



Continuum of Care Committee MEETING SUMMARY

Thursday, May 13, 2021 from 10:03 AM to 12:02 PM Videoconference via Zoom: <u>https://zoom.us/j/98086438103</u> Teleconference: (929) 205-6099 / Meeting ID: 980 8643 8103#

	Present	Excused Absences	Unexcused Absences
1.	Ann Bagchi, Ph.D. (Secretary)	9. Kendall Clark	11. Maisel Guzman
2.	Cezar Dumago	10. Wanda Figueroa, MD	
3.	Dr. Lucy Efobi		
4.	Vieshia Morales (Chair)		
5.	Dominga Padilla, MD		
6.	Lauro Rocha		
7.	Nancy Scangarello		
8.	War Talley (Non-Voting)		

Guests: Elizabeth Kocot, Bre Azañedo (CAPCO), Roxanne Barker (St. Bridget's), Denise Brown (NJ Housing Collaborative), Debbie Mohammed, Kathleen O'Brien (Merck), Sharon Postel, Liz Woodfield (ViiV) **Support Staff:** Tania Guaman, Vicky Saguay

1. Welcome and Moment of Silence

Morales called the COC meeting to order at 10:03 AM and welcomed all in attendance. A moment of silence was observed for all those living with, those who have passed and those affected by HIV/AIDS.

2. Roll Call

Dr. Bagchi conducted the roll call. Quorum was established.

3. Public Testimony

There was no public testimony at this meeting.

4. Approval of Meeting Summary from April 8, 2021

At the last COC meeting, the March 11th meeting summary was approved as presented.

The April 8th meeting summary was sent electronically in advance for review. Morales asked for a motion to approve the meeting summary as presented. Dr. Bagchi motioned to approve. Dumago seconded. There were no oppositions or abstentions.

5. Standing Committee Updates

- CPC Guaman provided the following report for the April 9th meeting:
 - The committee started the Priority Setting and Resource Allocation process and received a presentation on ADDP eligibility, service utilization, and expenditures within the Newark EMA.

The COVID-19 allowance of a 90-day supply is still in effect, the income eligibility has not changed, and there were concerns about the state funding shrinking rapidly.

- A few system issues were noted.
 - o 340B benefits are supposed to go to the state, but they are not currently.
 - Maintaining a good level coverage is challenging because money is shrinking.
- The committee also requested feedback from all other committee chairs about how to improve the priority setting and resource allocation process. The three recommendations were provided: 1) the need for a course service waiver, 2) the need for a a public hearing to support the core service waiver, 3) flexible guidance that allow allocation adjustments according to the evolving needs of people living with HIV and the EMA. These recommendations were added to the allocation guidance of the report. The CPC is expected to receive community feedback by June 11.
- The committee also reviewed the FY 2022 service model. No changes were recommended, and the model will be added to the final report.
- The committee also reviewed service category definitions taking into consideration those that the COC modified slightly. These changes were presented and approved as previously edited and approved by the COC and according to HRSA guidelines.

The next CPC meeting will be held on Friday, May 14, 2021 via Zoom.

- REC Dr. Bagchi provided the April 19th REC report as follows:
 - Postel provided a preliminary report on CHAMP findings from the 2021 Telehealth Needs Assessment. The committee will receive a summary of this data next week.
 - Postel received the AAEM agency and provider survey responses and will analyze that data.
 - The committee finalized the agency survey for the Assessment of the Administrative Mechanism. The surveys were sent out in early May, and 33 out of 35 agencies responded.
 - There was no update on the request of the Epidemiologic Data to the New Jersey Department of Health. The committee is still waiting on data.
 - The committee quickly reviewed the draft of the Funding Streams Report. The report was comprehensive and included a lot of information. The report is almost finalized.

The next REC meeting will be held on Monday, May 17, 2021 at 10AM via Zoom.

- CIA Guaman provided the April 28th CIA report as follows:
 - 18 attendees were present at the meeting. 2 from Union County, 9 from Essex, 1 from Jersey City and 6 unknowns attended.
 - Attendees held conversations about the COVID-19 pandemic including concerns about the long waits for the vaccine registration process. Consumers were grateful that their agency provided the vaccine on site.
 - COVID-19 Vaccine resources, flyers, and information were provided for the five counties.
 - Attendees also talked about telehealth access and the challenges with self-monitoring blood pressure, glucose, and being able to provide that information to their provider.

- Consumers felt that connecting with providers via Telehealth was not ideal. They agreed that in-person visits are needed, but telehealth services can help when they have frequent visits.
- Consumers also wanted to know what resources are available for people who are not familiar with technology, do not have Wi-Fi, do not know how to use technology. Therefore, the committee chair decided to add a how to use technology component in the meetings such as an introduction to zoom. Other topics are being brainstormed.
- Consumers reported feeling safe when visiting their provider knowing that agencies are doing a good job practicing social distancing, limiting the amount of people in the building, and sanitizing common areas frequently.
- Regarding COVID-19, some consumers received their first shot, others were waiting to see how things go, and others were feeling frustrated with the registration process.
- The committee also had a conversation about housing and different housing opportunities coming up in the Newark EMA.
- The committee also talked about what support services might be most important for the community. Consumers agree that housing, including assistance with back rent and electricity was important, especially because people may have lost their jobs due to the pandemic.
- The CIA summary will be ready next week and will be sent to all via email.

The next CIA meeting will be held on May 26, 2021 5:00 to 7:00PM via Zoom.

Talley sent the New Jersey Ends HIV (EHE) joint plan for Hudson county and Essex County to Support Staff. This information is now available on the Planning Council's website here: <u>https://www.nemaplanningcouncil.org/ending-the-hiv-epidemic</u>.

One of the goals of the EHE plan in the EMA is to create a supportive housing program through a collaboration with Housing Works. Housing Works will host a three-hour TA session on "Housing in Healthcare: Best Practices and Common Challenges in HIV Housing" on May 27 from 1:00pm to 2:30pm. The recipient reached out a couple of housing experts including Housing Case Managers to participate. The information will be sent to Support Staff for distribution.

6. Old Business

• Review recommended list of presentation topics for future meetings

The committee reviewed the list of presentation topics proposed by its membership. Morales asked the Support Staff to schedule the remaining topics according to the service standards that the committee will be reviewing each month.

7. New Business

• Member Election/Nomination

Dr. Efobi was nominated to serve as a voting member of the COC committee. She accepted the nomination. Morales motioned Dr. Efobi as a COC member and asked the COC committee for approval. All members agreed.

• Discussion: How to manage long waiting lists for Medicaid patients waiting to see their specialist (i.e., neurologist or cardiologist)?

At the last COC meeting, members raised the issue of long waiting periods to connect patients to specialists covered under Medicaid. To address this issues and answer questions, Ms. Kocot from the Medicaid office joined the COC. A discussion followed of challenges with long wait times for specialty appointments and potential workarounds as follows:

Challenges	Workarounds	
One list of specialists covered under Medicaid would be helpful, but there is not one available.	 One list does not exist because providers are added and removed from the system daily. However, patients can ask for a list of providers from their HMO to get an in- network specialist provider list. 	
Getting an appointment to see a specialist is difficult since not all providers from one provider group may accept Medicaid, so it relies on	 Clients can access services out of county if appointments within their county of residence are not found quickly. The Medicaid offers transportation to providers' offices within 21 miles from residence. 	
the availability of that one provider.	- Patients could transfer to a specialist that accepts Medicaid.	
	- Clients can change their provider if needed.	
	 If the patient needs help, the Medicaid office can get a MLTSS Case Manager for to assist the patient with coordination of care if they qualify. MLTSS Case Managers should return the call within 48 hours. 	
Some specialists do not accept Medicaid.	- A provider would be violating their contract with the insurance company by not accepting Medicaid. Those cases should be reported to the Medicaid office.	
If issues with finding a specialist persist, how can that be addressed?	 Patients can call to change their HMO before the 15th of the month to be effective on the next month. If the call is made after the 15th, the insurance will be changed two months from the date of request. 	
	- The Primary Care Provider can change the client's HMO to get better access to care.	
	- Providers experiencing issues to find a specialist can call the Medicaid office and connect with Elizabeth Kocot or James Tripple at 973-648-3700 to get help with connecting patients to a specialist.	
	- For patients who cannot locate a specialist, the mental health nurses from the Medicaid Office can assist too.	

 Kocot will request the Medicaid Central Office for a list of specialists (Urologists, Cardiologists, Orthopedics, Dermatologists, and Neurologist) by HMOs (Horizon NJ Health, United Healthcare, AmeriChoice, WellCare, and Aetna). However, the list may not be accurate, and providers will have to call the specialist's office before referring a patient. • Consider CPC discussion recommendation to review EFA, Housing, and Oral Health

At the CPC meeting, the Recipient suggested to review the EFA, Housing and Oral Health Service Standards since the funding limitations listed prevent the Recipient from helping some clients. The Executive Committee recommended that the Recipient state the service limitations and to not be included on the service standards. Postel recommended to add to the service standards: "The recipient may establish service limitations for this service category." The committee agreed to add this statement on the service standards that had the service limitations.

- Update the Medical Case Management, including Treatment Adherence Service Standard The Committee reviewed this service standard and made the following edits:
 - The Program Guidance was moved to the Key Service Components and Activities section.
 - Assessment and Service Plan
 - Under Comprehensive Bio-psychosocial/medical assessment, the phrase "Sex assigned at birth or gender identity" was changed to "Sex assigned at birth and current gender identity". Also, "Debt and money management issues" was removed since a Case Manager is not required to manage the client's finances. Although it is not explicitly listed, a Case Manager may need to get involved on a case-by-case basis as needed.
 - Under monitor client to assess the efficiency of care plan, the word "adjust" was changed to "reassess". The statement became "Reassess Care Plan, if necessary".
 - Under Reassessment of Care Plan, "as needed" was added to the end of bullet number 8.
 Also, the word "removed" was changed to "resolved" and the statement became "Assess whether barriers to medical care have been addressed/resolved/improved and documented.
 - Under the Documentation section, the bullet points 1, 3, 7, 9, and 10 were removed because these are included in the Universal Standard.

Motion: Morales asked for a motion to approve the Medical Case Management Service Standard with the above edits. Dr Padilla motioned. Scangarello seconded. There were no abstentions or oppositions.

• Update the Outpatient Ambulatory Health Services Service Standard

The committee reviewed the Outpatient Ambulatory Health Services Service Standard and recommended the following:

- The Description had minor grammatical changes and became: "Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, urgent care facilities, and/or telehealth for HIV-related visits."
- The Program Guidance was separated. The first paragraph of the Program Guidance was moved to the Description. The second paragraph of the Program Guidance was moved to the service limitation. The other statement was left for consideration at the next meeting.

Motion: Morales asked for a motion to table the Outpatient Ambulatory Health Services Service Standard discussion to the next meeting. Dr. Padilla motioned to approve. Scangarello seconded. There were no abstentions or oppositions.

8. Administrative Issues— PC Support Staff

No administrative issues.

9. Announcements

- A COVID-19 Vaccine pop up site will occur at Projeto Mantena located at 299 Ferry St. (Ironbound), Newark NJ 07105 this upcoming Sunday from 8:00AM-1:00PM. No insurance is necessary, but registration is required by calling at 973 344 1644 or 973 344 1645. Those interested must also choose either the Pfizer or J&J vaccine.
- NJCRI has a vaccination task force and offers vaccination every Wednesday and Friday.
- CIA will host a Community Forum on May 26 at 5pm

10. Next Meeting

The next COC meeting will be held on Thursday, June 10, 2021 at 10 AM via Zoom.

11. Adjournment

Morales motioned to adjourn the meeting at 12:02pm. Dumago seconded the motion. All members agreed.