Meeting of the

HIV Health and Human Services Planning Council of New York

September 15, 2005
3:20-4:40pm
LGBT Center, 208 W. 13th Street

M I N U T E S


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**Agenda Item #1: Meeting Opening/Minutes**

*Dr. Stackhouse* opened the meeting, followed by introductions.

*Mr. Clanton* introduced the moment of silence.

*Mr. McGovern* reviewed the rules of respectful engagement, followed by introductions.

The minutes of the July 21, 2005 meeting were approved with no changes.

*Mr. Klotz* Nomination forms for community co-chair and finance officer are in the packets. The election will take place at the October meeting. Any full voting member (no alternates) who is not a representative of a governmental agency is eligible to run. Council members who accept a nomination will be asked to submit a written statement that will be sent to all members and alternates prior to the October meeting.

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**Agenda Item #2: Public Comment, Part I**

*M. Gold*: I have questions about the Planning Council appointment process. I would like to know what criteria were used by both the Rules and Membership Committee and the Mayor’s Office.

*J. Livigni*: Council member Helen Hernandez wants to appoint me as her alternate, but I have not received official approval yet. I would like this acted on expeditiously.

*Ms. Moon* reviewed the meeting packet.
Agenda Item #3: PLHWA Advisory Group Report

*Mr. Hemraj:* The PLHWA Advisory Group held its picnic in August. Thanks to everyone who helped out with the event. On August 23rd, we held a special meeting on reauthorization. PLHWA in the New York EMA could be the big losers if the administration’s principles are enacted. We urge everyone to attend the reauthorization update next Thursday to find out what is being done and what you can do to help protect the fragile system-of-care many PLHWA depend on. The next Advisory Group meeting is this Saturday, where we will elect new co-chairs. I have decided not to run for another term.

Agenda Item #4: Finance Committee Report

*Mr. Hemraj:* The Finance Committee met this past Wednesday. Congratulations to MHRA on achieving the lowest under-spending ever in FY 2004. Spending in the first quarter of FY 2005 continues to be on a par with last year. This is mainly due to the fact that most contracts this year were renewals, rather than late start-ups. There were only $264,000 in uncommitted funds, which is better than most years. The treatment adherence category was over-committed by about half a million dollars because treatment education contracts were renewed, but the Council has eliminated that category. MHRA will be able to make up that amount through other savings. MHRA continues to do a streamlined budget modification process. This year there were 11 take-downs totaling only $197,000. There was no reduction in services, and contractors got a strong message that MHRA is serious about maximizing spending. The Committee also agreed that their survey instrument on the administrative mechanism was not a useful tool, given the low response rate, and that its use can be revisited in future years. The Committee will review the results of MHRA’s own internal evaluation of the RFP process at the next Finance Committee meeting.

Agenda Item #5: FY 2006 Title I Grant Application

*Mr. Isbell:* The major emphases in the HRSA guidance for the FY 2006 Title I grant application are: quality management and accountability; Medicaid’s impact on cost and complexity; greater detail for the unmet need estimate; and no points for compliance with conditions of award. Severe need is still the most important part of application. Working in New York’s favor are: severe need (we have the largest and most complex epidemic); planning improvements (client-level data, unit costs, planning tool); reallocation of resources to core services; and a model QA program. Our challenges include: flat funding; increased needs everywhere; the desire in some quarters to reallocate funding to second- and third-wave cities; and that we have the country’s most comprehensive Medicaid program.

Agenda Item #6: Update of CARE Act Reauthorization

*Ms. Moon:* On July 27, 2005, the U.S. Department of Health and Human Services (HHS) released its “Ryan White CARE Act Reauthorization Principles”. This is the Bush Administration’s thinking on what a reauthorized CARE Act should look like, and what changes the President thinks should be made. The first principle is to establish objective indicators to determine severity of need core services index (SNCSI) for funding core medical services. This would include HIV incidence, poverty and availability of other resources including local, state, federal and private dollars. This proposal would be very damaging for New York, deducting points because we spend our own money on HIV services. Also, use of incidence instead of prevalence would penalize those with successful prevention efforts.

*Mr. Pressley:* New York State puts $90 million into the ADAP program. We would be penalized for such efforts.

*Ms. Moon:* The second principle is to eliminate double counting of HIV/AIDS cases between EMAs and the states. This starts with the assumption that PLHWA living in EMA are counted twice in Ryan White funding: once for Title I EMA funding, the second time for Title I funding to states. This would eliminate...
Tile I EMA AIDS case counts from Title II funding formulas. New York State’s Title II award would be based only on HIV/AIDS cases outside of the 3 EMAs in the state – only other areas of the state would be counted. This proposal would be very damaging for New York. It would seriously reduce Title II funding to New York and other states that have an EMA by not counting AIDS cases in EMAs in state Title II funding formulas.

Mr. McGovern: This is actually not taking into account state efforts to coordinate care across the state.

Ms. Moon: The third principle is to establish a set of core medical services – to create a list of basic, primary medical care and medication needs of PLWHAs, and to require that 75% of Ryan White funds in Titles I-IV be used for core medical services. This may shift Ryan White from supporting a large continuum of services to focusing on medical care. This proposal would be damaging to New York. Our EMA currently spends about 50% on HRSA’s core services. The principles would not take into account different resources available to PLWHAs in different areas (e.g., Medicaid), would not recognize differences in the epidemic across nation.

Mr. Ng: This would also strip away local control, not allowing us to use funds to create the best continuum of care possible.

Mr. Pressley: We have determined that care is not just medical services but case management, substance use and mental health services, housing, etc. That would be jeopardized.

Ms. Moon: The fourth principle is to eliminate current provisions that entitle cities to be held harmless in funding reductions. Currently EMAs are protected from wide fluctuations in formula awards, allowing for only small reductions in formula funding from one year to the next. Cities and states must be given adequate time to gradually anticipate and plan for any potential reductions in funding. The “held harmless” provision should be maintained but with an accelerated percentage reduction from 15% over five years to 21% over five years.

Mr. Ng: Big, sudden losses can decimate a care infrastructure that took a decade to build.

Mr. Camhi: This can also impact negatively on clients’ treatment adherence if the infrastructure to help them is lost.

Ms. Moon: The fifth principle is to maintain a federal list of ADAP core medications. This would create a national list of medications that all ADAP programs would be required to cover; currently each state determines independently what drugs to cover. New York has 479 drugs on formulary (the average is 93). If a core list becomes a ceiling of drugs to be covered, New York would be forced to stop covering many drugs. The list needs to be a “floor” of drugs that must be covered but not a “ceiling” of the only drugs allowed to be covered.

Ms. Mateo: The formulary of some states is very small and does not cover drugs for side effects, for example.

Ms. Moon: The sixth principle is to allow the Secretary of HHS to redistribute unallocated balances based on need as determined by severity of need measures. This would redirect all carryover and unspent funds to ADAP programs with the greatest need. Localities must be allowed to determine the best use of unallocated funds to meet their HIV/AIDS service needs. We rely on carry-over to fully fund our ADAP program.

The seventh principle is to allow Planning Councils to serve as voluntary and advisory bodies to Mayors. This recommendation would change Planning Councils from making legally binding priorities about the spending of Ryan White Title I funds.

Mr. Pressley: Planning Councils have created opportunities for communities to organize. This is an effort by the administration to disempower us.
Ms. Moon: Other principles we are in agreement with (e.g., payor of last resort, state and local coordination of care, implement routine voluntary HIV testing in public facilities, and reporting requirements). Responses to the principles have included: letters to HHS and/or press releases from Mayor Bloomberg, NYS Health Commissioner Novello, the Planning Council, CBOs, and a community sign-on letter (all in the packet). The CAEAR Coalition is meeting now to develop a coordinated response, and there will be a forum next week to develop a New York strategy.

Mr. Ng: We are also trying to coordinate a national unity conference to develop a consensus position that would include southern states.

Mr. Pressley: This is the most important issue for NYAC. If this passes, it will create havoc for New York State in terms of accessing services. Hundreds, maybe thousands will lose jobs. This is part of a bigger plan for this administration regarding poor people in this country.

Mr. Hemraj: NYC and NYS give far more in revenue to federal government in taxes than we receive in allocations, which is not fair.

Mr. Pressley: We do have some important legislators from New York (e.g., Lowey, Towns, Clinton, Fosella), so if you do nothing else, you and our clients should call their offices.

Agenda Item #7: Grantee Report

Ms. Hilger: MHRA is sending renewal letters to contractors for FY 2006. This will include information on changes in the Council’s spending plan (some categories were ended, some expanded). This is part of a 3-year process to re-bid the entire portfolio. In the fall, there will be another RFP to cover part of portfolio for services starting March 2006, then another the next year. Thanks to the Council members who reviewed the draft application.

Agenda Item #8: Public Comment, Part II

J. Hernandez: I am a transgender activist. Many transgender people tell me that they are HIV-positive but do not access services because they are afraid of how they will be treated. We need to sensitize staff on transgender issues. There are also problems with coverage for substance use services.

Agenda Item #9: New Business

Mr. Clanton: I want to invite all PLWH to this Saturday’s Advisory Group meeting. Our voice is needed on reauthorization issues. Go back to your agencies and mobilize fellow consumers to fight cuts.

Mr. Hemraj: Thanks for allowing me to serve as Finance Officer for last two years.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on October 20, 2005

Bill Stackhouse, PhD
Acting Governmental Co-chair