



## INTEGRATION OF CARE COMMITTEE

January 10, 2007  
3:15-5:15pm  
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, P. Laqueur, J. Omi, P. Meissner, R. Quattrochi, A. Richardson, J. Shields

**Staff Present:** DOHMH: D. Klotz, J. C. Park, C. Silva

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

After introductions, the minutes of the June 9, 2006 meeting were approved with no changes.

#### **II. Ryan White HIV/AIDS Treatment Modernization Act**

Mr. Park described key elements of the reauthorized CARE Act, now called the Ryan White HIV/AIDS Treatment Modernization Act, authorized for three years. The funding changes from 50% formula and 50% supplemental to 66%/33%, which could result in a reduction of the EMA's award up to \$18 million in FY 2007. In addition, 75% of all program services must be "core medical services", with the possibility of a waiver from this requirement. It is not known yet how HRSA will define the core services (including "medical case management") or the waiver process.

#### **III. FY 2007 Scenario Planning**

The Priority Setting & Resource Allocation Committee (PSRA) is planning for the possible reduction, using the assumption that the portfolio will have to be 75% core medical services (it is currently about 69%). They have already proposed a number of targeted reductions (eliminating Oral Health category, reducing Legal Services by 50%, reducing Case Management by 25%). PSRA must still develop a large number of additional reductions, as well as make changes to the composition of the portfolio to meet the 75% core medical services requirement. PSRA has charged IOC with examining case management, which as currently defined is a non-core service funded at almost \$6 million, and giving guidance to PSRA on a possible reduction of the allocation to this category, based on data showing overlap with other service categories. The following is a summary of the discussion points:

- There was discussion on the definitions of “medical” and “psycho-social” case management.
- The Committee heard testimony that clients are receiving the components of CM services (e.g., care coordination, counseling, follow-up, etc.) through most other Title I programs (e.g., Outpatient Medical Care, Mental Health, Harm Reduction, Treatment Adherence...). All Title I programs are required to ascertain if clients are engaged in primary care.
- Medicaid-reimbursed COBRA CM is widely available.
- If clients are receiving CM services through most other programs, and COBRA is widely available, does Title I need to maintain the current level of stand-alone community-based CM programs?
- While CHAIN reports that their cohort has an average of about 1.5 case managers per client, consumers report strong anecdotal evidence that many clients who are engaged in care have multiple case managers, often linked to specific programs (e.g., supportive housing, harm reduction, etc.). This is self-reported data and the definition of “case manager” can be broad. Unduplicated client-level tracking (not currently available) is needed to definitively answer this question.
- The Title I CM programs as defined by IOC are a comprehensive approach, encompassing the full range of care coordination. This closely matches the State’s CM standards. CM provided in specific programs (e.g., housing, harm reduction, etc.) may be more narrowly focused.
- More specific and comprehensive data and analysis from MHRA is needed on the CM-related service elements provided throughout the Title I portfolio in order to conduct a more thorough analysis.

While there was a sense among a majority (but not all) of the Committee members that there is an overabundance of stand-alone Title I CM programs, they were unable to come to a consensus on any specific recommendations to PSRA. It was felt that more comprehensive and detailed data was needed from MHRA and more analysis was needed, but there was a lack of clarity on the precise questions IOC needed MHRA to answer. As PSRA is meeting in the two successive Fridays, it was agreed that the IOC would meet again the following Wednesday if the chairs felt that appropriate and adequate data could be attained that would help the Committee formulate concrete recommendations.

The meeting was adjourned.