



**EXECUTIVE COMMITTEE**  
Thursday, March 19, 2020, 3:05 - 4:05PM  
By Zoom Videoconference and Dial-in

**MINUTES**

**Members Present:** David Klotz (Acting Governmental Co-chair), Matthew Lesieur (Community Co-chair), Fay Barrett, Danielle Beiling, Lisa Best, Randall Bruce, Paul Carr, Maria Diaz, Graham Harriman, Amanda Lugg, Jeff Natt, Claire Simon (for Joan Edwards), Marcy Thompson, Dorella Walters

**Members Absent:** Steve Hemraj, Donald Powell, Andrea Straus

**Other Planning Council Member Present:** Rob Walker

**Staff Present:** *NYC DOHMH:* Melanie Lawrence, José Colón-Berdecía, Kimbirly Mack, Guadeloupe Dominguez Plummer, Johanna Acosta, Daveer Panesar, Karen Miller; *Public Health Solutions:* Christine Nollen, Gucci Kaloo; Joan Corbisiero (Parliamentarian); *HRSA Project Officer:* Sera Morgan

**Agenda Item #1: Welcome/Introductions/Minutes**

*Mr. Klotz* and *Mr. Lesieur* opened the meeting, followed by instructions for using the Zoom videoconference system, introductions and a moment of silence. The minutes from the January 23, 2020 meeting were with approved no changes.

**Agenda Item #2: HRSA Project Officer Report**

*Ms. Morgan* reported that HRSA's HIV/AIDS Bureau (HAB) is extending the RWHAP Services Report (RSR) reporting deadline (a legislative requirement to provide data collected by sub-contractors) by 30 days to Thursday, April 30, 2020. HAB is also maintaining a continually updated website with COVID-19 updates for the RWHAP community. She also reported that the full FY 2020 Part A awards are expected by mid-April.

**Agenda Item #3: Recipient (Grantee) Report**

*Mr. Harriman* provided additional COVID-19 Updates for Ryan White Part A Program (RWHAP) Recipients. HAB will continue to monitor COVID-19 activities and assess the impact on RWHAP recipient and sub-recipient activities. In addition, as HAB continues to monitor COVID-19 activities, they have received a number of questions from recipients regarding client enrollment and recertification, HAB refers recipients to review the recent Policy Clarification Notice that provides flexibility for RWHAP client certification and recertification.

During this current public health emergency, each RWHAP recipient should consider modifying processes and timelines for annual certification and recertification to allow flexibility for social distancing and/or isolation to protect the health of clients and providers. HAB's expectation is that RWHAP recipients will ensure that all certification and recertification processes are conducted and documented within a reasonable timeframe.

New York State has established an official Declared Disaster Emergency in the State of New York over COVID-19. There are several enhancements and provisions related to Medicaid that are effective until the emergency has officially ended, including: Pharmacy Guidance that allows for enhanced flexibility and access for people affected by and at increased risk for COVID-19 (e.g., 90-day supplies of most prescription and over the counter medications for people who are under quarantine or who are considered at higher risk by the CDC, broadly defined as "older

adults” and people “with serious chronic medical conditions”; Transfers of prescriptions; Early Refills; No cost sharing for testing and treatment for COVID-19, if clinically indicated.

As reported previously, Public Health Solutions (PHS), on behalf of NYC DOHMH, released a Request for Proposals (RFP) for Ryan White Part A Food and Nutrition Services in New York City on August 9, 2019. The recipient is including an updated list of successful awardees along with the information on the geographic distribution of services attached. The updated listed of successful awardees includes the newly added contract for Gay Men’s Health Crisis (GMHC) for Competition A and updated funding amount for La Nueva Esperanza for Competition B: Nutrition and Home-Delivered Meals Services. Both contracts are 100% RWPA funded.

NYC DOHMH and PHS have issued Temporary Changes to Select Contractual Expectations for Ryan White contractors. The New York City and State Departments of Health released a joint letter to HIV care providers in response to questions received about concerns for people with HIV and the outbreak of novel coronavirus and COVID-19 respiratory disease. The letter states that people with HIV who have a T-cell count in the normal range should follow the same guidance as the general population, and do not need to take additional precautions. In response to COVID-19 in the City, NYC DOHMH, in partnership with New York City Emergency Management, has distributed guidance to all agencies and partners. The Mayor has convened four agency-wide table tops 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 DOHMH has issued guidance on the health department’s website in response to COVID-19 and NYC cases. The page advises New Yorkers to stay home as much as possible; provides updates on bars, restaurants, and entertainment venue closures; NYC public school closures; and case count in NYC. Also, the page gives background on the Coronavirus, symptoms and chronic health risks, prevention, and guidance on when to get tested should New Yorkers consider themselves potentially exposed to coronavirus, and other resources to protect yourself.

#### **Agenda Item #4: FY 2020 Reprogramming Plan**

*Ms. Walters* presented the FY 2020 Reprogramming Plan, approved by the Priority Setting & Resource Allocation Committee (PSRA) on March 9th. 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.

*Mr. Harriman* suggested that, in response to needs arising from COVID-19, that the plan add that Food & Nutrition (FNS) providers be given first priority among service categories to reach the 20% enhancement cap.

***Ms. Walters, on behalf of the PSRA, made a motion to approve the FY 2020 reprogramming plan as presented with the addition of giving FNS first priority for reaching the enhancement cap. The motion was approved 13Y=0N.***

#### **Agenda Item #5: Committee Updates**

##### *Consumers Committee (CC)*

Ms. Best and Mr. Bruce reported that the Consumers Committee met via Zoom on Tuesday where they received updates on COVID-19. Also, the HIV & aging forum that had been planned for the spring will be delayed until the fall due to COVID-19.

### *Needs Assessment Committee (NAC)*

*Ms. Lugg* and *Ms. Lawrence* reported that NAC met last week and received a presentation on trauma-informed care (TIC), including a historical perspective on why TIC needs to be incorporated into service delivery. *Ms. Dominguez-Plummer* presented on how NYC DOHMH BHIV is implementing TIC in the RWPA portfolio. *Dr. Ben Tsoi* also presented on gaps in HIV testing among people with serious mental health issues,

### *Integration of Care Committee (IOC)*

*Ms. Beiling* reported that IOC met yesterday via Zoom to continue the discussion on how to structure oral health services. The next steps will involve getting input from providers (especially the RWPA oral health provider in Tri-County) and consumers.

### *Priority Setting & Resource Allocation Committee (PSRA)*

*Ms. Walters* reported that PSRA has begun its task of developing a spending request for the FY 2021 application. Given the persistent reductions in our grant award and the diminishment of the ADAP allocation as a source of funds to offset cuts to the award and fund new initiatives, PSRA is looking at existing service categories and allocations to determine if there are payer of last resort issues or duplication of services that will allow us to streamline the portfolio and serve the highest priority needs for PLWH in the EMA.

The first service category we are looking at is Non-Medical Case Management/General Population. PSRA looked at data around payer of last resort and duplication of services. We have requested additional data from the Grantee. PSRA has not made any recommendations yet to defund or reduce the allocations of any service categories. We want to make any decisions with broader input from the Council's committees, while acting expeditiously so that the Council can respond in a timely way to changes in funding and priority needs. In order to balance these needs, after the PSRA develops any recommendation to eliminate or seriously reduce a service category allocation, the NAC and IOC will receive a briefing at their next meeting. We will provide those committees with the same data that PSRA used and explain the PSRA recommendation (whatever that may be). Any input or additional data request from NAC and IOC will be brought back to PSRA for consideration, and the PSRA will make any revisions (or not) based on that input. The final PSRA decision will then go directly to the EC & full Council for final review, modification and ratification.

*Mr. Harriman* added that client-level data will not be available for a while, as staff are working from home and cannot access sensitive data remotely. *Mr. Klotz* added that PSRA will put the discussion around NMG in abeyance until the additional data is available and will move onto reviewing the next service categories (Mental Health, Harm Reduction).

### *Tri-County Steering Committee (TCSC)*

*Ms. Diaz* reported that the TCSC met last week and got a presentation from the NYSDOH AIDS Institute on the latest epidemiologic and surveillance data for the TC region. TC has the highest rate of HIV infections in New York State outside of NYC. The region is also making progress towards the State's Ending the Epidemic goals. TCSC also got an update on the public charge rule from NYC DOHMH's Rima Oken, director of public policy in the Division of Disease Control.

The Committee's next task is to develop a spending plan for the FY 2021 grant application. Data on performance, enrolment and spending will be needed to inform the process, but will not be ready until May, as the program year just ended at the end of February. The Committee will complete its work in its May through July meetings.

### *Rules & Membership Committee (RMC)*

*Ms. Barrett* reported that RMC will meet in April to review PC and committee member attendance, which may include sensitive information and so will not be open to the general public.

#### **Agenda Item #5: FY 2019 Third Quarter Commitment and Expenditure Report**

*Ms. Miller* reported that, as of the end of the 3<sup>rd</sup> quarter, spending in FY 2019 was on track. A total of 60% of the grant was spent (compared to 52% at the end of the 3<sup>rd</sup> quarter in FY 2018). Some programs bill late in the year, but preliminary data shows that the EMA is on track to spend about 98% of its grant award.

*Mr. Harriman* provided details on service categories that have lower than average spending. Non-Medical Case Management/Inmates has not submitted their invoices yet, but the entire allocation should be spent by the end of the year. Several Care Coordination programs funded in the second cycle of awards are new to fee-for-service contracts and BHIV is providing technical assistance. Some costs in Early Intervention Services are coming in late, plus one contractor was terminated as they were not able to reach the target population they were contracted to serve. Housing Placement Assistance continues to under-perform given the on-going difficulty of finding housing in the current market. BHIV is trying to enhance navigation services in the Mental Health programs, as the clinical services continue to have payer of last resort issues. The Tri-County Mental Health program has had challenges recruiting clients, but newly hired Tri-County coordinator, Ms. Acosta, will be working with them to improve.

#### **Agenda Item #6: Public Comment**

*Mr. Walker* reported that Callen-Lorde is working to see patients who have non-emergency medical needs.

*Ms. Best* expressed concern that as the COVID-19 crisis continues, clients will feel isolated and be unable to access needed services. The use of telehealth to reach people is needed. (*Mr. Harriman* responded that programs are already using telehealth.)

*Ms. Lugg* noted that many social service providers are open (sometime on reduced staffing), but that there are concerns about the availability of personal protective gear. It was reported that agencies that continue to provide services include African Services, God's Love We Deliver, and Alliance for Positive Change.

*Mr. Bruce* expressed concern about clients who are unable to access telehealth. *Mr. Harriman* said that BHIV is allowing RWPA providers to use funds that would have gone to transportation to pay for cell phone minutes and other ways to access telehealth. Also, DOHMH is working with the NYC Dept. of Homeless Services on guidelines around serving the homeless and unstably house.

There being no further comment, the meeting was adjourned.