

**Andrew J. Spano**  
**County Executive**

Department of Health

Joshua Lipsman, M.D., J.D., M.P.H.  
Commissioner

**TRI-COUNTY RYAN WHITE**  
**“PART A” STEERING COMMITTEE MEETING**

Wednesday, April 11, 2007  
Nyack Hospital – Rockland County

**APPROVED MINUTES**

- Members Present:** V. Alvarez, D. Anderson (for K. Scott), F. Avellanet (for R. Schiffrin), Y. Bairan (for C. Carroll), C. Brazil, G. Diaz, K. Henry, B. Ilardi, R. Maher, J. Park, M. Piazza, T. Saari, A. Shurin, S. Sullam (for H. Blecher), P. Taddeo (for S. Levine), M. Velazquez, S. Wayne, and G. Yarn
- Members Absent:** C. Archbald MD, M. Bannister, L. Beal, L. Bennett, C. Burwell, D. Capasso, H. Fitzgerald, D. Kittell, R. Leandre, M. Littles, J. McGovern, R. Nathan, A. Paige-Bowman, S. Pemberton, D. Scholar, K. Slade, L. Tackley and O. Young
- Guests Present:** M. Amelio (Nyack), D. Garcia (ODFMC), J. Kraus (ARCS), C. Revesz (Nyack), and A. Otisi (VOA)
- Staff Present:** J. Lehane, T. Petro, and B. Reyes
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**I. Approval of Minutes**

A motion (P. Taddeo, D. Anderson) to approve the minutes of the March 14, 2007 meeting – with several changes to the Formula Award section on page 3 in order to clarify how such funding is being allocated under the new HIV/AIDS Treatment Modernization Act (HATMA) – was approved.

**II. Announcements**

- Jan Park, Director of the Office of HIV/AIDS Policy at the New York City Department of Health and Mental Hygiene (NYCDOHMH), pointed to the recent press coverage of a study conducted in Africa that reported that men who were circumcised were at lower risk of transmitting HIV than those who were not. He clarified that

**Title I Steering Committee Meeting**

**April 11, 2007**

**Page 2 of 4**

- The spending plan for the NY EMA is currently under development pending the receipt of the supplemental (second installment) of the RW grant award. The supplemental award is due to be announced on May 1<sup>st</sup>. The third part of the total grant is the Minority AIDS Initiative (MAI) award. In the past the MAI funds, based on a formula, were allocated simultaneously with the formula and supplemental base award. This year, in accordance with the new HATMA, the distribution of MAI funds will be based on a competitive application. The guidelines for submission of the MAI application have not yet been released by the Health Resources & Services Administration (HRSA) which anticipates the awarding of MAI funding at the beginning of August.

**III. Update Reports**

Living Together (V. Alvarez/G. Yarn)

- Last month's Living Together (LT) meeting was held on March 22<sup>nd</sup> at TOUCH in Rockland County. The group expressed concern about the policy change that HRSA has drafted regarding the use of RW funding for housing assistance, fearing that these housing rental and utility subsidy funds, as proposed, will be limited to no more than a two-year (retroactive) period. Fortunately, HRSA has officially delayed implementing the policy until September 2007. Increasingly, LT members are also becoming anxious about the ongoing push to "medicalize" all RW services and what that will mean for needed (non-medical) supportive services.
- The next LT meeting will be held on April 23<sup>rd</sup> at ARCS from 1:00 – 4:00 pm. A treatment adherence support group will immediately follow the LT meeting.

Part B (formerly Title II) (S. Sampson)

- The Mental Health/Substance Use Committee sponsored a forum titled "Up in Smoke" on March 22<sup>nd</sup> at Urban League in White Plains. Some 50 people attended and heard Dr. Alvaro Carrascal of the New York State Department of Health/AIDS Institute (NYSDOH/AI) present on the interactive effects of smoking and anti-retroviral medications. Everyone who attended said it was an excellent forum and expressed a desire to have other forums on the health risks connected with smoking and the difficulties of smoking cessation.
- The Case Management (CM) Committee is reviewing intake and assessment instruments (I/A) in order to develop a universal I/A form that will simplify the process and better facilitate linkages across agencies offering HIV/AIDS services. Also, the final version of the "New Case Managers Orientation Brochure" was distributed at the April 9<sup>th</sup> CM Committee meeting. The brochure was born out of a need for ready access to contact information for case managers who are new to the system. This brochure contains the NYCDOH/AI's CM standards, recommended trainings for new case managers, suggested readings, and a list of resources, including contact information for HIV services in the Tri-County region (TCR). The brochure is the result of many months of work by the CM committee and every case manager, new and old, looks forward to using this new tool.
- The next Part B Steering Committee meeting will be held on Friday, April 20<sup>th</sup> from 9:30 to 11:30 AM at

**IV. Part A (formerly Title I) (T. Petro)**

Program Closeouts

Year 16 (3/1/06-2/28/07) fiscal closeout packages were sent out to all providers with a due date of April 13. The packages include a certification attesting that spending for the year is final. The Westchester County Department of Health (WCDH) must determine the overall Year 16 underspending and submit a check in that amount to NYCDOHMH in May which, in turn, must return the funding to HRSA. The EMA may request from HRSA that the Year 16 underspending be “carried over” into Year 17. Once the amount is known a plan to use the funds will be developed. Traditionally, any unspent funds have been allocated to the AIDS Drug Assistance Program (ADAP).

Core/Non-Core Waiver

The new HATMA categorizes HIV services into “core” (medical) and “non-core” (social support) service categories with a requirement that funding be allocated by each EMA at no less than a 75% (core)/25% split. A policy letter from HRSA dated March 23 was released specifying that “HRSA will not consider a waiver request for FY 2007 (Year 17) from a grantee that has already submitted a FY 2007 application which budgeted at least 75% of the award towards core medical services.” Since NYCDOHMH has determined that the FY 2007 application budget – which includes the TCR spending plan – was split 77%/23%, the EMA is unable to apply for a waiver and, therefore, must allocate its Year 17 award at no less than 75% for core services. (The TCR spending plan split is 65%/35%, but the ration gets washed out when combined with NYC funds.)

Funding for CHAIN Project

With the category “program support” no longer fundable under HATMA, the TCR is forced to suspend the CHAIN project (and also terminate its technical assistance program). CHAIN is non-direct-client-service spending, now only fundable within either the NYCDOHMH or WCDH administrative budgets. WCDH’s admin budget, however, will likely cover only personnel costs, perhaps with a small allocation of funds for supplies, telephone, etc. NYCDOHMH is considering future support of TCR CHAIN if there are unallocated funds within its admin budget, and may be willing to “swap” TCR program (i.e., direct service) dollars for NYCDOHMH admin funding in order to keep TCR’s CHAIN study afloat. However, no decision can be made until all installments of the Year 17 award are known in August.

Transportation Forum

On April 10<sup>th</sup> representatives from the Westchester County Department of Social Services (WCDSS) presented at a forum for case managers on the necessary steps to be taken to obtain Medicaid-funded medical transportation for clients with HIV/AIDS. WCDSS staff members Linda Bryant and David Sweet reviewed the procedures that case managers must follow to register their clients for the transportation program and outlined the parameters for making a request. A decision-making flow-chart was distributed as a tool. The RW Part A-funded transportation

**V. Year 18 (3/1/08-2/28/09) Contracting**

Medical Case Management RFP

The WCDH will be re-bidding several service categories this year – whose services largely overlap – under the new HATMA category “medical case management including treatment adherence” (MCM). Treatment adherence (TXA), as a stand-alone category, has been eliminated under HATMA. Case management (CMN) has not been re-bid in nine years; outpatient medical care (OMC), five; and TXA, two. OMC is actually a misnomer since RW funding is not supporting the actual provision of medical care, but rather a combination of medical case management, treatment adherence, and nutritional counseling. Current CMN programs are mostly based at social service organizations, but need to be brought more in line with the HATMA focus on activities leading to improved medical outcomes.

Because all HATMA-funded programs are supposed to improve health, and given that HRSA will not be providing new Part A service definitions, it’s necessary at a local level to define a MCM model for the TCR. A series of meetings with the Health Services Committee, an ad hoc Case Management Committee, and Living Together will be held to identify the service indicators that would capture the tasks involved in providing MCM services.

Performance-Based Reimbursement

In the past year NYCDOHMH and the Medical Health Research Association (MHRA) have been moving the newly awarded RW service contracts from a “cost-based” model to “performance-based” (also referred to as “fee-for-service” contracting). In order to parallel the city’s management of contracts, the WCDH is considering moving TCR contracts to a “performance-based” model as well. WCDH would contract with the FITA (Fiscal Institute Technical Assistance), a unit of the NYC-based MHRA/HIV Care Services, to conduct trainings to help agencies develop fee-for-service rates. These trainings are anticipated to take place later in the year for the development of performance-based budgets for Year 18 (3/1/08 – 2/28/09) contracts. Some Steering Committee members who provide direct client services expressed concern about the difficulty to capture costs adequately due to the different ways by which funds are currently allocated across agencies.

**Next Steering Committee Meeting**  
**Wednesday, May 9, 2007**  
**10:00 AM-12:00 PM**  
**Planned Parenthood – White Plains Center**