HIV Health & Human Services
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

Meeting of the
POLICY COMMITTEE
Sharen Duke, Chair

March 27, 2012
AIDS Service Center of NYC
41 East 11th Street, 5th Floor
3:00 pm – 5:00 pm

Members Present: Christopher Cunningham, Sharen Duke, Elaine Greeley, Graham Harriman, Lorna Littner, Esther Lok, Paul Meissner (by phone), Jan Carl Park, Andresa Person

Members Absent: Kareem Clemons, Sharon Doctor, Yves Gebhardt, Kristin Goodwin, Sandy Guillaume, Matthew Lesieur, Lucky Michaels, Gloria Searson, Dorella Walters

NYC DOHMH Staff Present: Marybec Griffin-Tomas, Merline Jean-Casimir, Rafael Molina, Nina Rothschild, DrPH, Darryl Wong

Others Present: Randall Bruce, Felicia Carroll, Marissa Daray, Rebecca Darwent, Billy Fields, Ron Joyner, Gracie Lin, Deb Marcano, Marcelo Soares, Stephen Sukumaran

Material Distributed:

Agenda
Minutes from the February 28, 2012 Policy Committee Meeting
Policy Committee Open and Closed Items
Material from Housing Works on HIV/AIDS and Public Health Funding and on Funding Cuts
Articles from the New York Times, Washington Post, and Politico on the Arguments Before the US Supreme Court on the Affordable Care Act
Letter from Dr. Mary Wakefield, HRSA Administrator, on Transplantation of Organs to and from HIV+ Individuals
Federal Register Notice Inviting the Design of Alternative Blood Donor Deferral Criteria for Men Who Have Sex with Men

News Release from HHS re Provision of Coverage for People with Pre-Existing Conditions
Notice of Webinar on the ACA and PLWHA
NASTAD's ADAP Watch
Article from Gay City News on High HIV Prevalence in NYC and Funding Cuts
Article by David Holtgrave on Preparing President Obama for the International AIDS Conference in July 2012
Statement in HIV Health Reform to President Obama and Congress Defending Health Care Reform
Action Alert re FY13 HOPWA Letter
Joint Letter of the HIV Health Care Access Working Group and ABAC to Congress Urging a Vote Against Paul Ryan's FY13 Budget Resolution
Planning Council Calendar for April 2012

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Sharen Duke welcomed meeting participants. Attendees introduced themselves and observed a moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the February meeting were accepted for posting on the Planning Council website at nyhiv.org.

List of Open and Closed Items:

Essential Health Benefits for PLWHA: States are in the process of structuring their essential health benefits packages. Every state has to have a minimum package of essential health benefits. Committee members agreed on the need to find out who at the NYSDOH is working on the essential health benefits for NY and also agreed on the need to gather more information about co-pays. Nationally, 16% of PLWHA have private health insurance. Many PLWHA are unable to obtain insurance because HIV is a pre-existing condition. Jan Park also noted the tremendous outlay in co-pays incurred by many PLWHAs who do have insurance.

HRSA Monitoring Standards: The monitoring standards are a compilation of many years of regulations. The Planning Council wrote a letter to Dr. Mary Wakefield, the HRSA Administrator, expressing concerns, and many AIDS advocacy organizations have also expressed concern, but the Planning Council has not received a response. Internally, DOHMH is still having conversations on the monitoring standards. Sharen Duke noted that New York State should receive a waiver from the Medicaid monitoring standards for CLIA-waived facilities conducting HIV testing. She suggested that the State and the City should work together to gain traction on this issue and also noted

that the requirement to verify residency and income is a burden for case managers.

Medicaid Reform in NYS: Medicaid reform is one of Governor Cuomo's major initiatives. We are doing an analysis of the proposed changes but are uncertain about how the restructuring will affect PLWHA. The consultants from the law firm that is conducting the Medicaid analysis have solicited input from DOHMH staff. The final document will be delivered to the Ryan White Planning Council at its May 17th meeting. Sharen Duke noted that the document in quite dense and asked about its intended use. Graham Harriman stated that it is intended to provide a picture of what's happening now and will be useful when used in conjunction with the payer-of-last-resort tool as the Priority Setting and Resource Allocation Committee engages in its work. Ms. Duke asked whether the report could be made more user-friendly.

Governor Cuomo's HIV/AIDS Strategy: The Governor has been supportive of many HIV/AIDS initiatives at the State level. DOHMH is communicating with the State regarding health homes, managed care, and Medicaid reform. The Planning Council cannot lobby, and we cannot advocate for a piece of legislation, but we can note after a piece of legislation has passed that implementation will be difficult.

HASA Housing Policy: HASA provides rental and housing assistance for 30,000-35,000 PLWHA. HASA has instituted some policy changes: it no longer provides cash security deposits to landlords; rather, it just provides vouchers. In addition, HASA only provides 50% of brokers' fees, leaving clients responsible for coming up with the remaining 50%. Jan Carl Park noted that the HASA is not the only housing source for PLWAs in New York. The Planning Council provides housing services to people who are not eligible for HASA programs.

Social Security and Disability: Many PWAs strive to go on disability because this enhances the amount of financial assistance they receive. The Planning Council is still waiting for an opportunity to comment on proposed changes to Social Security and disability.

Policy Committee members agreed that each Executive Committee and full Planning Council meeting should include a 10-minute policy update – either 90 seconds on each topic, or 10 minutes on one topic.

Syringe Exchange Programs: The ban on federal funding for syringe exchange has been reinstated, diminishing a shining moment in HIV/AIDS and drug policy.

Organ Donation to/from HIV-Infected Individuals: This has been successfully done in South Africa. The Planning Council weighed in to state that this is feasible and practical.

Ban on Blood Donation by MSM: The ban is a very old policy and doesn't make sense. The Planning Council should encourage DOHMH to propose a screening process to find MSM who are at no or very low risk and can donate blood.

HASA Update: Felicia Carroll provided an update on HASA and other HIV issues. A cut of $1.4 million to HIV prevention will impact negatively on our ability to fight HIV. The focus is on large-scale community interventions rather than on individual-level interventions. A rally on March 28th will encourage a $5.1 million restoration to supportive housing. The money was restored in FY12, and we want it restored in FY13 again. The elimination of HASA client advocacy will be a barrier for clients who will not be able to obtain services that help them to maintain their housing, learn about budgeting for rent, etc.

Syringe Exchange: Activists went to Washington, DC, regarding syringe exchange. Some of them were arrested and had the support of people in the hallways and of some legislators.

Funding Cuts: Esther Lok stated that HIV prevention funds are being cut by $1.6 million. The cuts include evidence-based programs. Some of these cuts will be covered with federal dollars, which have to be spent on a number of initiatives, including condom distribution, prevention with positives, and testing.

Health Homes: Sharen Duke provided an overview of health homes from both the provider and consumer perspectives. She asked for feedback specifically on the consumer component. Ms. Duke noted that the HIV community in NYC confronts a number of challenges regarding funding, programs, and policy. Organizations need new revenues to cover unfunded mandates, and they also need intellectual capital. Generally, the world of HIV is shifting toward a medicalization of HIV services and toward chronic disease management.

Phase 1 of the transition to health homes will take place in the Bronx and in Brooklyn, and those boroughs already have designated health homes. Care management will be expanded. Chronic conditions such as depression and diabetes make a client eligible. Health homes will offer comprehensive case management, try to reduce or eliminate costs, and improve patient health outcomes.

Health homes will go from fee for service to capitated rates based on a complex formula. Medicaid will assign clients to a managed care company, and moderate and high-intensity need patients will be referred to health homes. Health homes are very open-ended. The conversation of COBRA programs to health homes is supposed to be a two-year process. A number of ongoing challenges are presenting themselves: Medicaid managed care population expansions and service expansions, including complete reconstruction of care and delivery. This has the effect of diminishing the focus on HIV in Medicaid redesign, despite the stigma of HIV, the long-term impact of ARV use, and the increasing number of cases. The plan today should be to understand health homes and what to do when you are contacted by a health home provider. The goal is to improve health for people with chronic illness. Health home staff will include care managers who will engage in troubleshooting and connect clients to social services to maintain client stability. Navigators will probably each have roughly 50 patients.

For patients who currently have case management, nothing should change. Your case manager will tell you about available services and ask you to sign a consent form. He or she will complete an assessment and work with you to develop a care plan/plan of treatment and provide you with immediate referrals for non-medical services. Next steps include talking with the case manager, doctor, and social worker. Esther mentioned a new feature of health homes: auto-assignment. She recommended that clients talk to their providers to find out more about auto-assignment. Clients should receive care in health homes in the borough in which they reside. Ms. Duke stated that most people will end up in the health home with which their doctor is affiliated.

Randall Bruce inquired how the system would work for patients who are eligible for Medicaid and for Medicare. Ms. Lok responded that the easier populations are being enrolled first, and the state will then deal with the dually eligible. Graham Harriman noted that for now, patients who are dually eligible are not being enrolled because Medicaid and Medicare have to figure out how to talk to each other. Ron Joyner pointed out that implementation will take a lot of money and that more case managers will be needed – or, as Ms. Duke pointed out, the case load per manager will be increased. Ms. Carroll asked whether clients can be forcibly enrolled or dis-enrolled and advocated for clients to be able to remain connected to their usual providers. Strong pressure will be placed on folks who are not in care currently – approximately 30,000 individuals – to enroll in care. At the present time, there is no disenrollment. Clients will have to stay in their health homes for at least twelve months.

Adjournment: The meeting was adjourned.