



Meeting of the

EXECUTIVE COMMITTEE

July 19, 2007

2:40 – 4:30 PM

Friends House, 130 E. 25th Street

MINUTES

EC Members Present: J. C. Park, MPA (Governmental Co-chair), S. Hemraj (Community Co-chair), E. Camhi, F. Carroll, O. Clanton, S. Elcock (for P. McGovern), I. Gamble-Cobb, MD, J. Hilger, J. Irwin, P. Laqueur (for H. Cruz), J. Lehane, Ph.D. (for T. Petro), H. Mateo

Staff Present: DOHMH: D. Klotz, R. Molina, N. Rothschild; MHRA: G. Kaloo

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Park opened the meeting, followed by introductions.

Mr. Hemraj introduced the moment of silence.

Mr. Park reviewed the meeting agenda and packet.

The minutes of the May 10, 2007 EC meeting were approved with no changes.

Mr. Park: HRSA has published in the Federal Register draft procedures for applying for a waiver from the 75% core medical services requirement. We became aware of this last Friday and comments were due Monday. We notified the CAEAR Coalition, which submitted a response, which is in the meeting packet.

Agenda Item #2: Public Comment

D. Griffith: The HASA For All campaign is trying to get the City Council to expand eligibility for HASA benefits to all HIV+ persons, not just symptomatic PLWHA. We ask that this body endorse this campaign and sign onto a support letter.

F. Carroll: I have a sister-in-law living with HIV but who does not meet the HASA criteria. She just got out of rehab and wants to retain custody of her children, but could not because she could not get appropriate housing. It is not fair that someone has to be seriously ill to get services. The Council should support this campaign so that people in her situation can get benefits and stabilize their lives.

Mr. Clanton: The Consumer Committee supports this, and we are bringing this to the EC to have the Council endorse a letter. We would like a draft of the letter ready for the Council to approve at the next meeting.

Mr. Park: This Committee would need to propose a motion and suggest a plan for moving this forward through the appropriate channels.

A motion was made and seconded to direct the Council staff to provide the full Council with information on this issue and to draft a letter in support of the HASA For All campaign. The motion carried with one abstention.

Agenda Item #3: Program Guidance: Outpatient Medical Care

Mr. Park: The grantee is going to issue another RFP for services that have not been re-bid yet, including Outpatient Medical Care. The Integration of Care Committee (IOC) has reviewed how we define this service and is recommending changes, in light of HRSA's new service definition. One change would expand eligible providers to include community-based settings with co-located medical services, not just Article 28 facilities. IOC also added hepatitis B and C screening and treatment, which folds in what used to be a separate stand-alone service category. Service elements have been streamlined to not include unallowable services, but they include services that are also provided in other categories, such as medical case management. The IOC wanted to maintain an integrated service but may revisit that in the next Council session.

The Priority Setting & Resource Allocation Committee (PSRA) decided for FY 2008 not to break up Food and Nutrition Services (FNS) into separate Medical Nutritional Therapy and other Food & Nutrition Services. They had been broken out in the previous spending plan to help keep us over the 75% core services requirement, but we are still compliant even with all FNS as non-core.

Agenda Item #4: FY 2008 Application Spending Plan

Mr. Park: In our spending request for the FY 2008 grant application, we are asking for a total of \$115.7M. This reflects a restoration of all of this year's reductions, plus a \$2M increase for early intervention services. Also, the category ranking is slightly different due to the post-reauthorization changes in the core service criteria on the ranking tool. Home Care, Treatment Adherence and Early Intervention now have higher ranks, as they are now defined by the Ryan White Act as core services.

Mr. Laqueur: We should consider factoring in a cost of living adjustment, as the cost of services increases.

Ms. Hilger: We have never asked for a cost of living adjustment in the application, and only give one if we have extra funding.

Mr. Camhi: We may not receive the extra money, and until we get any increase, we can't speculate on what we will use it for. We wanted to send message to HRSA that there is an increasing demand for services and that flat funding is not acceptable. But even if we get this year's cuts restored, that is a 10% increase over this year. We framed the increase beyond that as a request for more early intervention dollars, but if we receive that money, we will reconsider how we will actually spend it when we approve the final spending plan.

Mr. Laqueur: I agree that it is partly a message that we send to Congress that we have been conservative with our request and that flat funding is really a cut. But it is important to advocate from a funding point of view that this is not enough to meet the needs of the epidemic in the EMA. We should at least build into our request funding that will meet our increased costs.

Mr. Camhi: We will note that when we allocate final amount.

Mr. Kaloo: Categories that are re-RFPed are based on current costs. Cost of living increases come into play in the subsequent years of a contract.

Mr. Park: The Ryan White appropriations bill is now moving through Congress, with potential increases in the House version for Part A, but not in the Senate version. We have had six years of flat funding nationally, and the cut in our award is the result of that. The CAEAR Coalition is meeting in September, and we will be advocating for increased funding.

Mr. Camhi: This spending plan is just for base funds, as MAI is now on a different funding cycle.

Mr. Park: We did apply for the maximum amount of MAI funds, but even that is less than what we previously received.

Mr. Camhi: PSRA voted unanimously to recommend this spending plan and I move that it be recommended at the full Council.

The motion was seconded and carried unanimously.

Dr. Lehane: Tri-county is asking for \$5.7M, which represents 5.1% of the award, not including Treatment Adherence grants administered by MHRA and an AIDS Institute Program. We are currently planning to re-RFP three categories under Medical Case Management for programs beginning March 2008.

A motion was made, seconded and approved unanimously to approve the proposed Tri-county spending plan.

Agenda Item #5: Implementation of the FY 2007 Spending Scenario

Mr. Park: This spending plan shows the operationalization of the Council's approved spending scenario to the actual award. The spreadsheet shows the percentage reduction to each service category. For most categories, cuts are spread across all contracts in that category.

Mr. Kaloo: We factored in that several contracts started in July rather than March, which absorbed some reductions. We also identified 3 contracts with programmatic performance problems which we recommended for termination, which saved some across-the-board cuts. Contractors were notified last week of their reductions (this has affected a total of 245 contracts).

Mr. Kaloo (in response to questions from Ms. Gamble-Cobb and Ms. Irwin): The terminated programs had a transition plan to tell us how their clients will be served, and there will be a 60-day close-out period. They were not meeting their targets consistently, and we had worked with them consistently but did not see improvements in performance. One contract was in Supportive Counseling and two were in Treatment Adherence.

Mr. Park: Is there some way we can get a picture of the impact of the reductions on services?

Mr. Kaloo: It will be difficult to tell. Some providers will say that they will have to reduce their projected level of service.

Mr. Park: The CAEAR Coalition talked about telling stories of reduced services to bring to Washington, DC to advocate for increased funding.

Ms. Hilger: We will not know for a while, since we still have to work with contractors on budget modifications.

Mr. Park: We should be mindful of that during the process so that we can capture that info.

Mr. Kaloo: We can get a list of services reduced from the previous year.

Mr. Camhi: We never look at whether our programs are at capacity or under-utilized, and we need to measure that. Maybe the fee-for-service model will give us more data on that.

Mr. Laqueur: we need to ask if they have waiting lists, and if so, if the list has grown longer, or are there different policies on number of visits, etc.

Ms. Mateo: Besides the data, we need to get the human stories from people who lose services.

Mr. Clanton: The Consumer Committee (CC) raised that yesterday, that there should be a tool to measure the impact on consumers.

Mr. Hemraj: There is no mechanism for client to register loss of service.

Mr. Kaloo: There are grievance procedures in place, which they can file directly with the agency or with MHRA.

Mr. Park: Those are related but different issues. What the CC discussed is getting personal stories about how PLWHA have been impacted by reductions in service.

Ms. Hilger (in response to a question from Ms. Gamble-Cobb): We haven't submitted the carry-over request to HRSA yet because we have to finish the close-out through the payment management system. The first thing on the reprogramming plan is to restore ADAP. The reprogramming plan is both carry-over and under-spending in the course of the year, and so any restoration of cuts will happen later in year.

Mr. Hemraj: We also gave the grantee authority to move funds from under-performing to over-performing categories.

Mr. Hilger (in response to a question from Mr. Clanton): Every contract in a category will get the same percentage cut. When we started this discussion last December we talked about cutting whole programs, but we have instead gone with across-the-board cuts, so all cuts are proportional.

Ms. Gamble-Cobb: The location of the three terminated programs would be useful information, when that becomes public.

Ms. Hilger: We can provide that, but rest assured that few clients were affected. We have also for years been reallocating funds from chronic under-performing programs.

Agenda Item #6: Public Comment, Part II

T. Smith-Caronia: I am concerned about the functioning of the mandated agency community advisory boards (CAB). We need to know that clients know that there is a grievance procedure. We also need to know how funds from poor performers are reallocated, as it is important to know which geographic areas are not adequately funded. Finally, the NY EMA should apply for the 75% core services waiver with the application under the same guidelines that the others did.

Agenda Item #7: New Business

Mr. Camhi: I was in Washington this week at a technical assistance conference where I learned that there are significant changes in Part D (formerly Title IV) that will affect New York. Changes in the 10% administration cost may mean that some programs will not want the funds, and we may want to find out the impact.

Mr. Park: We do meet with Part C and D providers, and will bring this issue up. We just approved a budget that meets the 75% core services requirement, and so can not apply for a waiver. As per CABs, every Part A agency is required to have a CAB and report on their activities, although some may run better than others.

Mr. Kaloo: MHRA checks during our site visits to make sure that CABs and grievance procedures are in place.

Mr. Hemraj: this is my last EC meeting, as my Council term is ending, and I want to thank everyone. We have always faced potential problems together, and consumers need to be vigilant to make sure that our voices are heard. It has been a tremendous experience and I hope to stay involved.

Mr. Park: It has been a pleasure partnering with you as co-chair. Also, we will be sending out committee applications shortly.

There being no further business, the meeting was adjourned.

Minutes approved by the Executive Committee on December 13, 2007.