services that Hep B and C treatment usually requires (e.g., depression/mental health screening and management).

For Nutrition Counseling and Services, the emphasis is now on nutritional assessment and counseling, and the provision of meals when deemed medically necessary to improve health outcomes and enhance treatment adherence and efficacy.

Mr. Park: These are categories that will be re-bid in FY 2007 and FY 2008. The revised guidance brings us closer to the focus in Washington on access to and maintenance in primary health care. The guidance tries to "medicalize" the services as much as possible. IOC was very diligent in their work and should be commended.

Mr. Camhi: The Priority Setting & Resource Allocation Committee (PSRA) used IOC's changes to help inform the priority setting process. We have a mandate from the Council to reassess the Title I portfolio on a regular basis. We felt that there was unfinished work from last year on the low end of the rankings, which needed more thorough assessment. Utilization of Home Care has declined dramatically, but there has been no change in the Title I allocation. Also, the types of home care delivered have also evolved; home-based mental health services have become much more prominent. PSRA made a decision to move half of the Home Care allocation to Mental Health and earmark it for home-based services.

We wanted to sustain "bricks and mortar" housing TA, which is only available through Ryan White and is specific to creating new units of housing for PLWHA. Building and Sustaining Organizational Capacity is reduced to $300,000 for performance-based contracting TA. Given reauthorization and the many years of basic TA already provided, we need to allocate more money to direct services for clients.

The savings from TA and Home Care are to reallocated by evenly distributing them to Mental Health, Early Intervention, and Maintenance In Care. Given the initiatives in the City to find new HIV-positives and get the newly diagnosed into care, this was justified. We also think that the application should have additional funds to support the ADAP pools. If we are finding new cases, then we need the capacity to serve them. Also, ADAP serves the undocumented, a priority population. This is a request above our current base level of funding.

Mr. Cruz: There is money being made available to create 600 new housing units for PLWHA over 5 years. Those entities will need the bricks and mortar TA. Another rationale for requesting an increase to ADAP is that the national appropriation for ADAP may be reduced, and this would help make up any possible shortfall.

Ms. Hilger: It should be clear that any changes to the program guidance would be implemented when those categories are re-bid. Also, why is IOC calling Transportation "Medical Transportation", which is a specific, Medicaid-reimbursable service, if the guidance is essentially the same and allows for transportation to non-clinical appointments?

Dr. Grimaldi: IOC chose to define it ourselves to emphasize that the service is for improving health outcomes.

Mr. Park: The intent was to allow inclusion of transportation to non-medical appointments that link people to and maintain them in care and improve health outcomes.

Dr. Grimaldi: The name was changed in the spirit of a focus on services that link people to and maintain them in care and improve health outcomes. We can take the word "medical" out of the title, but keep in the guidance that transportation is for visits that maintain health status.

A motion was made, seconded and approved to accept the program guidance as amended.

Ms. Miller: There had been some discussion about moving the MAI portion of Oral Health (1 program) to base funding in order to consolidate the program. We can adjust the base and MAI funds in early intervention to keep the MAI allocation the same.

Mr. Camhi: This would not alter any categories or dollar amounts.

Ms. Hilger: I move to fully fund oral health through base by adding $215,544, and adding that amount to MAI Early Intervention programs from base. This is also more cost effective, because we will not have to do an MAI evaluation on one program.

The motion was seconded and carried.

Mr. Camhi: I move to approve the PSRA plan, as amended, and with addition of $2M for ADAP.

The motion was seconded and carried.

Dr. Lehane: The total EMA spending plan reflects the 4.8% that goes to Tri-county (TC), with the subtraction of the TC portion of CHAIN and NYC administered Treatment Adherence programs. I move to accept the Tri-county spending plan [seconded].

Mr. Cruz: I make a friendly amendment to take the word "Americans" out of the Ambulatory Outpatient Medical Care description [accepted].

The motion to accept the TC spending plan was carried.

Mr. Park: This will be presented to full Council next week. We have looked at the portfolio and made adjustments, based on need, that are also responsive to HRSA mandates. These processes took place in a fair and transparent manner in open committee meetings.

Agenda Item #4: New Business

Ms. Hilger: Next week there will be a site visit from our new HRSA project officer, Kerry Hill, who will attend the Council meeting.

Mr. Park: The Senate committee passed an appropriation bill with an increase for the CARE Act (mostly for ADAP) and HOPWA. It is less than advocates wanted, and still has to be negotiated with House, but it is some good news.

Mr. Cruz: In the latest reauthorization news, a Congressional committee is proposing a 2-tier approach to formula funding, with name-based systems reported directly to the CDC, and a penalty for those states without such a system. State epidemiologists oppose this, as it is a disincentive to move to name-based reporting (as NYS already has), and states without names reporting would be able to take advantage of the system. This could hurt NYS, as the formula for some states (e.g. California) will be based on unverified numbers.

Mr. Park: It is difficult to keep up with all aspects of reauthorization, so thanks for everyone who is keeping us informed. I hope that all people who are following this issue will keep us up to date on developments.

Mr. Clanton: On behalf of the Consumers Committee, thanks to the members of the other committees who came to us and explained their work and got our input on the planning process.

Mr. Park: The Rules & Membership's slate of candidates for new Council appointments is on time in the process.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on February 8, 2007