



Research & Evaluation Committee

MEETING SUMMARY

Monday, April 19, 2021 at 10:00AM

Video-Conference via Zoom: <https://zoom.us/j/95271275360>
 Teleconference: (929) 205 6099 / Meeting ID: 952 7127 5360#

PRESENT	EXCUSED	UNEXCUSED
1. Ann Bagchi, Ph.D. (Chair) 2. Summer Brown (Secretary) 3. Kasny Damas 4. Corey DeStefano (Vice-Chair) 5. Karen Ehiri (Non-Voting) 6. Debbie Mohammed 7. Warren Poole 8. Sharon Postel (Consultant Non-Voting)	9. Travis Love 10. Natalie Muhammad 11. Providencia Rodriguez	

Guests: Denise Brown (New Jersey Collaborative), James DeSantis (NJCRI)

PC Support Staff: Vicky Saguy

1. Welcome and Moment of Silence

Dr. Bagchi called this meeting to order at 10:00 AM. A moment of silence was observed for those living with, those who affected by, and those who have passed from HIV/AIDS, as well as for those affected by COVID-19. Next week will be the one-year commemoration of the passing of Deloris Dockrey.

2. Roll Call

Support Staff conducted the roll call. Quorum was established. Denise Brown, and James DeSantis introduced themselves and stated that they filled out the membership application for REC.

3. Public Testimony

There was no public testimony at this meeting.

4. Review Action Steps

<u>Action Steps</u>	<u>Responsible Party</u>
1. UWGUC follow up with the Executive Committee for guidance on next steps for the consumer and agency surveys due to additional costs.	UWGUC, Executive Committee
2. Follow up on epidemiologic profile data request	PC Consultant
3. Share the final version of the REC workplan with the committee.	Support Staff
4. Convert the revised Recipient Survey to Survey Monkey.	Support Staff
5. Confirm AAM release date of April 20 and return date of May 7	REC Committee

5. Approval of the Meeting Summaries from March 15, 2021

The February 8th meeting summary was approved last month as presented.

The March 15th meeting summary was sent electronically in advance for review. Dr. Bagchi asked for a motion to approve the meeting summary as presented. Poole motioned to approve. DeStefano seconded the motion. Mohammed abstained. There were no oppositions.

6. Updates from other Committees

- **COC** – Support Staff provided the April 8th COC report. The following occurred at the meeting:
 - The committee discussed considerations for the review and update of service standards: PCN 16-02 has not been updated since 2018; HRSA has not provided guidance about including telehealth on service standards. The Recipient made changes locally, as needed, to bill for Telehealth during the COVID-19 pandemic. The committee will wait for further guidance from the federal government and any local changes. Telehealth is not a separate service category but a method of service delivery.
 - The committee workplan was finalized with topics recommended by committee members.
 - Dr. Poblete provided a presentation on Long-Acting HIV injectables for the committee.
 - The Early Intervention Service Standard was reformatted and approved. 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.
 - The committee has been posting the latest news on HIV on the [Newark EMA website](#).The next COC meeting will be on May 13, 2021 at 10AM via Zoom.

- **CPC** – Support Staff provided the April 9th CPC report. The following occurred at the meeting:
 - A state representative provided a presentation on ADDP eligibility, service utilization, and expenditures within the Newark EMA area. Automatic renewal and the 90-day supply requirement are still in effect due to the pandemic. Income eligibility criteria did not change; it remains zero to 500 of the federal poverty level. The amount of funding received from the federal government is limited, and the costs of ADDP continued to increase rapidly. Rebate dollars used to support ADDP are also shrinking.
 - Some systems issues were brought up:
 - Although the state is supposed to receive 340B benefits, it is not right now.
 - Because the certification and re-certification process relies on self-reported income changes, there is no way of knowing if people are going back to work unless that gets reported.
 - When the feds approve a new medication, it automatically gets added to the ADDP formula. New meds are very expensive, which makes it difficult to maintain a good level of coverage.
 - High costs are in part related to the fact that when people become eligible for the health insurance marketplace, they do not want to move to that system and there's no policy requiring them to do so.
 - Long-term HIV Injectables are covered as a new medication, but the costs of doctor visits for the administration are still in discussion.
 - The Recipient reported that for FY2020 EFA limits funding assistance to \$3000 per family per year. They reported that one consumer needs \$5,000 for his rent assistance, but the Recipient

cannot assist more than \$3,000 per year, and the client could go homeless. The Recipient recommends that the COC review EFA, Oral Health, and Housing next to ensure this limitation is not an issue.

- NEMA Committees provided feedback on how to improve the PSRA for FY 2022. With that feedback, the committee reviewed the allocation guidance and made the following two edits: (1) they added guidance to allow the Recipient to apply for a core medical service waiver when needed and (2) they provided flexibility to adjust allocations according to ever-evolving needs of PLWH in the EMA.
- The HRSA Learning Collaborative group is working to identify engagement strategies using appropriate images, language, and understanding barriers to participation. The PC made this item an official standing agenda item to receive updates. Participants were encouraged to bring up the recommendation that was made during the last CPC meeting to establish a membership committee to support engagement efforts.
- The committee reviewed the service model for FY2022. No changes were recommended, so it will be added to the PSRA as presented.
- The PSRA process will need input from the community about the need for a core medical service waiver request. Therefore, the committee recommended that the CIA designate a specific meeting as a Public Hearing, ideally in May 2021, so that the CPC can receive feedback by June 11.
- Service Category Definitions were reviewed with recommended changes from HRSA and the COC. The committee approved those changes as presented to be included in the 2022 PSRA.
- The committee approved the FY2021 Workplan as presented.

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

The \$3,000 limit recommendation for housing assistance came about 10 years ago to ensure the same level of care for all clients. The committee was asked to review this limit and update it with the current fair market value.

- **CIA/CC** – No report was provided.

The next CIA meeting will be held on April 28, 2021 at 5:00PM via Zoom.

7. Old Business

- **Report of Telehealth CHAMP findings, including monthly trends. Postel provided an overview of CHAMP findings:**
 - The expenditure for the consumer and agency surveys analysis was approved. After approval of the additional expense, Support Staff will send the Telehealth agency and consumer surveys to the consultant to initiate the tabulations.
 - For the CHAMP analysis, the report looked at service utilization for telehealth services as reported in the CHAMP, client level database. In March 2020, the need to continue serving clients caused the Ryan White office to expand CHAMP definitions to allow certain services to be provided via Telehealth. The six service categories that were offered via telehealth were:

Outpatient/ Ambulatory Health Services, Mental Health Services, Substance Use, Medical Nutritional Therapy, Medical Case Management, and Non-Medical Case Management.

- There was no difference found among Ryan White clients based on demographics, race, ethnicity, gender, age, geography, income, or housing status.
 - According to the report, 73% of clients received one or more Telehealth services; 58% received at least one medical visit via Telehealth; there were about 1,750 to 2,000 in-office medical visits per month in 2019. In contrast, the in-person medical visits declined significantly starting March, April May 2020, and then resumed slightly in June, July, and the rest of the year. This decline was due to the COVID-19 lockdown and the closing of offices.
 - Based on a monthly comparison, the percentage of in-person medical visits have gone up from 65% to 75% and telehealth visits have declined from 35% to 25%.
 - The overall conclusion so far is that use of telehealth services facilitated ongoing access to healthcare during the COVID-19 pandemic.

 - Discussion: Mohammed asked about any difference in age groups using telehealth. Age was not looked at when doing the analysis. However, people with higher rates of viral load suppression were slightly more likely to have telehealth visits than others. Gender and insurance status will be further analyzed.
 - Ryan White will always reimburse for telehealth services. The reimbursement for Telehealth by Medicare was based on the COVID-19 emergency and it is not known if it will continue. The next report will show trends in 2021 through April.
 - The Needs Assessment report will still be completed in time to meet the deadline of July 2021.
- **Prepare the 2021 Agency Survey and review the Recipient survey in electronic version.**
The FY 2021 Assessment of the Administrative Mechanism consists of a recipient survey, which was reviewed and approved at the last REC meeting, and an agency survey, which will be reviewed and approved today. The committee recommended the following edits:
 - Grammatical, punctuation, and formatting errors were corrected, as well as language and dates to correspond with the current year.
 - A section for COVID-19 related questions was created to learn about challenges agency experienced during the pandemic and their impact on providing services.
- Motion:** Dr. Bagchi asked for a motion to approve the Agency Survey for the Assessment of the Administrative Mechanism with edits. Brown motioned to approve. DeStefano seconded. There were no abstentions or oppositions.
- **Follow up on data request to NJDOH for epidemiologic data.**
There is no new update. The 2019 data is still not available on the website.
 - **Obtain committee input on the 2021 draft funding streams report.**
Support Staff provided a draft of the Funding Streams Report and asked the committee if any additional data should be added. The following was noted:
 - Some data is still not available since the grant/award years vary by funding opportunity.

- The committee recommended that the report note “Data current as of (date)” as a footnote to indicate when data is not available. Also the introduction should have a statement noting that the report will include the most funding recent data, which might not include all 2021 data.
- The recommendations received from the committee were added to the report.

Dr. Bagchi asked the committee to review the Funding Stream Report and provide any feedback via email.

8. New Business

There was no new business.

9. Administrative Issues

- Support Staff asked the committee to confirm the release date of the Assessment of the Administrative Mechanism Agency and Recipient Surveys and if the Recipient electronic survey is going to be used. Dr. Bagchi recommended to have all surveys available electronically from now on. Support Staff, Consultant, and Dr. Bagchi will discuss the release date via email due to time constraints.

10. Announcements

- Postel noted the following from the last Unmet Needs Training session:
 - For the FY2022 Grant Application, the EMA must estimate the unmet need based on State HIV surveillance data, including late diagnosis with a CD4 or viral load count at or above of 200, the total number of new diagnosis, the total of number of individuals seen, and the total number of people who are not virally suppressed and who are out of care. This should include data from 5 years back as required by the governments .
 - Also, three target populations must be chosen which can include the early identification of individuals with HIV and AIDS and MAI populations.
- Poole announced that the CIA will host a housing panel on Wednesday, April 28th at 5pm via Zoom. There will be an overall presentation and collaboration with the New Jersey Housing Collaborative. Everyone is welcome to attend.
- Also, the CIA will host a Community Input meeting to talk about the Core Service Waiver next month on May 26th at 5pm via Zoom. The Core Service Waiver allows the Recipient to allocate more funds to support services.
- The CIA meeting links are available on the [Newark EMA Planning Council website](#). Also, the April Meeting flyer was sent previously, and the May meeting flyer will be sent soon.

11. Next Meeting

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

12. Adjournment

Dr. Bagchi asked for a motion to adjourn the meeting. Mohammed motioned to adjourn. All members agreed. No oppositions or abstentions. The meeting was adjourned at 11:30 AM.