



# Comprehensive Planning Committee

## MEETING SUMMARY

Friday, April 9, 2021 from 9:30AM to 10:53AM

Video-Conference via Zoom: <https://zoom.us/j/97674583954>

Teleconference: (929) 205-6099 / Meeting ID: 976 7458 3954#

Present	Excused Absences	Unexcused Absences
1. Allison Delcalzo-Berens	11. Janice Adams-Jarrells	
2. Juanita Howell (Secretary)	12. Ketlen Alsbrook	
3. Elizabeth Kocot	13. Vieshia Morales	
4. Julissa Lituma	14. Debbie Morgan	
5. Joann McEniry (Chair)	15. Ricardo Salcido	
6. Jennifer McGee-Avila (Non-Voting)		
7. Sharon Postel (Non-Voting)		
8. Aliya Roman (Non-Voting)		
9. Al-Bayyinah Sloane		
10. Calvin Toler		

**Guests:** Karen Ehiri, Denise Brown- NJHHC, Claudia Ortiz, Nahid Suleiman (Presenter)

**Support Staff:** Tania Guaman, Vicky Saguy

**1. Welcome and Moment of Silence**

McEniry called the meeting to order at 9:30 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**

Support Staff conducted the roll call. Quorum was established during the meeting.

**3. Public Testimony**

No Public Testimony.

**4. Approval of the Meeting Summary March 12, 2021**

At the last meeting, the Committee approved the January 8<sup>th</sup> meeting summary as presented.

The March 12<sup>th</sup> meeting summary was sent electronically in advance for review. McEniry asked for a motion to approve the meeting summary as presented. Kocot motioned to approve. Howell seconded. Toler abstained. There were no oppositions.

**5. Standing Committee Updates**

- **COC**– Support Staff provided the April 8<sup>th</sup> COC report. The following occurred at the meeting:
  - The committee discussed considerations for the review and update of service standards for FY 2021. PCN 16-02 has not been updated since 2018; HRSA has not provided guidance about including telehealth on service standards. The Recipient adjusted at the local level to bill for

Telehealth and to make that an allowable service. The committee will wait for further guidance to incorporate telehealth on the service standards.

- The committee workplan was finalized with topics recommended by committee members.
- Dr. Poblete on behalf of Viiv Pharmaceuticals provided a presentation on Long-Acting HIV injectables.
- The Early Intervention Service Standard was reformatted, reviewed, and approved at the meeting. The Universal Service Standard was also reviewed and approved. These service standards and Medical Transportation will be introduced to the Planning Council on April 21<sup>st</sup>. The next COC meeting will be held on May 13, 2021 at 10AM via Zoom.

- **REC** - Support Staff provided the March 15<sup>th</sup> REC report. The following occurred at the meeting:
  - The Needs Assessment agency and consumer survey was completed by March 8, 2021. To date, Support Staff received 120 consumer response and 32 from agencies. Discussions about the cost of the analysis of those are still being held between the United Way, and the recipient's office. Support Staff will follow up at the next executive committee meeting.
  - The PC Consultant, in collaboration with the Recipient submitted the epidemiologic data request to NJDOH in March 2021. There will be an update at the April meeting.
  - The committee finalized and approved the FY 2021 Committee Workplan.
  - The committee also discussed the step process for the Full Assessment of the Administrative Mechanism. The Recipient survey was edited live during the meeting, then the REC approved with edits. The committee will review and approve the agency survey at the next meeting.
  - The committee reviewed the 2021 Funding Streams report and made recommendations for funding opportunities to be added. Support Staff is working on this report. There are some fiscal year differences between state, municipal and federal funding. Some data will not be available but the most up to date data will be gathered in the report.
  - The committee approved the REC OPPs and recommended their introduction to PC in March. The next REC meeting will be held on Monday, April 19, 2021 at 10am via Zoom. All are encouraged to attend.
- **CIA/CC** - Support Staff provided the March 24<sup>th</sup> CIA report. The following occurred at the meeting:
  - Attendees held conversations regarding telehealth and COVID-19 with questions prepared by Poole. A brief summary of the report was provided by Support Staff, and the full notes will be available on the CIA meeting summary. The next CIA meeting will be held on April 28, 2021 at 5pm via Zoom.

## 6. Recipient Report

Roman provided the following report:

- For FY 20, 40% of contracts are closed out. All requests for additional funds are being assessed as programs are closing out. Any agency that submitted a request for additional funds should follow up with their program monitors to discuss the status. There is some flexibility in the request for additional funds and processing those requests because the EMA got a core service waiver request approved. Contracts must be closed out by May 31. If they are not, programs run the risk of assuming all the incurred costs that was not submitted in the closing documents. It is important to submit the final report and report any barriers to submitting the final expenses, if any.
- Case Managers and Medical Case Managers are advised to continuously assess housing needs of consumers, because the recipient is receiving requests to approve assistance that exceeds the

waivers for the service of 'no more than \$3,000 per individual per family per year'. Due to COVID, the recipient is receiving requests of \$5,000 and \$7,000 in back rent. The biggest barrier for the recipient is maintaining the FY2020 costs belonging to FY 2020. For example: the recipient received a request for a client who is unemployed and has been behind on rent for several months with a bill of \$7,000. The client has \$2,000 towards the \$7,000 and is looking for the recipient to provide \$5,000. However, the recipient is closing out FY 2020 contracts and if the client has not received the service before closing out the FY 20 contract, the recipient cannot help. The recipient will be able to help in FY 21 but only for March and April. Currently, the recipient is trying to find agencies that are not closed out and still have funds to help this client.

- The recipient's office is preparing for the HRSA site visit scheduled for July 12 to July 16.
- For FY 21, the recipient is reviewing and approving the contracts to target the Council meeting on April 21<sup>st</sup> or the special meeting on April 22<sup>nd</sup>. To date, there are 14 contracts (37%) in the registrar; 7 are in admin review and will be finished by Monday.
- Some programs doubled unit costs from 2020 to 2021. Before approving unit cost changes, the recipient will review costs from FY 2019, a full year prior to COVID. In FY 2020, the recipient will adjust costs to prevent losses from staff related funds which will inflate unit costs drastically. Therefore, the recipient will not approve cost raises that lead to a drop in services.
- Subrecipients who have not already submitted their contracts are encouraged to send those in as soon as possible. Agencies are also asked to continue to enter all service units. Once budgets are submitted, CHAMP fiscal data will automatically populate.

Discussion after the report:

- Postel asked about the \$3,000 limit for housing.
  - According to the EMA Service Standards, housing and oral health funds can only cover up to \$3,000 per year, per family. This limitation may not have been changed for over five years. Given that market costs are expensive today, the Recipient recommends that limits on housing, oral health and EFA be updated. If the limitations are increased during FY 21, those would be used in FY 2022 unless the committee also approves it for FY2021. These limits need to change in the EMA Service Standards and the RFP manual. Once those are complete, an announcement should be sent to all agencies via email and the PC website.
- The following considerations were noted:
  - The fair market housing rates have increased.
  - The limitation does not cover the average expenditures for overall health.
  - Add this information under the Directives – use HUD market rent
- Telehealth visits are reimbursed at the same rate than in-person visits. Based on CHAMP data findings of the 2021 Needs Assessment on Telehealth, medical visits in April and May 2020 were low due to COVID-19. However, telehealth did offset the medical visits and it is getting back to normal. 75% of medical visits are in person and 25% are via telehealth today.

## **7. New Jersey HIV Planning Group (NJHPG) Report**

- The State Ending the Epidemic plan wants to bring back the Taskforce but a meeting date is not yet confirmed. The federal Ending of the Epidemic plan released a NOFO recently which was sent via email for organizations in Essex County.

- The conversation around aligning federal, state and local strategies continues at the NJHPG. The NJHPG had a presentation by Harold Phillips emphasizing the importance of connecting all of those making sure that those are used and consider in the big spectrum.
- The NJHPG continues to work on their needs assessment.
- For those interested, NJHPG has a new membership application posted on their website.
- There are four new policies supporting prevention efforts on the HIV that are that were being introduced, which were shared on a written report via email.

## 8. Old Business

- PSRA feedback from other Committees
  - Support Staff received feedback from other Committees to improve the PSRA process. The committee reviewed the recommendations.
    1. FY 22 Core Medical Service Waiver request – given the 70/30 funding allocation, the recipient must submit a Core Medical Service Waiver. Since community input is a requirement, a community meeting will be scheduled for May in collaboration with the CIA.
    2. The allocation should have flexibility to consider the ever-evolving needs of the community as they change every year. Language was added to the Directives to provide this flexibility.
  - Delcalzo-Berens brought forward Janice’s recommendation to create a recruitment committee and wanted to know if this was recommended to the Planning Council. Howell mentioned that Adams-Jarrells brought this to the planning council and Dr. Johnson recommended to have this item as a standing agenda item. McEniry encouraged Adams-Jarrells and Toler to bring the recommendation of creating a recruitment committee to the Planning Council for further consideration.
- HRSA NJ Learning Collaborative Update
 

Support Staff provided a brief overview of the March 24<sup>th</sup> NJ Learning Collaborative Meeting.

  - The sessions main focus was on membership recruitment, messaging, and promotion; the use of images that the community relates to and the need for plain language that resonates with audience, including text that resonates with non-English speaking audiences.
  - Some of the recommended best recruiting practices included creating a category of large members or alternates, advertising for membership strategically in media outlets, conducting community outreach year-round, recruiting through providers and other community partners, making applications available online and sharing them on social media, making announcements during Planning Council meetings, creating participation opportunities for nonmembers so that a pipeline can be built for potential members, helping to promote awareness days, HIV related events, data spotlights, sharing Planning Council or meeting recaps and sharing Planning Council accomplishments as well as other types of Members spotlights.
  - Per their recommendation, Support Staff is creating an editorial calendar.
  - The benefits, barriers and competitors of the audience's attention were shared. The benefits of being a part of a planning Council is making a difference with their voice, Incentives was something that Poole emphasized since he has been working on raffles. Some of the barriers included access to technology, transportation, linguistic barriers as well as other competitors such as medical appointments work and personal commitments.

- The committee met yesterday to build a recruitment plan based on demographic, characteristics of deficient areas in the Planning Council reflectiveness report.

## 9. New Business

- Provide an overview of the Priority Setting and Resource Allocation Process  
Committee members received an Overview of the Priority Setting and Resource Allocation Process document created by the committee's recommendation. This year, the PSRA has an accelerated timeframe which may mean that some of the information will not be available but previous year data can be reviewed if new data is not available.
- Review the Ryan White Part A Core Service Model  
The Core Service Model shows the core and support services and not the percentages. No changes were recommended for the core service model and it will be added to the FY 2022 Priority Setting Resource Allocation Report as presented.
- Core Service Waiver Discussion and Community Input Process  
The Core Service Waiver allows the Recipient to allocate funds beyond the 75/25 split. The application requests input from the community about the need for a Core Medical Service Waiver. Therefore, the committee recommended to have a public hearing at the CIA meeting in May. This meeting will have input from consumers and providers in the Newark EMA.
- Identify any changes necessary for the FY'2022 Service Category definitions
  - Support Staff provided an overview of the changes in the service definitions. These definitions were approved and will be inserted into the report as presented.
- PRESENTATION: State representative: AIDS Drug Distribution Program (ADDP)
  - ADDP received \$27M+ in funds but the expenditure from January to December 2020 was \$130,687,774. ADDP Expenditure is higher than the funds it receives. Rebate dollars are used to cover the deficit, but rebate dollars are also decreasing.
  - The Department still observes COVID mitigation efforts and promotes remote-based care.
  - ADDP will continue to adhere to the guidelines issued in early March 2020 which includes:
    - 90-day supply requirement; accept and process new applications electronically and via fax. New applicants (HIV diagnosis and NJ resident) are required to submit a new application while existing applications renew automatically. This means ADDP will not send out recertification and annual renewal letters to beneficiaries.
    - Establish continued eligibility for existing clients to avoid termination & benefit cancelation. The eligibility criteria did not change. Income is still zero to 500 of the federal poverty level.
    - Early in the pandemic, applications were not processed in a timely fashion. Now applications are being processed timely because certifications are not needed now.

### Questions:

- Is there any indication of the percentage of people who will come out of ADDP because covid-19 restrictions are being lifted and some will be able to go back to work? All programs (Medicaid, Medicare, ADDP, among others) offered by the Department of Health are connected in the same system. If a person is eligible to Medicaid, they are automatically sent to Medicaid. Once the person said they lost their income, a letter goes out letting them know

- that they are ineligible for Medicaid. A person who receives disability income may be linked to a program for medications. A person who turned 69 will get connected Medicare.
- ADDP continues with copayment assistance for people who meet the eligibility criteria. The percentage that ADDP spends to cover co-payment assistance is low. However, the issue is that some people can move out from ADDP and get Marketplace insurance but are hesitant to make the change.
  - In the State of New Jersey, 340B entities cannot collect any cost savings from people who are on ADDP, Medicaid and PAD, the state will get the revenue. Suleiman mentioned that this is not happening currently. If a person goes to a pharmacy that is in a ADDP network, then the pharmacy can claim the revenue and the state will not get the funds.
  - What are some of the reasons that people do not want to move from ADDP to the marketplace? ADDP does not know why it is the resistance. One of the issues may be promotion and the high medical co-pays and deductibles are barriers. The minimum co-pay for every visit is \$15, and the minimum cost of bloodwork deduction is \$100.
  - If everyone who is eligible to get Marketplace moves out from ADDP, would that affect the ADDP funds? Yes, most definitely because their insurance will pick up to 70% of the medication costs, and the provider must be in-network.
  - Are Long Active Injectable being covered by ADDP? Is Medicaid covering all the visits? Yes, once the medication is approved by the FDA, the medication is added in the formula, but the problem is to cover the cost of administering the medication. The Medicaid and ADDP can pay the medication cost but not the medical visit for the provider administering the medication on site. They are still meeting internally to discuss a way to pay for the administration of the medication since this is considered a medical visit. In the Newark EMA, agencies could cover the medical visit costs and ADDP or Medicaid can pay for the medicine.

**Considerations form the presentation:**

- ADDP Program costs are skyrocketing.
  - Program and rebate funding is shrinking.
    - Increasing costs of services and prescriptions (new meds)
  - Eligibility does not change.
  - Review the service utilization in Emergency Financial Assistance for medication costs.
  - No need to increase Medical Visits funds since it is going down slightly and can be covered within the 25+ -
  - HIPCS service utilization – What category is being used and how?
- Review the Allocation Guidance narrative portion of PSRA report and update if necessary.
    - Support Staff shared the allocation guidance from FY 2021 and the committee reviewed it.
    - The committee made two edits:
      - “The allocation shall have flexibility to consider the ever-evolving needs of the community” was added as the last sentence in the first paragraph of the Allocation Guidance.
      - A ‘Core Medical Service Waiver’ section was added to the allocation guidance for the recipient to apply for the core medical service waiver when needed. This section states the following “If the allocations are different from 75/25, then the recipient must submit a request for a core medical service waiver to respond to the needs of PLWH in the EMA.”

- **Workplan Approval**  
The workplan was reviewed and updated at the last meeting. McEniry asked for a motion to approve the workplan as presented. Kocot motioned. Howell seconded. There were no oppositions or abstentions.

#### **10. Announcements**

- Once incarcerated clients are released, the State Board of Social Services responsible for Medicaid eligibility have been directed to prioritize these clients to get them back on Medicaid, if appropriate, and to assist them with medications immediately. They must contact their County Board of Social Services and the Medicaid office for assistance as soon as they are released.
- Yesterday, Trinitas had a large vaccination point of distribution. 40 patients were vaccinated with the Moderna vaccine. The clinic vaccinated the 100<sup>th</sup> patient yesterday. Overall, 111 patients have been vaccinated at the clinic.
- Sunday May 2<sup>nd</sup> is the New Jersey AIDS walk with two locations in the EMA. One in Essex County and one in Morris County.

#### **11. Next Meeting**

The next CPC meeting will be held on Friday, May 14, 2021 at 9:30 AM via Zoom.

#### **12. Adjournment**

McEniry asked for a motion to adjourn the meeting. Kocot motioned to adjourn. Howell seconded. All members agreed. The meeting was adjourned at 11:55 AM.