



Meeting of the  
**Integration of Care Committee**  
Danielle Beiling and Donald Powell, Chairs  
March 18<sup>th</sup>, 2020, 10:00AM -12:00PM  
Zoom Video Call: <https://zoom.us/j/4708943670>

**Members Present:** Danielle Beiling (Co-chair), Randall Bruce, Paul Carr, Mitchell Caponi, Bettina Carroll (non-voting), Dorothy Farley, Billy Fields, Ronnie Fortunato, Janet Goldberg, Deborah Greene, Bill Gross, Christopher Joseph (phone) David Klotz, Peter Laqueur, John Schoepp, Claire Simon (phone), Brenda Starks-Ross, Joel Zive

**Members Absent:** Lauren Benyola, Rose Chestnut, Mary Correa, Michael Ealy, Graham Harriman, Donald Powell, Annette Roque

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

*Ms. Lawrence* led introductions with pronouns and *Ms. Chestnut* led the moment of silence. The minutes were accepted.

**Oral Health Care in Tri County**

*Mr. Faisal Abdelqader, MPH* presented a brief overview of the oral health care services offered by RWPA in Tri-County. Nine (9) programs in total are funded in Tri-County. In grant year 2018, 1405 persons were served with 126 receiving oral health care services.

Goals of the program are to prevent and treat oral conditions. Services are broken down by Dental Visit (preventative or restorative), Intake and Reassessment. On average clients receive 4-5 services. Most clients are Black (40%) or Latino (40%), 87% were 35-64 years old. Most clients have a primary care provider. Health insurance coverage included ADAP, Medicaid, and Medicare.

*How often are NYC residents traveling to TriCounty for services?* Can be pulled but not available presently.

*What are the specific services being provided?* This info is being provided by PHS.

*If clients have coverage – what is RWPA paying for?* Need to differentiate what RWPA paid for. Previous conversations indicate that RWPA is a stopgap – clients are linked to insurance at that point.

Any contract in the EMA can serve anyone from anywhere in the EMA. Question of how common that knowledge is. Tri-County covers transportation and oral health care services. Care management team at Mount Sinai have a lot of experience with accessing the vouchers needed to connect to medical transportation in Tri-County.

**PHS Breakdown of Tri-County Oral Health Services**

*Calley Heffer and Brittany Thorne* of PHS presented historical data on oral health care services in NYC and TriCounty. Oral Health care was offered in NYC from 2002-2007. In Tri-County, data is available from 2016-2020 – because PHS did not manage the contract prior to 2016, data is limited to these years. During its existence, was funded at a level of \$655,000. Tri-County has been level from 2016-2020 around \$180,000. TriCounty services include Intake/Reassessment, and the detail of services delivered does not expand substantially on what was offered in the previous presentation. Restorative work is more common than preventive.

Fiscal performance is flat for TriCounty because they are paid at cost, and overperformance is not possible. Really important to discuss with the Tri Country provider and they will be invited to the next meeting.

**Investigating How to Improve Oral Health Care Access & Utilization for PLWH in NYC**

*Ms. Lawrence* presented on Medicaid coverage in NYC.

Some FQHCs offer daily dental services.

The questions for the committee are:

How do we improve utilization if we determine the level of access is adequate?

How do we ensure complex treatment plans are accessible for PLWH

Does dental care management have a role in the improvement of utilization?

What are the costs associated with such an intervention?

Part F is a reimbursement system. In OR, Part A worked with Part F to ensure improved coverage. What would integration of oral health services into primary care in NYC look like? RWPA cannot be used to provide greater reimbursement for covered services.

If a service under RWPA is different, it is okay. What is reimbursement rate for RWPA for oral health services in Tri-County? Possibly equal to the Medicare rate. Medicare does not cover dental.

Questions for providers:

1. Speak to providers who accept Medicaid/deliver services to PLWH?
2. What is not covered?
3. How is complex treatment referred?
4. When, if ever, do they have waiting lists?
5. Implants and bone grafts?

Could we develop a guide to accessing services when one funder won't cover it: i.e. Medicaid will fund an ENT covering bone grafts. The resource landscape is complex. Could a pilot dental case management organize resources and help guide providers toward them.

We will bring in some Part F providers in addition to providers who meet the criteria of number one.

#### **Public Comment**

United Way has a lifeline for economic and food resources.