



Meeting of the
HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Thursday, April 23, 2020
3:00-4:45 PM
By Zoom Videoconference

MINUTES

Members Present: D. Klotz (Acting Governmental Co-chair), M. Lesieur (Community Co-chair), A. Abdul-Haqq, M. Bacon, F. Barrett, D. Beiling, L. Best, R. Bruce, R. Chestnut, E. Casey, P. Carr, B. Cockrell, M. Diaz, J. Edwards, R. Fortunato, T. Frasca, C. Graham, B. Gross, G. Harriman, O. Lopez, A. Lugg, J. Maldonado, J. Natt, D. Powell, J. Reveil, M. Rifkin, L. Ruiz, J. Schoepp, F. Schubert, C. Simon, M. Singh, A. Straus, M. Thompson, R. Walker, D. Walters

Members Absent: A. Betancourt, P. Canady, M. Domingo, J. Dudley, B. Fenton, MD, S. Hemraj, M. Mañacop, C. Reyes, A. Roque, T. Troia, B. Zingman, MD

Staff Present: *DOHMH:* M. Lawrence, J. Colón-Berdecía, K. Mack, S. Spiegler, G. Dominguez Plummer, J. Acosta, C. Rodriguez-Hart; *Public Health Solutions:* G. Kaloo; *Parliamentarian:* J. Corbisiero

Agenda Item #1: Welcome/Moment of Silence/Introductions/Minutes

Mr. Klotz and Mr. Lesieur opened the meeting followed by a roll call. A moment of silence was held in honor of Ed Shaw, a former Council member and leading advocate in the HIV community, who passed away from COVID-19 this week. Ed was remembered for his personal warmth as well as his many years of leadership in the fight against HIV on the Council, NYS PPG, Health + Hospitals boards and the NY Association of HIV Over 50.

The minutes of the February 27, 2020 meeting were approved with no corrections.

Agenda Item #2: Recipient (Grantee) Update

On April 15, the Grantee received official notice of the Part A award from HRSA for FY2020. The NY EMA received an approximate 1.4% reduction in the total award. The NOA also includes the Program Submission Report for the Conditions of Award (COA) for FY2020. A breakdown of the award amounts showed that the entire reduction was in the Base award (both formula and supplemental). There was a small increase in MAI. In response to a question from Mr. Lesieur, Mr. Harriman explained that the way HRSA calculates the supplemental award has always been a bit of a mystery and partially takes into account the application score, which is not known yet. Last year, the supplemental award was reduced by \$96K (0.31%).

Mr. Harriman reported that the EMA received their Notice of Award (NOA) for the RWHAP Part A COVID-19 response funding, in the amount of \$1,000,000 following HRSA's announcement's to award \$90 million for Ryan White HIV/AIDS Program (RWHAP) recipients across the country to prevent, prepare for, and respond to the COVID-19 crisis. Except for the 75 percent core medical services requirement, all other RWHAP provisions governing use of funds and funding limitations still apply.

HRSA has linked on their page guidance from CDC to see how they are responding to the novel Coronavirus outbreak. The page serves as a resource to Americans to prepare themselves for potential risk of exposure to the

Coronavirus. To view this page, please see the following link [CDC COVID-19](#). HRSA also understands the important work Ryan White HIV/AIDS Program recipients, sub-recipients, and stakeholders are doing in response to COVID-19 and have created a “Frequently Asked Questions” page that is updated regularly as information becomes available. This page includes resources for updated information from HRSA/HAB, CDC, all resources and guidance on providing HIV Care and client services during emergencies.

The RWHAP’s six month of recertification process requires paper applications to be mailed to HRSA. In an effort to limit exposure and minimize spread of COVID-19 among employees, agency case managers, and clients, HRSA has implemented the following changes: allow application forms to be mailed securely to the office; allow electronic signatures for clients hesitant to come into clinics; and allow case managers working remotely to use electronic signatures.

Beginning on April 1, 2020, patients enrolled in the U.S. Department of Health & Human Services Ready, Set, PrEP program will fill their prescriptions for PrEP medication at no cost at their choice of Avita Pharmacy, CVS Health, Health Mart, Longs Pharmacy Solutions, Rite Aid, and Walgreens locations or through mail.

In response to the COVID-19 crisis, the grantee submitted a request for a 30-day extension for the RWHAP Part A Progress Report and Expenditures. HRSA/HAB has approved this request extending the deadline to June 30, 2020. The deadline for the Ryan White Services Report (RSR) is also extended.

In response to COVID-19, the Grantee has authorized the following temporary changes to contracts to ensure service continuity for RWPA clients and prioritize the health and safety of program staff, clients and the community including: 1) Programs may substitute in-person client encounters with telehealth services such as videoconferencing and telephone contact, wherever possible. 2) Programs may determine that home visits and patient navigation services provided in the community are not advisable. 3) Each funded program is expected to contact every enrolled client to check in on their welfare with follow up contacts as needed. 4) NYC DOHMH and PHS will consider the contractual impact COVID-19 has on program’s ability to meeting their targets and pay program costs from March-June. Programs will receive provisional payment equal to 1/12 of MRA each month through June based on a submitted budget of allowable expenses. 5) Corrective action plans and determination of status has been suspended.

For Food and Nutrition programs, the following changes have been implemented: 1) Voucher programs are restructured from in-person to mail in vouchers for clients or use vouchers to order food for clients for home delivery. 2) Congregate meal programs are temporarily restructured to provide take-out meals. 3) Caps on meals per client per week have been lifted during this time. 4) Programs must report whether COVID-19 is affecting service delivery using the electronic Program Narrative Report. A weekly memo is distributed to providers with updates to contracts and updated links to COVID-19 information as they become available.

In response to COVID-19 in the City, the DOHMH, in partnership with New York City Office of Emergency Management, has distributed guidance to all agencies and partners. The Mayor has convened four agency-wide tabletops to discuss preparations. The city has implemented cleaning guidance to all city agencies that oversee congregate and community spaces modeled after the Department of Education’s enhanced protocols. NYC is closely monitoring key public health signs to determine when certain social (physical) distancing restrictions will be lifted for people who are not at high risk for serious complications of COVID-19. The timing of when to remove or reinstate social (physical) distancing and other policies to slow the spread of COVID-19 will depend in part on trends in: Hospital admissions; Critical care capacity; and Positive test rates (the ideal levels may change depending on the availability of testing supplies). These indicators are updated daily and can be found at: <https://www1.nyc.gov/site/doh/covid/covid-19goals.page> Other resources, including the COVID-19 page (updated weekly) on the Planning Council’s website, were distributed.

Agenda Item #3: FY 2020 Reprogramming Plan

Ms. Walters explained that PSRA approves a reprogramming plan near the beginning of every fiscal year so that the Recipient (Grantee) can maximize spending in the course of the year. As in previous years, the plan gives the Recipient the flexibility to enhance over-performing contracts by moving funds between service categories up to 20% of the original spending plan allocation. This is done after the Recipient and Public Health Solutions (PHS) enhances over-performing programs from funds taken down from programs within the same service category to the maximum extent possible. Enhancements are one-time and must be used by the end of the fiscal year, and usually come late in the year. Initial enhancements to Tri-County and NYC programs from take-downs of programs in their respective regions, and after initial enhancements are made, to put remaining reprogramming money into one EMA-wide pot. ADAP is eligible for enhancement after all other service categories have been considered and has no cap. In response to needs arising from COVID-19, the plan adds that Food & Nutrition (FNS) providers be given first priority among service categories to reach the 20% enhancement cap. On behalf of PSRA, Ms. Walters moved that the Council approve the FY 2020 reprogramming plan as presented.

A summary of the discussion follows:

- While FNS reimbursement rates were increased, the changes necessitated by COVID-19 may make operations even more expensive, e.g., as programs switch from congregate meals to home delivered. Restrictions on FNS programs have been lifted during this period so that programs can make adjustments as needed (including using program funds to purchase PPE).
- Health + Hospitals has received some PPE donations that are not appropriate in a hospital setting and are available for other users, through a NYC government portal.
- There is a coalition of FNS providers who are pooling their resources to obtain PPE.

The motion was adopted by a roll call vote of 35Y-0N.

Agenda Item #4: COVID-19 Emergency Allocations

Mr. Natt reported that last week the EMA received \$1M for Ryan White Part A from the Coronavirus Relief, Aid and Economic Security (CARES) Act to address COVID-19 related issues of our clients. HRSA is giving EMAs 30 days from the notification of award (April 15th) for Planning Councils to develop an allocation plan. The Priority Setting and Resource Allocation Committee (PSRA) met on Monday to develop the plan, which DOHMH BHIV Care & Treatment staff Mr. Spiegler will present in detail. With the assistance of the Grantee, we were able to leverage additional funds to that we could allocate almost 3 million dollars to help meet the most immediate needs of PLWH who are affected by the COVID-19 pandemic. PSRA unanimously approved the plan with 19 of our 20 members participating. PSRA thanked Mr. Harriman and his team for providing the PSRA with the tools to get these much needed funds out to the community.

Mr. Spiegler presented on proposed enhancements to the EMA's allocations to address needs arising from the COVID-19 outbreak. Last week the EMA received \$1M from the CARES Act to address COVID-19 related issues (\$900,000 for programs, \$100,000 for administration). In addition, the EMA will be able to leverage additional funds to address the crisis arising from COVID-19. There is \$177K uncommitted to programs due to an EIS contract that was returned. We also expect about \$400,000 in carry-over from last year. Finally, as the cut to the regular FY 2020 grant award came in at less than what we planned for in our spending scenario, we only had to reduce ADAP by \$961,306. ADAP had originally said that we could reduce them by as much as \$2,461,131. Julie Vara, the ADAP Director, has agreed to allow us to use the balance (\$1,499,825) to fund COVID-19 emergency needs. This adds up to a total of \$2,997,305 to address COVID-19 emergency needs.

CARES funding was allocated by HRSA to the EMA using a data-driven methodology based on 2018 Ryan White Services Report (RSR) data and the number of clients served by each RWPA jurisdiction as reported to HRSA HAB. The funds must be used for "preventing, preparing for, and responding to COVID-19 for PLWH" and may support a wide range of in-scope (allowable RWPA) activities/programs. The EMA has 30 days from

HIV Planning Council Meeting Minutes – April 23, 2020
Minutes prepared by David Klotz

the notification of award on April 15th to generate a spending plan for the funds. The four areas with enhanced need due to COVID-19 are: Short Term Rental Assistance (SRA); Emergency Financial Assistance (EFA); Food and Nutrition Services (FNS); and Short Term Housing (STH). SRA serves undocumented people who are not HASA-eligible, many of whom work in the gig economy and have lost their source of income due to COVID-19.

The proposal recommends that \$1.9M be allocated to SRA, based on a six-month projection as we are uncertain at this time when the moratorium of non-essential businesses closures will be lifted by the Governor and Mayor. We also anticipate that many of the businesses where clients were employed may close permanently, which would further impact consumers and housing programs' ability to meet their operating expenses. Clients enrolled in the SRA program have leases in their name in the open rent market unlike the short-term housing programs; therefore, they are at greatest risk to become unstably housed.

CHAIN data shows that the most needed linkages for PLWH were housing and financial assistance, even before COVID-19. As of March 22nd, nearly 144,000 unemployment claims were made in New York City, a 2637% increase from last year. With 89% of PLWH already living below 132% of federal poverty level, we expect that PLWH will need short term financial assistance to pay for utilities, housing, food, medications and other essential needs. The current EFA allocation is \$250,000 which funds one program located in Tri-County that serves up to 100 clients with short-term, limited assistance with utilities, housing, food (including groceries and food vouchers), or medications up to \$2000 per household over a 12 month period. An additional \$499,825 would build capacity and provide EFA to clients throughout NY EMA. The amount would require the program to hire 1-2 additional staff.

Many additional services to provide food to those in need throughout the NY EMA have been created to respond to COVID19 burden. All New Yorkers can access the food they need through the many grab-and-go and food pantry sites, as well as SNAP benefits and Meal Hubs, where all New Yorkers may pick up 3 free meals a day at more than 400 Meal Hubs open Monday through Friday across all of NYC. Given the current FNS allocation of \$9.9M and the expanded resources, the Grantee recommends using the \$177,480 in uncommitted EIS funds for FNS.

STH programs, currently funded at \$6,158,658, have purchased a larger quantity of cleaning supplies to address COVID-19. Clients have needed to be re-housed due to housing violations relating to COVID-19, and many clients have lost employment post COVID-19 and are unable to contribute typical 30% of household income to rental payment. Housing providers have been burdened as a result, paying 100% of rent, instead of the typical 70%. PSRA recommends allocating the estimated \$400,000 in carry-over to STH.

On behalf of PSRA, Mr. Natt moved that the Council approve the COVID-19 plan as presented.

A summary of the discussion follows:

- Concern was expressed that the incarcerated, homeless, sex workers and undocumented will have challenges accessing the services being funded. It was noted that there are already programs that work with the incarcerated and newly released to coordinate services.
- SRA funds will be used for current Housing clients who have lost income due to COVID-19. There is not sufficient funds to solve the entire issue of housing instability among PLWH.
- DOHMH and PHS will work with programs across the RWPA portfolio to ensure that case managers and other staff know about the additional resources and can make referrals, particularly for EFA.
- The amount for SRA was based on a 6-month projection by the BHIV Housing Unit using a cost-based method estimating the need for additional services. Similar methodology was used for the other proposed uses of the funds.

The motion was adopted by a roll call vote of 33Y-0N.

Agenda Item #5: Public Comment

Ms. Barrett reported that Ryan Health Centers are open and providing services, including HIV testing, treatment and PrEP. They have also partnered with NYS DOH to offer COVID-19 testing for people who are exhibiting symptoms.

P. Durant: How widely available is COVID-19 testing, and is testing being done among the homeless?

Mr. Harriman and *Ms. Simon* explained that NYS DOH received an allocation under the CARES Act and is developing a plan for it that will include expanded testing through medical providers.

Mr. Carr reported that a director at HASA, recently passed away from COVID-19 and that other HASA staff are sick. Everyone should keep these front line workers in their thoughts.

In response to a questions about provider staff who have died from COVID-19, privacy rules prevents programs from publishing their names, but can take steps to ensure that the staff person's role is covered and that there are no gaps in services.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on May 28, 2020



David Klotz
Acting Governmental Co-chair
HIV Planning Council