



## INTEGRATION OF CARE COMMITTEE

June 22, 2007  
10AM-12PM  
GMHC, 119 W. 24<sup>th</sup> Street

### MINUTES

**Members Attending:** J. Grimaldi, MD (Co-chair), T. Troia (Co-chair), R. Canosa, M. Gbur, MD, E. Greeley, V. Jarvis, MD, E. Levine, J. Matsuyoshi, J. Omi, A. Richardson, J. Shields

**Staff Present:** DOHMH: D. Klotz, J. C. Park, F. Laraque, MD, D. Wong, N. Rothschild;  
MHRA: S. Janicki, R. Frankenburg

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#### **I. Meeting Opening/Minutes**

After introductions, the minutes of the May 11 2007 meeting were approved with no changes.

#### **II. Program Guidance: Food & Nutrition Services**

There was a discussion on finalizing the program guidance for Medical Nutritional Therapy (core service) and Food Bank/Home Delivered/Congregate meals (non-core). Highlights of the discussion were:

- It would be best to avoid two different RFPs (note: Ms. Hilger stated that operational issues will be worked out by the grantee)
- MNT without food provision does not make sense, but a provider may want to distribute pantry bags without a licensed dietician
- There are two different populations for the core and non-core service (people who have a medical need, and those who have an economic or mobility need)
- The initial division of current services was done for the spending plan based on an initial analysis of staff; providers agree that the bulk of services is actually MNT
- Dividing the funds between the two categories, to be undertaken by the Priority Setting & Resource Allocation Committee, will be somewhat arbitrary
- Despite the similar goals, the two services are distinct, and PSRA should be made aware of those distinctions when considering funding allocations.

The Committee approved the wording of the guidance as presented with the understanding that IOC member on the PSRA will delineate the differences for the allocation process.

### **III. Program Guidance: Outpatient Medical Care (OMC)**

The Committee reviewed the new HRSA definition of OMC in a side-by-side comparison with the Council's current definition (developed by the former Health Workgroup in 2004). Ms. Janicki reviewed the data from MHRA on service types, number of units and staff under the current 25 OMC programs. Highlights of the discussion were:

- Some of the services currently provided do not fit the new HRSA definition (e.g., supportive counseling)
- A more narrowly defined guidance would be acceptable, but there still needs to be non-clinical services in the context of a medical visit (e.g., treatment education)
- The question of acupuncture as an allowable service in a clinical setting was left open
- The current guidance allowing funding for ADAP Plus and directly funded outpatient medical programs should be retained
- The service should be available anywhere there is on-site primary medical care, including CBOs that have arrangements with clinics for on-site care in non-Article 28 facilities
- Targeted outreach should only be for those known HIV-positive and fallen out of care, not for initial entry into care (e.g., early intervention)
- The list of services outlined in the HRSA guidance should be expanded to include items in the original Council guidance if they are allowable.

The Committee agreed to draft new language based on the above discussion and review it for finalization on a conference call the following week. Data will also be available on acupuncture.

### **IV. New Business**

The Committee thanked Dr. Grimaldi for his outstanding service at chair and wished him well in his move to Memphis, TN.

There being no further business, the meeting was adjourned.