Washington, DC Regional PLANNING COMMISSION on HEALTH and HIV

*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA

WEDNESDAY NOVEMBER 15, 2023 – 1:00PM TO 3:00PM

ONLINE MEETING VIA ZOOM

Note: all times are approximate	
1:05 pm	**1. Call To Order and Moment of Silence** **2. Welcome and Introductions**
1:10 pm	**3. Review and Approve the Agenda for November 15, 2023** **4. Review and Approve the Minutes from October 25, 2023**
1:15 pm	**5. Check-In – How are YOU!?**
1:30 pm	**6. Medicaid follow-up presentation**
1:50 pm	**7. ISC Workplan Brainstorming**
2:30m	**8. Other Business** **- Child Care Standard Update** **- EHE Updates**
2:50 pm	**9. Future Agenda Items**
3:00 pm	**10. Announcements & Adjournment**
NEXT INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING:	**DECEMBER 13, 2023** **1PM – 3PM** **ELECTRONIC MEETING VIA ZOOM**

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INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING MINUTES

WEDNESDAY, OCTOBER 25, 2023 - 1:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	**PRESENT**	**ABSENT**	**COMMITTEE MEMBERS**	**PRESENT**	**ABSENT**
Camara, Farima		X			
Cauthen, Melvin	X				
Clark, Lamont (Govt. Co-chair)	X				
Gomez, Ana		X			
Hutton, Kenya		X			
Keita, Rama		X	**COMMUNITY PARTNERS/GUESTS**	**PRESENT**	**ABSENT**
Pettigrew, Ken	X		Lewis, Rodney	X	
Wallis, Jane	X				
			CONSULTANTS	**PRESENT**	**ABSENT**
Copley, Mackenzie	X		Seiler, Naomi	X	
			Washington, Mehki	X	
RYAN WHITE RECIPIENT STAFF	**PRESENT**	**ABSENT**	**COMMISSION SUPPORT STAFF**	**PRESENT**	**ABSENT**
			Bailey, Patrice	X	
			Johnson, Alan	X	
HAHSTA STAFF	**PRESENT**	**ABSENT**			
Cooper, Stacey	X				

NOTE: This is a draft version of the October 25, 2023, Integrated Strategies Committee (ISC) Meeting Minutes which is subject to change. The final version will be approved on November 15, 2023.

AGENDA

ITEM	DISCUSSION
Call to Order	Jane W. called the meeting to order at 1:06 pm followed by a moment of silence and introductions.
Review and Approval of the Agenda	Jane assumed the motion to adopt the meeting agenda for October 25, 2023, with no corrections.
Review and Approval of the Minutes	Jane assumed the motion to approve the meeting minutes for the September 27, 2023, meeting with no corrections.

Check – In	Committee members provided professional and personal updates. Melvin C. reported that Montgomery County is losing funding from Maryland, and he was instructed not to rehire positions for Prevention. He also gave the Baltimore Sun an update about Medicaid spending. Lamont C. reported that DC Health is having a hiring event. Also, DCHealth is scheduled to move their offices to Southeast in February 2024. Kenneth P. is no longer at HIV Health. He is now the Deputy Director of Heart to Hand in Prince Georges County. Jane reported that Grassroots Health has a long waitlist of schools requesting health education. Without additional funding they cannot accommodate many of them because of their large student population. However, they have been able to honor four (4) or five (5) requests. Grassroots Health no longer receives funding from DCHealth, but they have secured funding from the DC Department of Behavioral Health (DBH) and DC Department of Parks and Recreation (DPR). Rodney L. reported that the Howard University is hosting their Annual International Conference on Stigma, that is scheduled for November 14-17 and is open for registration. Feel free to share the notifications. Mackenzie C. noted that a previous year of the International Conference on Stigma was the first opportunity for One Tent Health began to add Howard U volunteers to their team. Mackenzie was excited to announce that Kaleef Morse, former Government Co-Chair, began a new job at HRSA doing capacity building for planning groups. Mackenzie also talked about his appointment with the Presidential Advisory Council on HIV and AIDS (PACHA) and all he is learning and gleaning from the National HIV Strategy. He noted that it may be beneficial to attend the ISC more regularly to be better prepared for the PACHA meetings. One Tent Health also onboarded a new programmer named Michelle who is bringing new technological intelligence to the organization.
Work Plan Brainstorming	Jane noted that the ISC had done a lot of work on service standards, and different white papers on such topics as immigration, U = U, and health equity and how those topics overlap. Now that the last paper has been completed, there was discussion about future projects. One of the suggestions from last month's meeting was to examine status-neutral as a concept and how it's being incorporated. Melvin mentioned EHE and that it will discontinue as a funding source and roll into prevention. When that happens, his organization must consider what services and staff can be preserved and what cannot. Additionally, he has been advised not to hire or re-fill staff positions. Stacey C. indicated that she has not received any additional information about the EHE funding, but she is also very concerned. She further stated that the HAHSTA EHE grants will end May 2024. Stacey

	also indicated that status-neutral and syndemic programs are what can be expected in the future because people are multifaceted. The biggest key to sustainability is flexibility and having multiple funding streams. Lamont noted that as funding changes, so will deliverables. Naomi S. is curious if DC Medicaid or Medicaid managed care organizations can support HIV services more than they do. For example, could they support harm reduction efforts and how could it be leveraged? Julie Orban received an analysis from Medicaid on HIV-related services and as an example, Illinois has contracts with Medicaid managed organizations that instead of having billable services, they support HIV organizations by providing certain services to the community. It was agreed to investigate what DC Medicaid is currently funding and how to leverage that into the conversation. Naomi suggested that she and Mekhi W. investigate what is publicly available before pulling others like the DC Department of Health Care Finance (DHCF) into the conversation. Lamont will start with Julie Orban. and who she has been communicating with and that may lead to someone presenting to the ISC. Another topic suggested at the last meeting was Mental Health and the HIV continuum, examining how the service is being accessed, and the barriers. Melvin noted that Montgomery County has a large immigrant population and mental health is one of the hardest services to get them to use. Ken suggested possibly re-defining mental health and grief, noting that we must create a wellness to mental health vision that can be executed and address the specific needs of the person. Rodney had thoughts about post-traumatic stress and how that is being addressed and allowing the approaches to help frame the continuum for communities that are looking for or need mental health support but have been disproportionately affected. Rodney asked what conversations are being had around programs that are supporting youth and making sure those programs are targeting the youth that need it the most. Alan suggested that an asset map is developed to see what other groups are working on and make connections of support instead of trying to find ways to make it fit into EHE or a specific programming. Alan also suggested attending events where stakeholders convene, such as the 5th Annual Latinx Conference for People with Disabilities that he recently attended in Columbia Heights. DC Health, DC Public Schools (DCPS), DC Public Library (DPL), Metro Police Department (MPD), DC Office of Human Rights, DC Developmental Disabilities Council, and DC Department of Health Care Finance (DHCF) were among the stakeholders present.
Other Business	<u>Childcare Service Standard Update</u> Patrice B. noted that Dr. Christie Olejemeh informed her that she is still awaiting a response from OSSE. There are no other updates. <u>EHE Updates</u>

	The State of Maryland will present tomorrow on their prevention efforts. Melvin will provide a deeper examination of what Montgomery County has done in terms of testing numbers pre-EHE funds and post EHE funds to show the difference and the impact which translates into more tests, more positives, and more treatments.
Future Agenda Items	• EHE Updates • Childcare Service Standard Update
ANNOUNCEMENTS/OTHER DISCUSSION	None noted.
HANDOUTS	• October 25, 2023, Integrated Strategies Committee Meeting Agenda • September 27, 2023, Integrated Strategies Committee Meeting Minutes

MEETING ADJOURNED	**2:25 PM**	**NEXT MEETING**	**WEDNESDAY, NOVEMBER 15, 2023 1:00pm to 3:00pm ZOOM CONFERENCE AND VIDEO CALL**

Overview of Medicaid in the DC EMA

Naomi Seiler, JD
Mekhi Washington

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Medicaid Overview and Eligibility Requirements

- Medicaid is a joint federal-state health insurance program that pays for medical services for eligible low-income people and people with disabilities
- Federal law mandates state Medicaid coverage for specific populations, including low-income families, pregnant women, children, and Supplemental Security Income recipients
- The Affordable Care Act allows states to expand Medicaid eligibility to non-elderly, childless adults with incomes at or below 133% of the FPL, with 40 states and D.C. currently doing so

Medicaid Eligibility Comparison in the DC EMA

	DC	Maryland	Virginia
Adults	210%	133%	133%
Pregnant Persons	319%	259%	143%
Children (Ages 0-1, 1-5, 6-18)	319%	317%	143%

- Eligibility as of October 1, 2020 from Medicaid.gov
- This table reflects the principal but not all MAGI coverage groups. All income standards are expressed as a percentage of the federal poverty level (FPL)

DC Medicaid Covered Services

- Doctor visits
- Hospitalization
- Eye care
- Ambulatory surgical center
- Medically necessary transportation
- Dental services and related treatment
- Dialysis services
- Durable medical equipment
- Emergency ambulance services
- Hospice services
- Laboratory services
- Radiology
- Medical supplies
- Mental health services
- Physician services
- Nurse practitioner services
- Home and Community Based Services (HCBS)
- Transplants

- Notably, Medicaid does not cover these service categories for all patients in every state. A service must be deemed medically necessary and consistent with state Medicaid utilization management practices to be covered.

- These services are generally covered by Medicaid across the EMA

Medicaid's Interaction with Ryan White Funds

- Once an individual is enrolled in Medicaid, RWHAP funds may be used to pay for any medically necessary services that Medicaid does not cover, or only partially covers, as well as premiums, co-pays, and deductibles if required
- According to the DC EMA 2022-20226 Integrated Plan, due to higher rates of insurance coverage for PLWH in the DC EMA, service utilization of Ryan White services has decreased overall, with a significant decrease in core service utilization and increase in support service utilization. Therefore, DC has a waiver for the 75/25 Part B requirement
- Across the EMA, 36% of Ryan White consumers are covered by Medicaid

Overview of Medicaid Managed Care Organizations (MCOs)

- In most states, Medicaid MCOs provide comprehensive acute care and long-term services to Medicaid beneficiaries and are paid a set per member per month payment for these services

- As of July 2022, 41 states (including DC) contract with comprehensive, risk-based managed care plans to provide care to at least some of their Medicaid beneficiaries

Overview of Managed Care in the DC EMA

	MCOs	% of Medicaid Population in an MCO
DC	Amerigroup, Amerihealth, MedStar Family Choice, and the Health Services for Children with Special Needs	88%
MD	Aetna Better Health, CareFirst, Jai Medical Systems, Kaiser Permanente, Maryland Physicians Care, MedStar Family Choice, Priority Partners, United Healthcare, and Wellpoint Maryland	90%
VA	On October 1, 2023, Virginia Medicaid combined the two managed care programs of Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) into Cardinal Care Managed Care	98%

Areas for ISC to Explore

- Data Sharing between HAHSTA and DC Medicaid
- Services upon Reentry from Jail or Prison
- Harm Reduction Services
- Medicaid/MCOs Role in SDOH Services
- Impact of Medicaid Redetermination

Data Sharing between HAHSTA and DC Medicaid

Starting in 2014, DC Health and DHCF embarked on a data integration initiative and have since been sharing and analyzing data across the HIV care continuum

Interagency Data Sharing Agreement	• Enabled and continues to support data sharing between DC Health and DHCF
Surveillance Data from eHARS	• Contains the District's reported HIV cases, demographic and other surveillance data for all HIV positive individuals • Surveillance data lacks clinical information about broader health system utilization
Medicaid Claims	• Can be used to identify potential HIV cases that may not have been reported to HIV surveillance teams • Provide information on health service utilization trends among Medicaid beneficiaries • Claims lack clinical and outcome information
Collaboration over the years	• Determine which reported HIV cases in D.C.'s surveillance system are enrolled in Medicaid • Develop a methodology for identifying potential HIV cases in Medicaid claims data based on HIV diagnosis or pharmacy claims for non-PrEP antiretrovial (ARV) drug • Direct further investigation on potential HIV cases in D.C.'s Medicaid population not captured in the surveillance system. • Analyze HIV care continuum outcomes for HIV positive individuals on Medicaid

Services upon Reentry from Jail or Prison

- The DC DOC Resources to Empower and Develop You (READY) Center collaborates with CBOs and DC agencies (DHS, DMV, DOES, etc.) to provide access to services for D.C. residents upon reentry

- Cover Virginia Incarcerated Unit (CVIU) is the designated unit at Cover Virginia for assisting incarcerated individuals with applying for Medicaid coverage.

- The Virginia Health Care Foundation offers SignUpNow, which provides technical assistance, publications, materials, and training workshops to CBOs on how to help people enroll in Medicaid.

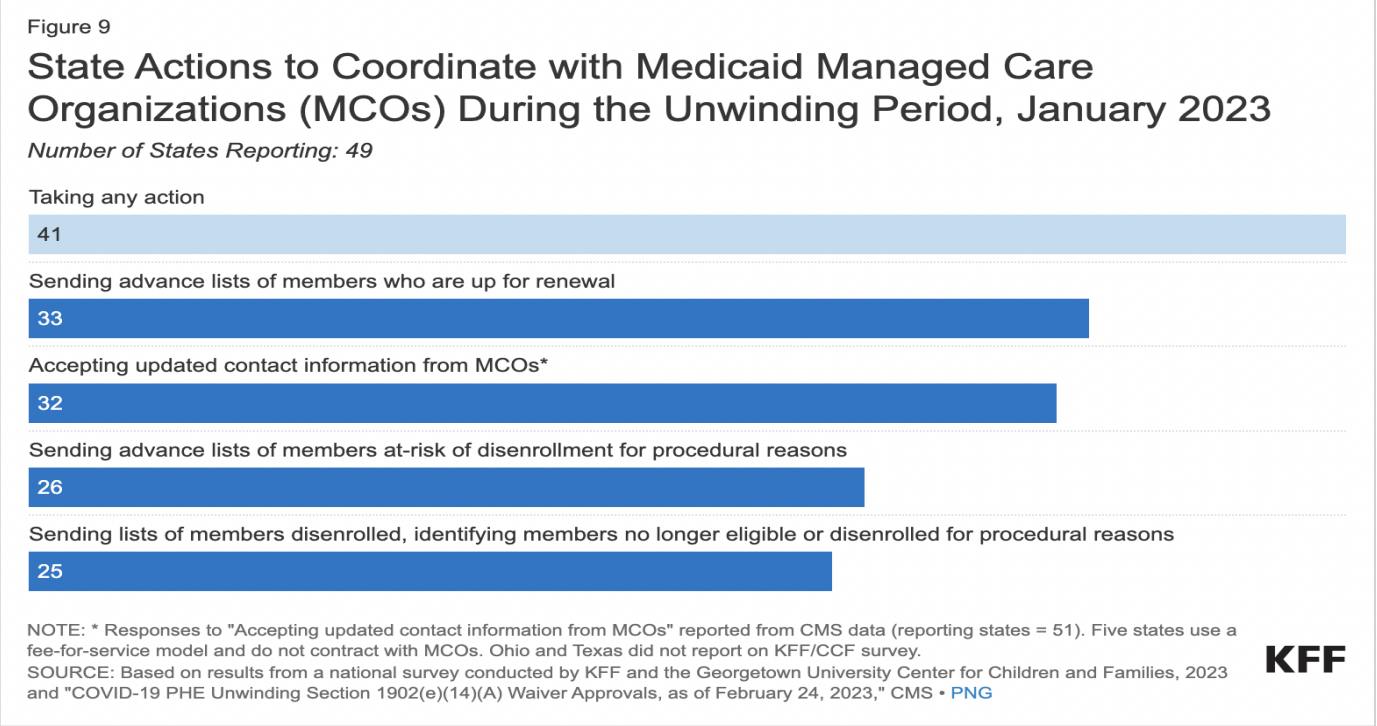
Harm Reduction Services

- GW identified a toolkit on sustainable funding for harm reduction programs that identifies potentially billable harm reduction services, including:
- Preventative Vaccines
- Home & Community Based Services (HCBS)
- Behavioral Health Services
- Medical Services (e.g. PrEP/ PEP, HIV/STI/ Hep C testing and treatment)
- Peer Support Services (e.g. benefits enrollment, housing placement, job training, recovery-related general wellness and coaching)

Medicaid/ MCOs Role in SDOH Services

- DC and VA Medicaid/ MCOs provide free non-emergency medical transportation services to Medicaid recipients
- Maryland Medicaid's 1115 waiver renewal in 2022 includes the continuation of several pilot programs that PLWH could utilize, including:
  - Maternal Opioid Misuse (MOM) Model (effective July 2021);
  - Assistance in Community Integration Services (ACIS) for people at risk of homelessness or institutional placement
- KFF Tracker: Social Determinant of Health Related Policies Required in Medicaid Managed Care Contracts

Impact of Medicaid Redetermination



- According to KFF, at least 10,613,000 Medicaid enrollees have been disenrolled as of November 14, 2023, across all 50 states and DC
- Medicaid Renewal Rates: DC 78%, MD 82%, VA 83%
- Medicaid Disenrollment Rates: DC 22%, MD 18%, VA 17%

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