



Meeting of the
Integration Of Care Committee
Danielle Beiling and Donald Powell, Chairs
January 15th, 2020, 10:00AM -12:00PM
God's Love We Deliver
166 6th Ave, Boardroom New York, NY

Members Present: Danielle Beiling (Co-chair), Randall Bruce, Paul Carr, Mitchell Caponi, Rose Chestnut (phone), Mary Correa (phone), Michael Ealy (phone) Billy Fields, Ronnie Fortunato, Janet Goldberg, Deborah Greene (phone), Bill Gross, Graham Harriman, Christopher Joseph, Leo Ruiz, Stephanie Serafino, John Schoepp, Claire Simon (phone), Rob Walker (phone), Joel Zive (phone)

Members Absent: Donald Powell (Co-chair), Lauren Benyola, Bettina Carroll (non-voting), Mary Correa, Dorothy Farley, Peter Laqueur, Carol Kunzel, Annette Roque, Brenda Starks-Ross,

**Welcome/Introductions w Pronouns/Moment of Silence/
Review of the Meeting Packet/Review of the Minutes:**

Ms. Beiling led introductions with pronouns, a resolutions ice breaker and the moment of silence led by Jose Colon-Berdecia. The minutes were accepted with corrections.

Public Comment/New Business

None

The Oral Health Subcommittee: A Review

Mr. Carr led us through a review of the oral health recommendations as developed by the Oral Health Subcommittee, discussing the process and the providers that were involved.

Oral Health Recommendations & Supporting Docs

Ms. Lawrence walked the committee through the data reviewed by the subcommittee throughout the process that led to the recommendations. Key issues are:

- Getting access to oral health care. Providers are extremely busy, chairs are usually full
- Part F operates on reimbursement to the institution. Can create a lot of financial stress to cover services with only partial reimbursement
- Medicaid is not invested in preserving long term function regarding oral health – will pull a tooth over finding a way to keep it in.
- Social isolation is a significant issue for PLWH and people in need of oral health services.
- Dental case management has seen a lot of success in increasing engagement, retention and supporting viral suppression.
- Medicaid does not cover specialty procedures – and will not replace dentures on a needed basis.
- The cost associated with quality oral care is very high.
- Oral problems can lead to cardiac issues
 - If you need surgery – the oral cavity must first be addressed.
- People are engaging in sexual activity with their mouths as well.
- CHAIN reports that only 33% of clients have seen an oral health provider in the last 6 months. But when clients do see a provider, they report high levels of satisfaction.
- Needed services include preventive services, service guides.

Review of Tri-County Oral Health Directive

- Every consumer in Tri-County used to have a case manager – this was changed in the last procurement.

- ADAP allows 10 dates of service with a dental provider – multiple services are allowed on that date, but each service must be approved on that date.
- Clients children are not covered for dental services – can only cover a family member when it is of direct benefit to the client.
- Only people who are not covered by ADAP or Medicaid has covered
 - Services that neither will pay for are being identified. Dentures are covered.
- *Mr. Schoepp* noted that he is uncomfortable with RWPA paying for extensive implants.
- Committee asks for additional information from provider perspective – proposal of conducting an oral health care forum.
- The committee is considering April to invite providers.
- Flexible hours are necessary.
- Integration is rare between medical and dental care.
 - Some institutions are doing this – NYU
- For next month we will bring
 - ADAP dental coverage
 - Dental Manual for Medicaid
 - Start identifying services Medicaid doesn't pay for
 - Oral Care 101 – *Ms. Starks-Ross* will assist with this.
 - Oral Health Care Directives from other jurisdictions.
 - Pull out key questions

Public Comment

None