INTEGRATION OF CARE COMMITTEE

June 9, 2006
10:10am-12:00pm
GMHC, 119 W. 24th Street

MINUTES

Members Attending: J. Grimaldi, MD (Co-chair), T. Troia (Co-chair), F. Alvelo (for B. Starks-Ross), E. Barton (for E. Levine), R. Canosa, E. Greeley, P. Laqueur, J. Matsuyoshi, W. Okoroanyanwu, MD, J. Omi, P. Meissner, R. Quattrochi, A. Richardson, J. Shields

Staff Present: DOHMH: D. Klotz, J. C. Park, C. Silva, S. Bailous; AIDS Institute: M. Nass

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I. Meeting Opening/Minutes

After introductions, the minutes of the May 12, 2006 meeting were approved with two minor changes.

The materials from Data Day and the FY 2004 Program Summary Report prepared by MHRA were distributed.

II. 2006 Planning: Program Guidance

The IOC finalized changes to the program guidance for the New York City categories still to be re-bid. The following is a summary of the discussion.

A. Housing Categories

Ms. Quattrochi presented the changes to the housing categories. Two separate categories of Emergency Transitional Housing were combined. Goals were retooled to stress access to and maintenance in primary medical care and addressing risk factors for homelessness and unstable housing.

A discussion ensued on the provision in the proposed reauthorized CARE Act that would require 75% of the grant to be spent on core medical services (housing is not considered a core medical service; the New York EMA currently spends about 40% of its grant on non-core support services). Highlights of the discussion included:

- While the EMA will apply for a waiver from this requirement, we may have to plan for both contingencies.
- There should be overlapping resource planning with the HOPWA Advisory Board.
- We should consider re-categorizing more services under the umbrella of the "Ambulatory Outpatient Care" category.
- Putting support services under Ambulatory Outpatient Care would exclude some CBOs that are not able to provide primary care on site due to physical restrictions. It would also mean a different kind of more costly oversight for those services.
- The goal is to ensure that services survive, rather than particular agencies. Integrating services through better communication is the challenge (e.g., incorporating nutrition counseling into a patient's medical chart).
- Vertically integrated systems of care are needed. This can begin with City agencies sharing data and documentation (e.g., HASA does not know if their clients are in medical care).

The committee approved the changes to the Housing categories with the following revisions:

- Emergency Rental Assistance - eliminate eligibility criteria that client can pay 30% of rent.
- Housing Services and Housing Placement Assistance – eliminate statement on persons engaged in risky behavior from targeted population.

B. Health Sub-committee

Dr. Grimaldi presented the following proposed changes to the program guidance:

- Dental/Oral Health - strengthen program to facilitate same day service; coordinate care with primary care providers; clinical education for primary care providers that incorporates training on oral health issues.
- Home Care – clarify range of in-home services, including skilled nursing, psychiatric visits and supplemental assistance.
- Hepatitis C Screening and Treatment – since treatment of Hepatitis B and C co-infection have become the standard of HIV care, the sub-committee proposed reallocating funds from this category to Ambulatory Outpatient Care category and incorporating wrap-around services (e.g., mental health screening and treatment adherence) into that category. Adds coordination of care with specialists (hepatologists).

Highlights of the discussion included:

Standardize targeted population description (i.e., PLWHA assessed for and in need of…).
- The reauthorized CARE Act proposes to add private dentists for reimbursement, but that is meant for rural areas and would not be appropriate for New York City.
- Revise dental program guidance to simply be age-appropriate.
- Clarify home care guidance to include range of in-home services as assessed, from skilled nursing to support services (i.e., traditional and supplemental services).

- Check guidance of Ambulatory Outpatient Care categories to make sure that they are consistent with Hepatitis B/C screening and treatment requirements and wrap-around services.

The Committee approved the revised guidance with the changes noted above.

C. Social Services Sub-committee

Rev. Troia presented the following proposed changes to the program guidance:

- 24-Hour Drop-in Center for Prison Releasees – strengthen linkages to primary care and coordination with Department of Corrections and DOHMH.
- Case Management – strengthen focus on promoting access to and maintenance in primary care; add a prevention/harm reduction/risk reduction education component; clarify target population to stress non-HASA or COBRA-eligible client; provide for specialized case management for people with physical/sensory disabilities; add goal to focus on health outcomes.
- Food & Nutrition Services – mindful that only "nutritional counseling" is currently considered a core medical service under the proposed reauthorized CARE Act, change title to "Nutrition Counseling and Services"; require nutritional assessment and counseling in all programs; allow for provision of food (method not specified) as medically necessary.
- Transportation – redefine as "Medical Transportation" to medical and related (not "support") services, to comply with proposed reauthorization principle.

Highlights of the discussion included:

- Re-title 24-hour drop-in center to recognize that it only serves releasees from Riker's Island.
- Eliminate "shelter" and change "needle exchange" to "syringe access".
- Eliminate treatment adherence as direct service of case manager.
- Add "low intensity clients" to Case Management targeted population.
- Add "removal of barriers…" to core definition of case management.
- Simplify guidance of Nutrition Services to allow for provision of meals to improve health outcomes.

The Committee approved the revised guidance with the changes noted above.

III. Public Comment

M. Ducret stated that case management needs to be strengthened to ensure maintenance in care.

There being no further business, the meeting was adjourned.