Meeting of the

HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Thursday, July 30, 2020
2:30-5:15 PM
By Zoom Videoconference

DRAFT 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, A. Betancourt, R. Bruce, P. Canady, R. Chestnut, E. Casey, P. Carr, B. Cockrell, M. Diaz, M. Domingo, J. Dudley, J. Edwards, R. Fortunato, T. Frasca, C. Graham, B. Gross, S. Hemraj, J. Maldonado, J. Natt, G. Plummer (for G. Harriman), D. Powell, J. Reveil, A. Roque, L. Ruiz, J. Schoepp, F. Schubert, C. Simon, M. Singh, A. Straus, M. Thompson, R. Walker, D. Walters

Members Absent: B. Fenton, MD, O. Lopez, A. Lugg, M. Mañacop, C. Reyes, M. Rifkin, T. Troia, B. Zingman, MD

Staff Present: *DOHMH:* A. Gandhi, PhD, M. Lawrence, G. Dominguez Plummer, K. Miller, K. Mack, A. Guzman, J. Acosta, E. Jimenez-Levi, G. Novoa; *Public Health Solutions:* B. Carroll, G. Kaloo; J. Corbisiero *(Parliamentarian)*

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

Mr. Klotz opened the meeting followed by a roll call and a moment of silence. The minutes of the June 25, 2020 meeting were approved with no corrections.

Agenda Item #2: Public Comment

Mr. Frasca reported that the Needs Assessment Committee (NAC), which has been addressing the issue of PWH with serious mental illness (SMI) since late 2018. In order to finalize recommendations, NAC is preparing a letter to go out shortly to other interlocutors (including NYS Office of Mental Health) in which we will ask them to come to the table and join us without delay. We are confident that once this occurs, we will be able to present the full committee with the results of our research and deliberations.

Ms. Best reported that the Consumers Committee will continue to meet during the recess to work on projects such as a CAB resources page on the Council website and a plan for addressing older PWH.

Agenda Item #3: Recipient (Grantee) Update

Ms. Plummer introduced Dr. Gandhi, acting Assistant Commissioner for BHIV, who has been the Bureau's Director of Racial Equity and Social Justice Initiatives, leading efforts to embed a racial equity lens across research, programmatic, capacity building, and evaluation activities, and to advance workforce equity within the Bureau. *Dr. Gandhi* thanked the Council for their work and expressed her excitement to continue the partnership between government and community in ending the epidemic, stressing her wish to approach the work through a lens of intersectionality and equity.

The National Ryan White Conference, to be held virtually from August 11-15, is open for registration with no limit on the number of participants. Also, a Request for Proposals (RFP) was released on December 31,

2019 for a Master Contract for Disease Control on behalf of the Department of Health and Mental Hygiene (DOHMH). Public Health Solutions (PHS) was awarded the contract with an anticipated start date of September 1, 2020. This contract allows for PHS to continue to manage Ryan White Part A services contracts with Hospitals, Clinics, and Community Based Organizations.

The 2020 RWHAP Part A Program Submission was submitted on July 14, 2020, including a Council chairs letter, membership roster and reflectiveness, demonstrating the PC's endorsement of the FY2020 priorities and allocations and that the Council's membership is in compliance with legislative requirements. The 2020 RWHAP Part A Federal Financial Report (FFR) will be submitted by July 30, 2020.

Several RWPA service category programs are approaching expiration and will need to be re-bid soon. Programs with expiration dates in 2023 and 2024 include Mental Health, Harm Reduction, Housing, Supportive Counseling, Health Education, and Non-Medical Case Management (Incarcerated and Recently Released).

The EMA's Emergency Financial Assistance (EFA) program, which provides clients financial help in the event of a crisis and is administered in Westchester, has been extended to clients throughout the EMA in response to the hardship imposed by the COVID-19 pandemic.

Agenda Item #4: Oral Health Service Directive

Ms. Beiling introduced the Oral Health Service Directive, noting the link between oral health and overall health, and the difficult environment for PWH trying to access dental care. Mr. Carr was thanked for bringing this issue to the Council's attention and leading the NAC Sub-committee that first reviewed it.

Ms. Lawrence presented an overview of the Oral Health Service Directive, approved by the Integration of Care Committee (IOC) last week. Based on CHAIN data, consumer and provider testimony, a Needs Assessment (NAC) subcommittee identified the need (approved by PC in June 2019) for an Oral Health service. The need for RWPA-funded oral health services was due to the fact that the current service landscape did not meeting the needs of PWH, with gaps in coverage even after Medicaid and Part F programs were taken into account.

The service directive has many innovating features, including a screening tool to identify oral health discomfort and issues among consumers, screenings for HPV and oral cancers, and timely and appropriate linkage to oral health services. The core of the service model is: provision of comprehensive preventative dental care, ensuring coverage of four dental cleanings per year; development of recommendations for common co-morbidities with oral health implications, i.e. Diabetes, Hepatitis C; required trainings to build provider capacity to deliver services in a way that is anti-racist and dismantles stigma; complementing Medicaid, Medicare, ADAP and Part F services to ensure a robust system of care; and development of guidance on how viral load impacts oral care. There is a cap of 20% of allocated funding that may be used to cover the following high-cost services on a case by case basis: gum and bone grafts, and/or partials/implants when one or more teeth is missing. The model also supports service delivery through telehealth as appropriate; ensures that dental materials utilized are long lasting and of high quality; and supports replacement of dentures and other apparatus as needed.

The other principle component of the directive is a centralized Dental Case Management service to support: full integration of oral health care into the service system; improved and increased capacity across the service system to improve access and utilization; facilitation of consumer engagement and education; provision of resources to support the more complex dental needs frequently associated with HIV; development of a resource map to support completion of oral health treatment plans; support of coordination of care with client's care team; ensuring emergency care is funded and available; and provision of coverage for implants and other highly specialized services i.e. crowns, orthodontia, and gum & bone grafting on a case-by-case basis.

PSRA recommends several small additions: 1) Include coverage for scaling/deep cleaning at least once per year. Allow funds to be used for oral health care supplies such as electric tooth brushes; 2) Add addendum that requires the Food and Nutrition Service Directive's Medical Nutrition Therapy's health education modules to include oral health care education; 3) Ensure that Part F funding is not a requirement to hold a Part A oral health contract.

In response to a question, it was explained that due to the specific dental needs arising HIV infections, clinical guidelines recommend four cleanings per year (including one deep scaling) rather than two.

Ms. Beiling, on behalf of the Integration of Care Committee, made a motion to approve the Oral Health Service Directive as presented.

Mr. Frasca moved to amend the directive by striking the phrase "such as nicotine replacement therapies (NRT)" to page 4, column 3, number 11. This will allow the dental provider to provide a full range of smoking cessation services without calling specific attention to NRT, which are commercial products. *Mr. Carr* stated that NRT is an important option on the road to complete cessation. **The motion to amend was approved 29Y-4N.**

Ms. Casey moved to amend the directive by adding the phrase "Agencies authorized to perform high-cost services must be Part F providers." The motion was seconded. The rationale is that only Part F providers will be able to leverage resources so that, given limited funds, Part A does not deplete its funding. The following is a summary of the discussion.

- This amendment would remove the option of funding a non-Part F provider. Some Part F providers do not do high-cost procedures like grafts and implants.
- The Executive Committee (EC) considered this and decided to leave the option open, and Part F providers would still be preferred.
- Part F programs submit claims for reimbursement and should be the first payer for services.
- The service directive is the program model, and the funding will allow two for programs to act as pilots to see how the program works and what the demand is. The model and allocation can be adjusted based on these assessments, but the directive applies for beyond one year.

The motion was adopted by roll call vote 22Y-13N. After the vote, it was clarified that the services outlined in the directive must be provided by all RWPA OH programs, thus all will provide high-cost services. **In light of this, *Ms. Casey* asked for reconsideration of the vote, which was seconded and adopted 37Y-0N,**

The original motion to approve the OH directive as amended by Mr. Frasca was adopted by unanimous consent.

Agenda Item #5: FY 2021 Application Spending Plans

Mr. Natt introduced the FY 2021 application spending plans by noting that the PSRA had to make difficult decisions, but did so in a data-driven, cooperative manner, producing excellent work.

Mr. Klotz presented the PSRA recommendations for the FY 2021 grant application spending requests, The EMA must submit separate Base and Minority AIDS Initiative (MAI) spending plans in the annual grant application (Base includes Tri-County's allocation). HRSA allows EMAs to request up to 5% over the current year's Base award. The application spending request is a wish list and must be justifiable on the grant application narrative. The PSRA's recommendations came after thorough review of service category fact sheets that summarized multiple years' data on spending, service unit utilization, client demographics, as well as analyses of payer of last resort and systems-level considerations. In the fall and winter, PSRA plans

for a likely reduction in the actual award. During the scenario planning process, the PSRA uses the application spending request as to guide the priorities and allocations.

FY 2021 Tri-County Application Spending Plan. This plan continues the enhancement to Emergency Financial Assistance to respond to the on-going COVID-19 crisis ($424,000). The enhancement will serve NYC residents, but the program is housed at a TC agency, and so it appears in the TC spending plan. There is also a 5% across-the-board proportional increase to all other categories, based on ranking scores ($156,805 - higher ranked categories receive a proportionally larger increase).

FY 2021 MAI Application Spending Plan. MAI funding is 100% driven by a HRSA formula based on the number of non-white PWH living in EMA relative to other EMAs. The EMA always requests level funding for MAI (for FY 2021: $8,785,630 in four categories (ADAP, Housing, MCM, EIS). In the final spending plan, we combine Base and MAI into one pot, as all Base programs meet MAI criteria.

FY 2021 NYC Base Application Spending Plan. A summary of the NYC Base plan is:

- End funding for Non-Medical Case Management-General Population
- Fund the previously approved new service category of Psychosocial Support for TINBNC PWH at $434,000, including $10,000 for a revised resource guide, and $424,000 for two pilot programs at 50% of annualized amount (programs will begin mid-year).
- Fund the new service category of Oral Health Services (rank score: 6.5; 6th priority) at $500,000 for direct dental services (two programs based on staffing model in Tri-County), and $200,000 for dental case management (in Medical Case Management line on the spending plan to conform with HRSA monitoring standards). Funds for dental case management are already available and no new funding is needed.
- Other Targeted Increases, based on 2019 over-performance and need to continue FY 2020 COVID-19 enhancements: Housing ($1,500,000); Food & Nutrition ($1,000,000); Legal Services ($600,000); Mental Health ($161,778); and Supportive Counseling ($161,779).

The rationale for the elimination of NMG was described. All service types in this category (outreach, accompaniment, coordination, assistance) are provided across numerous RWPA categories (HRR, MH, MCM, PSS, EIS). HASA, Medicaid Health Homes, Special Needs Plans, and Ryan White Part B, RWPA Care Coordination and Supportive Counseling all provide similar case management services. Almost half of active NMG clients were actively enrolled in at least one other service category. NMG has historically under-performed (11.2% in 2015; 0.01% in 2016; 9.2% is 2017, nearly 20% for 2018). Given NMG services' duplication of RWPA and other funded case management services, clients can be served through other programs. DOHMH will ensure that closing programs transition clients to new programs. With the prospect of continued decreases in the RWPA grant award, the EMA should use this service allocation to offset future reductions in the award and for additional funding to higher priority service categories and new needs (e.g., Oral Health, COVID response).

Mr. Natt, on behalf of the PSRA Committee, made a motion to approve the FY 2021 Tri-County, MAI and NYC Base application spending plans as presented. The motion was adopted 38Y-0N.

Agenda Item #6: Assessment of the Administrative Mechanism

FY 2019 Close-out Report

Mr. Hemraj introduced the FY 2019 close-out report and assessment of the administrative mechanism, noting that spending rates in the last fiscal year continued at historically high levels.

Ms. Plummer and *Ms. Miller* reported on the FY 2019 fourth quarter close-out. A total of $128,115 in program dollars were unspent (all but $11 in NYC Base). NYC service categories that had higher than usual under-spending include MCM and FNS. MCM was under-spent due to community health clinics having to adapt to changes in reimbursement and to one contract termination. The Tri-County Mental Health category under-spent due to the start-up year and the switch to performance-based contracting. All underspending was reallocated to over-performing categories per the Council's reprogramming plan. Administrative dollars were over spent by $235,605 due to larger than expected union raises for many staff. Unspent administrative dollars were reprogrammed to services over the course of the year. This includes savings from Council staff vacancies.

While more Harm Reduction services will be Medicaid reimbursable, this is only true of those provided by Syringe Exchange Programs, and not all RWPA Harm Reduction programs are housed in an SEP. There was a discussion on how the depreciation of computer equipment may affect the Council budget.

Assessment of the Administrative Mechanism

Mr. Klotz explained that the Council is required to assess the administrative mechanism (i.e., determine if the Recipient is implementing the Council's funding priorities and getting RWPA funds out quickly). The formal assessment looks at four metrics. Below is a summary of the draft assessment for FY 2019.

Executed Contracts/Renewals (how quickly funding has been committed and contracts executed/renewed. The Recipient received the award from HRSA in multiple parts - one partial and a final. The first NOA we received funding equal to approximately 31% of our FY2018 formula award and 20% of MAI and the final NOA was for the balance of the award. Subcontracts were executed and renewed on a timely basis using the partial award. Insofar as it is within the Master Contractor's control, all contracts were executed within six (6) weeks of receipt of a complete and accurate contract package and necessary approval from DOHMH. The final award was a 1.4% reduction from the total FY2018 and contracts were adjusted and executed on a timely basis. Uncommitted funds resulting from contract negotiations and/or contract terminations were reprogrammed on a one-time basis as per the PC's Reprogramming Plan. It is a tremendous challenge for program planning and executing contracts without a full award as City of New York oversight agencies do not allow the program to make commitments without a full award.

Procurement (has the Grantee communicated the results of all RFPs to the Council). The food and Nutrition RFP process that began in FY2018 was completed in FY2019. The successful applicants and the Planning Council (via the Recipient Report) were both notified in January 2020 with an updated list of awardees in February 2021. The Master Contract for Public Health Solutions was also procured resulting in an only recently announced award to Public Health Solutions. Contract is expected to begin September 2020. 2) Planning Council were fully informed of release of RFP and awards in a timely manner via the Grantee Report.

Subcontractor Payments (are subcontractors paid in a timely manner). Subcontractors were paid in a timely manner - within 30-60 days of receipt of a complete and accurate expenditure report/invoice as confirmed during site visits by BHIV Administration staff monitoring the master contractor.

Spending. FY 2019 expenditures by service category were reported to the EC and PC as requested and scheduled. Spending continued at historically high rates. Close-out reports show carryover of $128,104 in NYC Base funding, $10 in MAI, and $1 in Tri-County programs. Modifications to the spending plan were reported by service category to the EC and PC and matched the PC's reprogramming plan.

Mr. Hemraj made a motion, which was seconded, to approve the Assessment of the Administrative Mechanism as presented. The motion was adopted by unanimous consent.

Agenda Item #7: Election of Officers

The Council conducted elections for the two Council officer positions – Community Co-chair and Finance Officer – with terms beginning September 1, 2020 and ending August 31, 2022. One nomination was received for each office: Ms. Walters for Community Co-chair, Mr. Carr for Finance Officer. *Ms. Walters* and *Mr. Carr* read statements on why they want to run for their respective office. There being no additional nominations, Ms. Walters and Mr. Carr were elected by acclamation.

Agenda Item #8: Recognition of Retiring Members

The chairs and Council member thanked the following retiring members for their service: Fay Barrett, Steve Hemraj, Matthew Lesieur, Oscar Lopez, Jesus Maldonado. *Mr. Barrett* was especially thanked for her leadership of the Rules & Membership Committee, which undertook several major tasks under her leadership, including the revised Memorandum of Understanding and Grievance Procedures. *Mr. Hemraj* was thanked for his leadership as Finance Officer and congratulated on starting his PhD programs. *Mr. Lesieur* was thanked for his invaluable leadership as community co-chair, particularly during a time of many transitions and challenges.

Agenda Item #9: Public Comment, Part II

The chairs thanked the Council members, and Council and Grantee staff for their exceptional work during this challenging time. Council members thanked the retirees, Council leadership and staff. There were congratulations on the exceptional work in a difficult environment and well wishes for the remainder of the summer.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on October 29, 2020

David Klotz
Acting Governmental Co-chair
HIV Planning Council