



Meeting Minutes  
**INTEGRATION OF CARE COMMITTEE**  
Nancy Cataldi and Charles Shorter, Co-Chairs

May 1, 2013  
Cicatelli Associates, 505 Eighth Avenue at 35<sup>th</sup> Street  
20<sup>th</sup> Floor in the Lavender Room  
9:30 am – 12:30 pm

**Members Present:** Matt Baney, Victor Benadava, Moya Brown, Nancy Cataldi, Michael Ealy, Janet Goldberg, Graham Harriman, Zachariah Hennessey, Christopher Joseph, Peter Laqueur, Jan Carl Park, Andresa Person, David Price, Gina Quattrochi, Alexandra Russo, Charles Shorter, Lisa Zullig

**Members Absent:** Peter Campanelli, PsyD, Christopher Cunningham, Joan Edwards, Deborah Greene, Sandy Guillaume, Terry Hamilton, Tracy Hatton, Daphne Hazel, Julie Lehane, PhD, Jun Matsuyoshi, Mary Poupon, Brenda Starks-Ross, Robin Wilder

**NYC DOHMH Staff Present:** David Klotz, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong

**Others Present:** Randall Bruce, Felicia Carroll, Joan Corbisiero (by phone), Mallory Lowenstein

**Material Distributed:**

- Agenda
- Rules for Respectful Engagement
- Minutes from the April 3<sup>rd</sup> Meeting
- Health Education and Risk Reduction/The Positive Life Workshop Draft Service Directive
- Email Communications with HRSA Consultant Jeananne Cappetta
- Non-Medical Case Management Draft Service Directive
- Planning Council Calendar for May 2013

**Welcome/Introductions/Moment of Silence/Rules for Respectful Engagement/Review of the Meeting Packet/Review of the Minutes:** The Committee Co-Chairs welcomed meeting participants. Committee members introduced themselves. Victor Benadava led the moment of silence. Participants reviewed the Rules for Respectful Engagement. Nina Rothschild reviewed the contents of the meeting packet. Victor Benadava requested that the Committee postpone approving the minutes from the April 3<sup>rd</sup> meeting until he suggests some changes in the wording describing the presentation by HASA.

**Health Education/Risk Reduction/The Positive Life Workshop (TPLW) Service Directive:** Graham Harriman reviewed the background for the TPLW directive, noting that the Health Education/Risk Reduction service category is a growth area for the EMA and that the question is whether we should offer a directive this specific – i.e., a directive built around a single patient education program. Committee member Zack Hennessey expressed a preference for having a menu of patient education programs from which to select.

Peter Laqueur made a motion to accept TPLW service directive. Committee members agreed to vote by ballot. The ballot vote was as follows:

No = 7    Yes = 5    Abstention = 1

The motion to accept TPLW was defeated. According to the Planning Council's Parliamentarian, who provided guidance by telephone, the same motion – i.e., to accept TPLW -- cannot be brought up again and again. Zack Hennessey motioned to revise the HE/RR service model to include a menu of patient education programs. The vote in favor of revising the service directive was unanimous. The Planning Council and grantee staff agreed to revise the directive to include a menu of patient education programs.

**Service Directive Development:** Committee members discussed possible ways of moving forward with service directive development at a faster pace. Mr. Harriman stated that the current method of proceeding, in which service providers make presentations to Committee members about their programs, after which Committee members engage in a detailed editing process of a draft service directive, takes too long. He is in favor of surveying current providers about the essential components of services, followed by an opportunity for Committee members to ask questions of providers. Committee member Gina Quattrochi suggested doing an analysis of the current portfolio to examine where the gaps lie. Mr. Harriman responded that a gap analysis was conducted to determine the service categories in front of IOC now.

**Non-Medical Case Management:** Committee members engaged in an in-depth examination of the nMCM draft service directive, making a number of points:

- The current version of the non-medical case management (nMCM) service directive has no connection with the reality of service delivery.
- The word “linkage” as used in the draft directive is meaningless. The language of the directive needs to be clearer about what linkage entails, should use language such as linkage and referral with documented evidence of follow-up, and should be time-specific.
- Committee members decided to break the nMCM guidance into two sections to serve different needs: one section for transitional care for the incarcerated and another section for PLWHAs with nonmedical case management needs.
- We need to have services anticipating a release from jail. When PLWHAs are released and their Medicaid benefits are restored, they will be assigned to a Medicaid health home.
- PLWHAs should have an emergency supply of medications to help them through the transition out of jail. Organizations providing nMCM services should be able to demonstrate an ability to assist PLWHAs with accessing their medications quickly.
- The language about the Affordable Care Act and Medicaid redesign should be tightened.
- Some services provided under COBRA will not be provided under health homes.
- Health homes are based heavily on DACs – Designated AIDS Centers
- How is information on viral load obtained?
- What exactly is the Transitional Health Care Consortium (THCC) in which organizations providing services to currently or recently incarcerated people must participate?

Mr. Harriman agreed to invite Alison Jordan, who is the Executive Director of the THCC, to attend the next IOC meeting. Committee members agreed to meet again at 9:30 on May 15<sup>th</sup>.

**Public Comment:** No members of the public commented.

**Adjournment:** The meeting was adjourned.