Meeting of the
EXECUTIVE COMMITTEE
Thursday, December 11, 2008
3:00-5:00 pm
Latino Commission on AIDS, 24 West 25th St., 10th Fl. Conf Rm, NY, NY

M I N U T E S

Members Present: Soraya Elcock (Community Co-Chair), Jan Carl Park (Governmental Co-Chair), Victor Benadava, Joan Edwards, Antionettea Etienne, Marya Gilborn, Alexander Hardman, Jennifer Irwin, Joann Hilger (alt. for Fabienne Laraque, MD, MPH), Matthew Lesieur, Darryl Ng, Tom Petro, Charles Shorter, Dorella Walters

Members Not Present: Felicia Carroll, John Anthony-Eddie, Juana Leandry-Torres, Gonzalo Mercado

Staff Present: NYCDOHMH: Mary Irvine, DrPH, David Klotz, Nina Rothschild, DrPH, Anthony Santella, DrPH, Darryl Wong. Public Health Solutions: Rachel Miller

Material Distributed: Agenda; November 13, 2008 Executive Committee Minutes; Draft Comprehensive Strategic Plan for HIV/AIDS Services 2009-12 Handout; 2008 Ryan White Part A Carry-over Waiver Plan for Discussion and Approval – December 2008; 2009 Base Spending Plan; 2009 Proposed Allocations with Outreach and Increased Housing based on 2008 Part A & MAI Allocations; FAPP Letter Ryan White Working Group; Letters to Sen. Kennedy and Rep. Waxman re: Technical Fixes to RW HATMA; December 18, 2008 Planning Council Draft Agenda; 2009 Draft Executive Committee & Full Planning Council Meeting Schedule.

Welcome: Soraya Elcock opened the meeting, followed by member introductions. Mr. Benadava led the moment of silence with recognition of all living PLWHAs and those who have passed.

Review of Agenda/Minutes: Mr. Park reviewed the draft agenda and meeting materials for the meeting. The minutes of the November 13, 2008 Executive Committee minutes were approved, with changes noted.

2009-12 Comprehensive Strategic Plan for HIV/AIDS Services:
Anthony Santella, DrPH, Director of the Bureau's Policy, Planning & Implementation Unit reiterated the progress of the plan's development, including review and feedback by the Tri-County Part A Steering Committee, Executive, Needs

Assessment, Integration of Care, Consumers Committee and the Westchester County DOH this Fall. The final and complete draft of the Plan will be sent to the full

Planning Council by COB 12/12/08 for review and approval at the 12/18/08 meeting, in anticipation of submission to HRSA in early January 2009.

The Plan consists of (4) major sections. The draft vision statement was re-stated to include the most recent changes:

"All people living with HIV/AIDS residing in the New York EMA will have equal access to comprehensive health and social services in order to achieve the best possible quality of life and health outcomes, which will contribute to controlling the epidemic."

Previous Executive Committee meetings have addressed the Goals and Objectives in Section III; multiple action steps have been developed to describe the activities needed to be undertaken in order to achieve the objectives. Generally, the Needs Assessment & Consumers Committee have been involved to describe the issues and its characteristics, through literature review and consumer experiences. The Integration of Care Committee is then involved in examining service models and models of care utilized; best practices and solutions are identified, information is disseminated to the Planning Council and providers and the PSRA Committee will work to assure that appropriate resources are allocated to the recommendations made.

Rather than developing a separate sixth goal addressing the assurances that needs for support services be met, the role of support services would be captured in the previous goals, e.g., promoting early entry into and continuity of care. Ms. Elcock voiced concern that the plan language, as presented, did not make clear the larger role that support services play in the continuum. Mr. Lesieur and Mr. Petro echoed the concern by stating that at last month's Executive Committee meeting, it was agreed that support services were to be included as a separate, stand alone goal (Goal Six), with each support service articulated by a specific objective. Such assurances, in their view, were ignored. Drs. Santella and Irvine responded to these concerns by stating that when each supportive service was allotted a stand alone objective, it appeared that the provision of that service was an end in itself, as opposed to a means to the end of ensuring prompt entry into and continuous maintenance in care. References will be made to the umbrella of support services rather than naming each of the specific services. Mr. Park reiterated that the day's presentation focused on modifications to the prior draft plan.

Mary Irvine, DrPH, Director of Research & Evaluation of CTH presented on changes in Section IV, which addresses data sources and specific indicators for monitoring plan performance. Much of the discussion focused on testing data sources (accessed through the DOHMH Prevention/testing Program) and specifically the gap between tests conducted (as reported by DOHMH-funded rapid testing providers) and test kits sold within NYC. Dr. Irvine explained that the Citywide rapid testing numbers now cited in the plan come from two different data sources, each one imperfect and incomplete, but each necessary in order to piece together a best estimate for overall

rapid testing in New York City. On the one hand, the sales data reflect test kits sold, and do not necessarily translate to tests conducted, since not all kits may be used. However, even the sales data could constitute an underestimate, since they do not account for one of three major rapid test kit manufacturers selling kits to purchasers in NYC. On the other hand, the provider data reflect tests conducted only by DOHMH-funded providers (the ones required to report back on each test to DOHMH), and thus exclude testing by non-DOHMH-funded rapid testing providers in NYC. Some confusion arose over the estimate from the manufacturer-reported sales data; it should be clarified for the record that the test kit sales numbers (a) have already been reduced by 15% to account for the use of some test kits as quality controls (vs. for unique testing events), and (b) reflect sales made to any/all rapid test kit purchasers in NYC, *not* just the DOHMH or its funded contractors. Thus, much of the difference between the (higher) test kit sales figure and the (lower) provider total for tests conducted can be attributed to the sale of kits to providers *not* funded by DOHMH for rapid testing.

Revision of MAI Carryover Request:

In October 2008, the MAI carryover request of $304,464 (of which ~$163,000 would be used for ADAP, the balance being used for increased reimbursement rates for the Maintenance in Care programs and to increase the budgets of Treatment Adherence pilot projects) was approved by the Planning Council. Since the original request, MIC rates have been increased and MAI funds have been used to enhance the TA pilot projects; MAI carryover funds are no longer needed for these items. Ms. Hilger informed the Executive Committee's of the grantee's intention to apply the entire amount of $304,464 to ADAP and not split between ADAP and the Medical Case Management programs.

A motion was made, and seconded, to approve the recommendation and a vote was taken;all in favor, none opposed, no abstentions.

Part A Carryover Request:

Ms. Hilger reviewed the general process for requesting carryover of funds from the 2008 grant year to 2009.

The New York EMA is requesting authorization to carry-over FY08 Part A unobligated formula grant funds after the FY08 FSR is submitted and approved by HRSA. For the waiver we estimate that $1,497,334 of the formula award, the maximum allowed, will be unobligated at the end of the budget year, through programmatic underspending. The 2008 FSR will show the exact amount of unobligated Part A grant funds. We anticipate underspending in various service categories, but cannot predict which categories will have unobligated funds until reprogramming in the last quarter is complete and the close-out is finalized.

Last year the HIV Health and Human Services Planning Council authorized the use of all formula carryover funds for the New York State Drug Assistance Program (ADAP) to expand the availability of HIV/AIDS medications to uninsured and underinsured individuals living with HIV/AIDS in the EMA. The same amount was estimated for the 2007 carryover waiver; however the underspending in 2007 was only $861,549.

ADAP is the highest ranked priority in the EMA. The goal for his program is to improve health outcomes of uninsured and underinsured PLWHA by increasing

access to medications for the treatment of HIV/AIDS and opportunistic infections. These funds will be used to reimburse approximately 3,839 prescriptions at an average cost of $390 per prescription. This represents about one month's supply of drugs for a approximately 1,200 participants in FY 2009. ADAP historically spends 100% of the grant funds and is able to use funds received later in the year which can be amended to the existing contract.

A motion was made, and seconded, to approve this carryover request and a vote was taken; all in favor, none opposed, no abstentions

Grantee Update:

There was no update provided by the Westchester County Department of Health, as there were no new developments.

Committee Updates:

Due to time constraints, committee updates were deferred to the full Planning Council meeting on December 18, 2008. However, Mr. Lesieur, Co-Chair of the Policy Committee reviewed the letters to Representative Waxman and Senator Kennedy, regarding HATMA technical fixes. The following points were noted:

- The strategy is to make minor technical changes to the law in the hopes that universal health insurance will have larger impacts;

- Current legislation states that carryover balances >2% of the formula award will result in the supplemental request being denied, as well as that carryover amount being deducted from the following year's award.
  The recommendation is that the 2% threshold be increased to 5% and that the supplemental application should be un-related to the carryover amount;
- Part D funding does not impose the 75% minimum spending requirement on core medical services, as it does in the other Parts of Ryan White. However, over time HRSA has moved towards imposing medical spending requirements for Part D; the letter is intended to remind HRSA that Congress did not intend to medicalize Part D when it re-authorized HATMA;
- Part A and Part B resources should continue to be distributed through existing formula and supplemental mechanisms rather than by SONI (Severity of Needs Index) or client level data; many jurisdictions, excluding New York, are not prepared to report client level data;
- In order to prevent large cuts in formula funding for states who have not fully converted from code-based to names-based reporting of HIV cases, e.g., California, Maryland and Massachusetts, we support the use of both reporting systems (and data) until those states' systems are fully matured;
- We support the use of prevalence of living HIV/AIDS cases in the funding allocations for jurisdictions, as opposed to the current use of incidence of HIV cases over the last5 years;
- Hold harmless statutes of 5% should be continued through the life of the next bill;
- With respect to authorized appropriations for each of the Ryan White Parts, we support changing the language of specific dollar amounts to "such sums as necessary".

Ms. Elcock suggested that these technical fixes be put in place for a duration of three years, until 2012, in order to assess the impact of the last legislation's changes. Mr. Petro sought clarification if the EMA/TGA differentiation would continue to be used in allocations of Federal funds.

A motion was made, and seconded, to approve the letter, with noted changes, vote was taken; (7) in favor, none opposed, (2)abstentions

Mr.Lesieur also distributed a letter developed by the Federal AIDS Policy Partnership which will be sent to President-elect Obama's transition team. The Planning Council's signoff and inclusion as a signatory in the document is needed by Monday, December 15. It was noted that DHHS was incorrectly referred to. Mr. Park suggested that members be given the time to read and reflect on this document. Mr. Hardman asked if this letter also included those living with Hepatitis C.

Planning Council December 18th Agenda Review:

With the full agenda to include a NYSDOH presentation on policy developments/changes in Medicaid, there will be discussion of the 2009-12 Comprehensive Strategic Plan, the election of the Finance Officer, the Carryover discussion and voting, it was decided that the full Planning Council meeting will begin at 2:00PM at the LGBT Center and conclude at 5:00PM.

There being no further business, the meeting was adjourned.

The meeting was adjourned at 5:00PM.