NASSAU-SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL
UNITED WAY OF LONG ISLAND, DEER PARK, NY
November 10, 2021
10am – 12pm

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	GUESTS
Traci Shelton, Chair	Ilvan Arroyo	Karin Timour
Felix Ruiz, Vice-Chair	Arthur Brown	Susan Baldridge
Tania Chiu	Clara Crawford	Arunima Roy
Nashon Clark	Teresa Maestre	Amanda Naiberg
William Doepper	Cathy Martens	Kerry Thomas
Nancy Duncan	Angie Partap	Eileen Bryant
Lawrence Eisenstein, MD	Denise Ragsdale	Stanley Obijuru
Juli Grey-Owens	Rafael Rivera	Hong Buist
Kevin McHugh	Edward Soto	Gianna Siciliano
Johnny Mora	John Van	
Victoria Osk, Esq.		
Colin Pearsall		
Scott Petersen		
Jacqueline Ponce-Rivera		
Gregson Pigott, MD		
Erik Rios		
Claire Simon		
June Tappan		
Katelin Thomas		
John Van		
Hector Alcala		

UWLI STAFF	COUNTY STAFF
Georgette Beal	Nina Sculco
Nancy O'Keefe	
Myra Alston	
Katie Ramirez	

I. Welcome and Moment of Silence

Ms. Shelton, Chair, called her first meeting as chair at 10:10. She requested a moment of silence to remember those who are suffering, including those with COVID.

II. Public Comment on Agenda Items Only

There was no public comment.

III. Approval of September 15, 2021 Minutes

Dr. Eisenstein made a motion to accept the minutes as read. The motion was seconded by Ms. Thomas
17 Approved 3 Abstentions 0 Opposed - Motion Carried

IV. Committee Reports:

Ms. Shelton reported on **the Executive Committee** conference call that was held on Monday, November 1, 2021. The Planning Council agenda was tentatively amended to include information about the new HIV medications and coverage, if presenters are available for the November Planning Council meeting. The Integrated HIV Prevention and Care Plan, a joint plan of submission that includes, NYS, NYC and the Nassau-Suffolk region is due December 2022. RFPs will be issued in the New Year. A HRSA site visit is scheduled for June 2022. Our current Project Officer is retiring. The bureau director will be the interim project officer.

Ms. Osk reported on the November 3, 2021**Strategic Assessment & Planning Committee** meeting. Review and discussion of EIIHA plan was the focus of the meeting. The meeting began with presentations by the Regional Prevention and Support Services Initiative (RPSSI) Program, Project Safety Net, and LGBT Network with emphasis on improving coordination with prevention providers and programs. Review and discussion of the N-S EMA's EIIHA Plan will continue at the January 2022 SAP meeting.
A vote for new co-chairs will be taken via Survey Monkey and results will be reported at the next SAP meeting.

Ms. Baldridge reported on the **Consumer Involvement Committee** which met on Friday, October 8, 2021. Mr. McHugh will serve another term as CIC Chair and Ms. Baldridge will begin her first Co-Chair term. Planning for the 2021 virtual World AIDS Day event began. The event will be Friday evening, December 3rd, 7pm-8:30pm. The theme is *Still Standing and Honoring Those Who Came Before Us.* A consumer panel discussion will be part of the event in addition to the invocation, candlelight ceremony, and awards.

Mr. Doepper reported on the **Clinical Quality Management Committtee** which met on Thursday, October 28, 2021. Ms. Rosch, Esq, will be continuing another term as Co-Chair of the CQM Committee; Mr. Doepper begins his first term as Co-chair of the committee. A summary of the Administrative Mechanism report was given. There were reviews of the Policy Clarification Notice (PCN) 21-2 on eligibility recertification as well as a regional CQM update which included FY20-21 CQM results, retention in care, and next steps.

Membership-Planning Council membership is currently at 30 members. The Substance Abuse Provider category has been filled, there are no vacant membership categories. In order to keep the Council reflective of the epidemic, recruitment efforts are ongoing, with an emphasis on increasing representation in the Latino community and that of unaligned consumers. Two Council applications were approved. A Survey Monkey link will be sent to members to ballot the candidates.

V. ADAP Updates and Coverage for Cabenuva

Ms. Karin Timour, Director, Downstate Outreach and Technical Assistance for the Uninsured Care Programs of New York State Department of Health began her presentation by asking if there were any questions to make certain she covered any pressing issues and what those present wanted to know. Question of eligibility and loss of coverage were cited. These topics were covered in her PowerPoint which was an overview of services, eligibility criteria and enrollment of the uninsured care programs. There are 4 components:

- ADAP (AIDS Drug Assistance Program) which covers prescriptions.
- ADAP Plus, which covers outpatient medical care.
- HIV Home Care Program, which will pay up to $30,000 of home pre in patient's lifetime.
- APIC (ADAP Plus Insurance Continuation Program), pays for health insurance premiums and COBRA benefits. In order to keep comprehensive coverage, in the event that an ADAP

eligible individual was covered under a spouse's insurance, employee contribution will be covered for the entire family even if only family member is HIV+ should spouse have hours cut or lose their job. Similarly, COBRA benefits would be paid if the spouse worked for at least three months and would begin from the last day of work.

Most programs are for those individuals who have low or no health insurance. HEP-CAP is primarily for those who have no insurance.

Services for HIV- individuals include:

- PrEP-AP Assistance Program includes primary care services and monitoring, including lab tests, but not medications, to support the use of PrEP to prevent HIV.
- Hepatitis C Assistance Program (HEP-C-AP) provides primary care services, not medications, for people with HEP-C who do not have insurance.

For those individuals who do not have health insurance, they need to apply for patient drug assistance programs in order to have their medications covered.

- Naloxone Copayment Assistance Program (N-CAP) covers health insurance co-pays for the Naloxone, a medication is used for the emergency treatment of known or suspected opioid overdose, There is no out-of-pocket expenses for Naloxone, at an enrolled pharmacy. There are no enrollment requirements for individuals. If medication cost is less than $40, N-CAP will pay full amount.

ADAP/ADAP Plus Eligibility

To be eligible, an individual must be living with HIV in New York State and have an income below 500% of the Federal Poverty Level (FPL):

Household of (1), $64.400
Household of (2), $87,100
Household of (3). $109,800

Each additional member of household under the age of 21, increases the household amount by $22,700.

ADAP pays for:

The medications included in the formulary of more than 500 drugs including ART, prophylactics, antibiotics, vitamins/minerals, nutritional supplements and those prescribed for opportunistic infections, HEP-C, Psychotropic, cardiac, diabetes.

Part D prescription drug coverage and Medicare advantage premiums and supplement coverage if not deducted for social security payments.

ADAP Plus (outpatient care) covers the following services and are limited to a client's treatment year, which is not necessarily January to December, but rather 365 days into the past from last visit:

- 35 Primary of specialty visits
- 6 VL and CD4 test
- 4 Genotypic and phenotypic resistance
- 12 Dental/ oral surgery appointments
- 24 Mental Health appointments
- 4 Nutritional assessments and counseling sessions for those living with HIV; (12) for those living with AIDS

ADAP does not pay for:

- Hospitalizations, inpatient care, ER visits.
- Medications not in the formulary
- MTIs, CT Scans, contrast X-rays
- Drug/alcohol treatment
- Case management

- HIV Pre/Post treatment and counseling

Ms. Timour stated that if ADAP is the only coverage, it is not the best way to pay for and receive comprehensive care and recommended applying for Medicare, Medicaid or other health insurance. Ms. Sophia Noel is available to help clients in both Nassau and Suffolk County to enroll and submit applications. Free virtual coverage trainings are offered. The ADAP hotline has been expanded to two lines: 800-542-2437 and 844-682-4058. M-F, 8am-5pm, bi-lingual Spanish/English, language line interpreters for other languages.

New ADAP changes:
Regular dentures (not emergency) are now covered. An online portal can now be accessed to upload documents, for recertification. (There is also a YouTube tutorial on how to use the portal.) During COVID, in order to limit in person visits, 30 day medication disbursements were increased to 90 days. While that practice is going back to 30 days, on a case by case basis, some clients may be able to continue the 90 day disbursement.

Cabenuva- is an ART drug that begins with a pill and progresses to a monthly injection administered by a doctor. There are two separate bill charges, one for the actual drug, and the other for the administration of the drug. Initially, there were only 6 specialty pharmacies that could dispense this medication. That number has now expanded to include to any Pharmacy. The ADAP provider needs to be enrolled and the pharmacy should be contacted to ensure that the Cabenuva is in stock. ADAP pays for both the drug and the administration fee; there is no co-pay. 340B pharmacies cannot bill or be paid by ADAP. The doctor submits the bill for administering Cabenuva to ADAP. The health insurance has to pay the doctor's fee; if the administration is part of the prescription fee, it is covered by ADAP. If it is not part of the prescription coverage, then it is billed through the medical part of the health insurance. Ms. Timour advised that the Albany office be contacted should there be any questions regarding billing aspect of Cabenuva.

Ms. Shelton asked if there were any known side effects to Cabenuva. Ms. Timour did not know as her expertise is with the available programs and insurance aspect. Attempts were made to have medical professionals speak at this meeting. However, due to scheduling conflicts we were unable to get anyone to speak on the subject.

VI. Administrative Mechanism Report

The Administrative Mechanism is an annual assessment (legislatively required of EMAs and TGAs) to assess how quickly and well the Part A recipient carries out the processes needed to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the Part A service area are met. Emphasis is on ensuring services to PLWH communities with the greatest need for Ryan White services. It is the responsibility of the CQM committee to review questions for clarity and relevance.

Two surveys were administered, one for Planning Council members, the other for funded Part providers. Both surveys reviewed the previous year's planning process and the resulting priorities that are funded in the current fiscal year. Questions for members were specific to the Council, its mission, trainings, and the PSRA process. Provider questions focused on distribution of funds in FY 20-21, contracting, contract monitoring, and knowledge of PSRA process.

Summary of results:

- The survey results confirm that the EMA is effective at both allocating and reallocating funds to priorities that mirror the needs of the region and that are supported through needs assessments and data collection.

- Council members indicated a clear understanding of the PSRA process (a key component of the administrative mechanism). All (100%) replied that they were familiar with the process and 90.91% reported participating in the process through Planning Council and committee meetings.
- All respondents agreed that the process is both data driven and an overwhelming majority reported that the needs of special populations were addressed.
- Over 93% of providers (an increase over the previous year) were familiar with the PSRA process and the overwhelming majority agreed that the needs of special populations were addressed
- 85.71% of providers replied that contracting changes made it easier for agencies to get contracted; 78.57% responded that vouchering changes simplified the vouchering process.
- All agencies were monitored and received a comprehensive site visit in FY 20-21.
- All respondents agreed that contract managers and fiscal staff were accessible, and that technical assistance, when requested was reported as both timely and helpful.

Changes to the EMA in response to the COVID-19 Pandemic:
The COVID-19 pandemic forced the EMA to re-examine the way it approached its planning, contracting and vouchering processes in FY20. The Planning Council had to adjust the manner in which meetings and the PSRA process were conducted and all meetings were moved to a virtual platform.

United Way had to amend its contracting process, as well as processes for submitting and approving vouchers and how programs would be monitored when many providers were operating remotely. A significant number of survey respondents recommended keeping many of the changes that were implemented in place

Timeliness of payments:
An identified deficiency is the need for the EMA to continue working towards shortening the length of time for processing vouchers. While 85.71% of providers responded that vouchers were paid in a timely manner approximately half also indicated that the average time for UWLI to reimburse an agency once a complete contract had been submitted was over 30 days. Some of the delays were due to missing documentation, voucher error or late submission. Once contracted, 93% of vouchers were paid within one month.

Voucher log sheets show that in general, payments are timely. ACH deposits were implemented in 2021 and will continue to have a positive impact on the turnaround of payments. Moving forward, new multi-year funding should also have a great impact on reducing the contracting time.

Program Monitoring:
Although challenging to conducting site visits, all were completed in FY2020 and provider requirements were minimized to reduce burden as much as possible. While in-person site visits are preferable and viewed as easier by some providers, given the current health crisis, visits will continue as virtual in FY21.

Recommendation: Provider survey respondents suggested the addition of mid-year or quarterly check-ins and meetings between contract administrators and providers in addition to site visits

VII. 2022 Member Training Needs Assessment

Our planning body is responsible for training members on their roles and responsibilities.
An annual training needs assessment will be distributed to Planning Council members to determine which topics to include and emphasize. A survey link will be sent to members to help plan and schedule future trainings and presentations. Thank you for your cooperation.

VIII. Announcements/Adjournment

Ms. Shelton informed the Council that there is $375 assistance available for homeowners in Nassau County. To apply, call 516-571-1555.

An advisory panel for those with disabilities was created in Nassau County according to Mr. Doepper.

Mr. Thomas spoke of Thursday Child's Holiday Magic event. Although the application deadline has passed, contact them should you have any questions.

Dr. Eisenstein and Dr. Pigott will be participating in a public session webinar during Stony Brook public hour on November 17th entitled, *Flu and COVID with Your Health Commissioners.*

Mr. Doepper made a motion and Mr. McHugh seconded the motion to adjourn the November 10, 2021 Planning Council meeting.

All in favor, motion carried.