



**Continuum of Care Committee
MEETING SUMMARY**

Thursday May 09, 2024, from 10:00 AM to 11:30 AM

Videoconference via Zoom: <https://us06web.zoom.us/j/82086702402>

Teleconference: (929) 205-6099 / Meeting ID: 820 8670 2402

Present	Excused Absences	Unexcused Absences
1. Viesha Morales (Chair) 2. Cezar Dumago 3. Nancy Scangarello 4. Dr. Lucy Efobi 5. Sharon Postel 6. Ann Bagchi, Ph.D. (Secretary) 7. Ashanti Simpson-Little 8. Lauro Rocha 9. Dr. Wanda Figueroa		

Guests: Ashley Bramble, Janice Adams-Jarrells, Aliya Roman, Joey Wicks, Dr. Walter, Liselle Lewis
Support Staff: Roberto Benoit, Richell Garcia

1. Welcome and Moment of Silence

Morales called the meeting to order at 10:05AM 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

Bagchi conducted the roll call. Quorum was established.

3. Public Testimony

There was no public testimony at this meeting.

4. Approval of Meeting Summaries from April 11th

The April 11^h meeting summary was distributed electronically and was motioned to be approved by the committee. Morales called for a motion to accept the April 11th meeting summary; Efobi made the motion; Dumago seconded the motion. Bagchi abstained. The Meeting Summary was successfully passed.

5. Standing Committee Updates

Research and Evaluation Committee (REC)— Bagchi provided the report:

- The committee last met on Monday May 20, 2024
- The committee reviewed the 2022-2026 Integrated HIV Prevention and Care Plan.
- During the meeting, the committee received an update on the 2024 Needs Assessment report.
- The committee members reviewed the Funding Stream Report.
- The committee discussed data needs for the Epidemiologic Profile and prepared data request for NJDOH.
- The committee monitored the 2024 Administrative Mechanism survey finding.
- The next REC meeting will be held on Friday June 17 2024, at 9:30am via Zoom.

Comprehensive Planning Committee (CPC) – Ricardo Salcido provided the update.

- The CPC last met on Friday, May 10, 2024.
- During the meeting, the recipient office hosted the Quality Management Presentation.
- The Support Staff presented the One-year 2023 CIA Consumer feedback presentation.
- Lastly the committee reviewed the FY24 Needs Assessment Report by Postel.
- The next CPC meeting will be held on Friday June 14, 2024, at 9:30am via Zoom.

Community Involvement Activities Committee (CIA) – Support Staff provided the update.

- The committee last met on Wednesday, May 22, 2024, at 5PM via Zoom.
- During the meeting the CIA received a Priority and Allocation Process Presentation. The consumer ranked the service categories.
- The next CIA meeting will be held on Wednesday, June 24, 2023, at 5 PM via Zoom.

Nominations Committee (NC) – Support Staff provided the update.

- The committee last met on Friday May 17, 2024.
- The Nominations committee selected the consumers that will be attending the Ryan White conference.
- The Nomination committee meeting is table until further notice.

6. Old Business

Monitoring for the 2022-2026 HIV Prevention and Care Plan

- Postel reported to the committee the 2022-2026 HIV Prevention and Care Plan for Newark EMA. The report included data from March 1, 2024, to February 29th, 2024. The following are key findings regarding RWHAP Part A clients in the EMA:
- The finding indicated that Medicaid declined to 45% and the number of the uninsured increase to 20% in the period compared to the Annual 2023 and 2022
- Sharon noted that the format was changed to show the baseline of 2022 and the annual report of 2023. The 2024 report will show the bi-monthly progress.
 - Bagchi suggested that the decrease in Medicaid recipients may be due to individuals losing their eligibility.
 - Sharon added that information regarding individuals losing eligibility can be provided by the agencies, legal services, or medical case management.
- Postel mentioned that newly diagnosed individuals increased by 5.5%. The newly diagnosed increased from 218 as of 12/31/23 to 230 as of 2/29/24. Twelve new diagnosed individuals in a two-month period.

- Postel noted that the linkage to care goals is 95% within 30 days of diagnosis by 2026. In the two-month period the link to care within 30 days increased by .5%, from 81.2 to 81.7. Similarly, the linkage to care within 7 days increased by .5% from 57.8 to 58.3%.
- Postel noted in a two-month period the total viral load suppression remained stable at 90%. The one and two years durable viral loads dropped slightly.1%.
 - Bagchi inquired about how many months is considered durable. Postel explains that suppression viral load means that all the viral loads measures are under 200 for an entire one or two years. The trend focuses on individuals that are taking medications consistently.
- MSM account for ¼ (26) of RWHAP clients in the EMA.
- Black/African American are nearly 2/3 of clients – 36% men and 26% women.
- Youth are 3% and most of those are ages 19-24.
- Nearly 1 in 6 are ages 25-34.
- Nearly half (45%) are very low income (receiving Medicaid with income < 139% Federal Poverty Level).
- Nearly 1 in 5 (20%) are uninsured, possibly low income and need RWHAP funded services, especially medical care.

Living and Aging with HIV.

- Morales introduced Adams-Jarrells to discuss Living and Aging with HIV. Morales wants the committee to understand the battle and concern of the client.
- Adams-Jarrells mentioned that individuals aging with HIV with Social Security are rolled out from Medicaid to Medicare. That is a big problem in the HIV aging population. There are many unmet needs in this category. The problem is that many individuals are only on plain Medicare and are not eligible for Medicaid. They do not qualify for dual insurance. In addition, the individual has to pay an HMO premium to qualify for Part C. The aging individuals are living on Social Security, and they are paying premiums and copays.
- Adams-Jarrells mentioned that she needed an MRI and could not afford the \$160 copay. She changed insurance company to save on the copay being that her prior insurance charged \$240 for the copay for the MRI. Adams-Jarrells noted that the MRI center does not provide a bill or invoice.
- Adams-Jarrells noted that thanks to science the population is living longer. The Ryan White program is the agency of last however there are no funds for auxiliary items. There are unmet needs in the state of New Jersey for auxiliary items. For example, walkers, portable oxygen tanks, hearing aids.
- Adams-Jarrells requested assistance from many agencies for hearing aids. The agencies claimed that they do not pay for hearing aids. The co-pay for hearing aids was \$900 per ear. She eventually found someone from Rutgers that provided the hearing aids. that in her 20s she suffered a fall. as time went on
- Adams-Jarrells mentioned that the state of New Jersey does not recognize auxiliary needs. The state of New Jersey has a program that reimburses \$250 regardless of the bill. The individual first pays for the hearing aid and the agency reimburses after receiving the receipts.
- Adams-Jarrells noted that the budget is still in 1999 when we are in the year 2024. There is nothing for the aging individual. Adams-Jarrells state that this is alarming for many aging individuals.

- Adams-Jarrells mentioned that the concerns about the aging population were raised at the HRSA meeting. Adams mentioned the unmet needs of the community. She is an advocate and represents the community.
- Adams-Jarrells mentioned that the other unmet needs are women. Women bodies are more complex than men and it has been proven that way. Women are also living longer and aging, going into menopause, and post menopause. The question of the combination of medication had not been approached before. In addition, questions regarding men health are not addressed. An example is prostate cancer. When the individuals visit the doctors, these questions are not discussed. Furthermore, co-morbidity along with HIV diagnosis requires high copays and the individuals can't afford to pay the diagnostic tests. The individuals must take a diagnostic test being that without a diagnosis patients rely on aspirin or over the counter medications.
Adams-Jarrells mentioned that she is a certified MCM. She receives calls from community members. She is also known in the HIV/AIDS community.
 - Scangarello, appreciated the information provided by Adams-Jarrells and noted that she has many patients that are older. Scangarello asked Adams-Jarrells a question about the coverage of Home Health Aids for patients with Medicaid.
 - Adams-Jarrells mentioned that the HIV/AIDS aging population are not eligible for Home Health Aids services under Medicaid. When she had a fall, she did not have anybody to come to her house to help her being that she was told she was not eligible for Home Health Aids. She was told her husband had to pay, but he is on Social Security. She did the best she could to learn how to utilize her **left side** for walking. The only support she received from Home Health Aid was for taking a shower. When she had the back surgery there was no assistance from Home Aid for meal preparation or to help her make the bed. When Ryan White is the agency for last resort but not for the aging population.
 - Postel mentioned Health insurance premium cost sharing assistance. Postel mentioned that the premium can cover the co-pays for what Medicare does not cover. She does not know the process for applying but noted that this service is prioritized and under-utilized.
 - Adams-Jarrells mentioned that is when the medical case manager comes in to talk about all the services offered. The problem is that Medical Case Manager are not asking the patients if they need these services.
 - Adams-Jarrells mentioned that many individuals are afraid to ask the doctor about their medications and do not have these conversations with their doctors. Adams-Jarrells noted that when the doctor changes the medicine to the client, the individual should ask for the reason behind the decision. Adams-Jarrells has provided a couple of seminars on patient and doctor communication.
 - Adams-Jarrells noted that there should be a checklist of questions that a case manager should ask the aging population. The questions are: Do you have bars in the bathroom? Are you having trouble

getting in and out of the tube? Do you need a chair to sit in the shower? The individuals cannot afford these items.

- Postel noted that there are state level aging service agencies and to inquire about the services these agencies can provide. Postel added for the committee to inquire about: What services are available for older adults in the HIV/AIDS population? Who are the payers and what are the reimbursements? In terms of Medicare, to identify gaps in copays and supplemental. In addition, what should be paid by Ryan White Health insurance premium cost sharing program.
- Morales clarified that unfortunately the Ryan White HIPC only pays for deductibles for insurance, medication, and lab costs. Morales mentioned the bill must be received before the cutoff date. The individual submits the invoice through HIPC and then Ryan White makes the payment. Another program would be PAAD, but the individual has to qualify for the SCLB program. The supplemental plan is not included under PAAD only the medical portion.
- In regard to ADDP, some clients are not eligible for ADDP at this point. There are few clients that are under Medicare and are also eligible for ADDP because of the income criteria from PAAD. The way we work around this is helping our older population that are under Medicare.
- Morales noted that it is necessary to continue to have HRSA revamp the RW Program by advocating for services for the HIV aging population. Morales noted the need to continue advocating and to figure out ways to help the aging population.
- Bagchi mentioned that Medicare is obscure given the needs of the people they serve. In 2013 was when a drug benefit was added to Medicare, before that year the medications were not paid for by Medicare.
- Adams-Jarrells added that Medicare paid for some of the items, but the copay is very high.
- Morales recommended Adams-Jarrells to request an invoice from the MRI center then RW program can make a payment. Adams-Jarrells explained that she tried but the MRI center does not bill.
- Adams-Jarrells also added that the individuals are being tested for different health conditions throughout the year. The individual received the medical bill, and they are told that it is not HIV related. But in the death certificated the cause of death is certified as HIV/AIDS complications. These are the issues that the HIV aging population encounter.
- Postel mentioned that the State premium payment program can pay the premium for part C. Morales clarified that for the individual to receive the state premium payment, the client has to be eligible to ADDP. The income limit for ADDP eligibility is \$75,300. If the individual does not qualify for ADDP they are not eligible for HIPP. There are only a few clients that can qualify because of income, however because of Medicare they might be eligible for PAAD but

cannot enroll in ADDP. The income guidelines are different for both programs. The VIP products are now eligible for ADDP. If the patient is not on a VIP product, they do not qualify for ADDP.

- Postel if the state is not paying through PAAD, they should allow the federal to pay for it? Morales mentioned it would be a great idea to bring these questions to the department heads of HIPP. These questions have not been asked until now.
- Postel mentioned that New Jersey is a high-income state with a 5% poverty needed for the RW program. There is a gap in PAAD that does not cover the cost. We should fill the gap by searching for federal funds that are available to the states.
- Dumago commented that the client should immediately bring their bill once they receive it. Morales agreed that bills received after the cutoff date cannot be paid. Morales encourages patients to open their mail and bring their bills before the cutoff date.
- Morales ended the meeting with appreciation to Adams- presenting Aging with HIV. Morales will investigate resources for the aging to bring to the committee. In addition, she will reach out to leaders in HIPP on how they can assist patients under PAAD. Morales mentioned that more HIV patients are living longer, unfortunately they cannot pay the premiums.

Review Medical Transportation Service Standard

- Morales made a motion to approve the medical transportation Service Standard. Dumango approved and Bagchi second the motion. The committee were all in favor of the service standard. There was no opposition for the service standard.

8. Administrative Issues— PC Support Staff

- There were no administrative issues.

9. Announcements

- Iris House has a community food market event on May 15, 2024.
- NJCRI is hosting a Mental Health awareness day on May 31, 2024, from 10am to 2 pm.

The next COC meeting will be held on Thursday, June 9th, 2024, at 10AM via Zoom.

10. Adjournment

Morales called for a motion to adjourn the meeting. Bagchi seconded the motion. The meeting was adjourned at 11:00 AM.