
Members Absent: A. Aviles, M. Bacon, A. Cohall, M.D., K. Gaither, M.D., A. Perry, P. Ude, M.D.

Staff Present: J. Hilger, A. Santella, Ph.D., M. Irvine, Ph.D., J. Rojas, D. Klotz, N. Rothschild, DrPH, D. Wong. R. Molina; HIVCS: R. Miller; NYSDOH: F. Laufer

---

Agenda Item #1: Meeting Opening/Introduction/Minutes

Mr. Park opened the meeting, followed by member introductions. Mr. Hemraj introduced the moment of silence. Ms. Elcock reviewed the rules of respectful engagement. Mr. Park reviewed the agenda and meeting packet and reviewed the conflicts of interest guidelines.

The minutes of the November 20, 2008 meeting were approved with no changes.

Agenda Item #2: Public Comment, Part I

M. Gold: Several of my fellow clients at Village Care have passed away recently, which shows that people are still dying from HIV, which is why we are here today. I also urge Ryan White-funded providers to become involved in the Manhattan HIV Care Network.

J. Livigni: The Mayor should appoint more PLWHA to the Council.

Agenda Item #3: Presentations on Medicaid Managed Care and APGs

Mr. Feldman gave an overview of Medicaid Managed Care for PLWHA. There are 1.58 million people enrolled in Medicaid managed care in NYC. There are 15 managed care plans, including 3 HIV Special Needs Plans (SNPs). Of the 51,519 PLWHA enrolled in Medicaid in NYC, over 9,300 are enrolled in managed care plans. Another 28,783 are currently exempt (the rest are excluded due to various reasons, e.g., home care). These exemptions will end and all non-excluded Medicaid recipients will be required to choose a managed care plan. Benefits will be the same as fee-for-service plans. Mr. Feldman explained...
managed care and SNP benefits, HIV requirements of managed care plans, quality assurance measures, education/outreach efforts, and the plan for the mandatory enrolment process. Consumer concerns are being addressed, including auto-assignment, capacity issues (especially in Staten Island) and quality of care. There will be more detail in the spring on the details of the actual enrolment process.

Mr. Laufer presented on the NYS DOH adoption of ambulatory patient groups (APGs), which modifies the Medicaid reimbursement rates for medical procedures. This system replaces the old 5- and 7-tiered payment rates for most HIV services and reflects higher complexity and packaged ancillary services. However, the current 5-tier counseling and testing visits and the 7-tier therapeutic visit are being maintained as carve-outs, as are CD4, viral load and drug resistance testing and the tropism assay, all of which can continue to be billed on a fee-for-service basis.

**Agenda Item #4: Election of Finance Officer**

Mr. Hemraj was elected Finance Officer by acclamation.

**Agenda Item #5: Care, Treatment & Housing Program Overview**

Dr. Laraque gave an overview of the DOHMH HIV’AIDS Bureau’s Care, Treatment & Housing (CTH) Program. Program components include: Ryan White Services; Housing Services; Policy, Planning and Implementation; Public Health Practice, Research and Evaluation; and the Planning Council Unit. Program goals are: improve early diagnosis of HIV-infection and early connection to HIV primary care; establish an effective delivery of care model; promote the optimal management of HIV infection and improve the health status of HIV-infected persons in New York City; reduce homelessness among New York City HIV-infected persons; and conduct care, treatment and housing research and evaluation projects.

Dr. Laraque gave an overview of each component of the CTH Program and outlined collaborations (e.g., with HIV Care Services and the AIDS Institute). The CTH Program will: design and develop related programs; implement those through writing of RFPs service scopes; review services scopes prior to finalization; set and oversee program policies; oversee data collection and program evaluation; make all funded programs implementation and policy decisions; work in partnership with the community; and welcome all ideas for program improvements in all funded areas and beyond.

**Agenda Item #6: Comprehensive Strategic Plan for HIV/AIDS Services 2009-2012**

Mr. Park introduced discussion of the draft Comprehensive Strategic Plan for HIV/AIDS Services 2009-12, saying it has been thoroughly reviewed and vetted by multiple Council committees, and that he endorses it as co-chair of the Council. Ms. Elcock encouraged all members to familiarize themselves with the plan’s details, as it will be the blueprint for planning over the next three years.

Dr. Santella reviewed the plan’s background (including HRSA’s guidance), timeline and Planning Council involvement. He gave an overview of the plan’s content, and reviewed the Plan’s vision, goals, objectives and action steps. Dr. Irvine reviewed the monitoring and evaluation plan for the Plan’s objectives, including data sources and indicators of progress.

There was a brief discussion on the definition of standards for measuring out of care (e.g., 4 or 6 months depending on the patient’s status). There was also discussion on obtaining housing data for indicators of disparities and data for Asians/Pacific Islanders.
ACTION: A motion was made and seconded to accept the plan as presented. The motion was approved with one abstention.

### Agenda Item #7 Carry-over of 2008 Funds

*Ms. Hilger* presented a proposal for submission of the EMA’s carry-over waiver to HRSA. The EMA estimates that $1,497,334 of the formula award will be unobligated at the end of the budget year. This meets the requirement that no more than 2% of formula funds be unexpended (more would result in heavy penalties to the EMA). Given the Council’s reprogramming plan, the funds would be used for ADAP to expand availability of access to medications to uninsured PLWHA. Last year, a similar waiver request was submitted, but actual under-spending of the total grant was only $861,549.

Mr. Hemraj noted that in 2002, about $14 million was unspent, and that under-spending has been brought down to record low levels. Ms. Hilger noted that the Finance Committee monitors spending and reports back to the full Council.

ACTION: A motion was made and seconded to accept the carry-over waiver request as presented. The motion was approved unanimously.

### Agenda Item #8 Committee Updates

*Mr. Lesieur:* The Policy Committee is recommending that the Council endorse a letter to the Chairs of the Senate and House Committees that will work on Ryan White reauthorization with recommended changes to the legislation.

ACTION: A motion was made and seconded to send the letters as presented. The motion carried unanimously.

*Mr. Ng* and *Mr. Lesieur* recommended that the Policy Committee and Council look into possible cuts to funding in the NYS contribution to ADAP. *Ms. Edwards* said that no cuts in levels of service are planned. *Mr. Park* and *Ms. Elcock* asked the Policy Committee to obtain more information on the issue and recommend possible Council action.

Brief updates of other committees were given, including Integration of Care, Need Assessment, Consumers and the PLWHA Advisory Group.

Ms. Hilger asked for approval of the Executive Committee’s recommendation that $340,000 in unspent MAI funds, previously earmarked for rate enhancements to Maintenance in Care and Treatment Adherence programs be earmarked for ADAP instead.

ACTION: A motion was made and seconded to accept the MAI carry-over modification as presented. The motion carried unanimously.

### Agenda Item #9 Public Comment, Part II

*G. Cruz:* Congratulations to the newly appointed PLWHA members of the Council. As community at-large representative, I look forward to working with you.
M. Soares had a question about reporting of HIV testing to DOHMH. Dr. Irvine clarified that only DOHMH-funded testing programs report their testing statistics to DOHMH, but that all positive test results are reported to DOHMH for surveillance purposes.

Dr. Marder asked for volunteers to help with the annual street homeless census in January.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on January 22, 2009

Jan Carl Park, MA, MPA
Governmental Co-chair