Ryan White Office of Support

1310 Prairie Street, Suite 800, Houston, Texas 77002 832 927-7926 | http://rwpchouston.org

AGING & HIV WORKGROUP

AGENDA

Noon, Wednesday, March 20, 2024

Join Zoom Meeting: https://us02web.zoom.us/j/8899837982

Meeting ID: 889 983 7982 Or, join by telephone at: 346 248-7799

In Person meeting location: Bering Church, 1440 Harold St, Houston, Texas, 77006

Data & Evaluation Committee Representatives: Evelio Salinas Escamilla & Glen Hollis Assigned Staff: Diane Beck and Amber David

I.	Welcome A. State who will facilitate today's meeting B. Introductions	Evelio Salinas Escamilla and Denis Kelly, Co-Chairs
II.	Old Business A. AETC Training Program for RW Geriatric Case Managers Med B. Over for notes re: Legacy Senior Care Clinics C. Presenter at May Meeting: Jules Levin is not available in May D. Other?	Shital Patel, MD dical Director, Houston AETC Tori Diane Beck
III.	Assign Tasks & Set Date for Next Meeting: 12 noon, Wed. May	15th
IV.	. Adjourn	
NEXT M	IEETING DATE: 12 noon, Wed. May 15, 2024 Speaker:	
SUMMA	RY OF 03/20/24 MEETING (over if more space is needed):	
DECISIC	ONS MADE & TASK ASSIGNMENTS:	
Submitte	d by: Dat	te:
	Diane Beck, Staff Member	

REPORT ON THE SENIOR CARE PROGRAM AT LEGACY COMMUNITY HEALTH

11/09/23: Tori Williams and Mackenzie Hudson met via Zoom with Chinelo Nweke, Senior Care Coordinator and Lindsay Lanagan, Vice President, Government Relations and Public Affairs at Legacy Community Health. Legacy serves 7,000 people living with HIV. Of these, 33 are clients who are enrolled in their Senior Care Program. The program has 3 locations: Law Harrington Apartments in Houston; the Stafford Clinic and the Missouri Clinic. Staff at each clinic includes a geriatric physician, dietitian, MSW, intern, psychiatrist and a pharmacist. They also have special exam tables. Clients are eligible if they are over age 63. Many are on Medicare and/or Medicaid, although 70% of the geriatric patients at the Stafford clinic are self-pay, which utilizes a sliding scale. The second most frequently used form of payment is Medicare or private insurance. Legacy wants to open a PACE Program.

What is a PACE PROGRAM? Program of All-Inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. If you join PACE, a team of health care professionals will work with you to help coordinate your care.

How does PACE work? PACE covers all Medicare- and Medicaid-covered care and services, and anything else the health care professionals in your PACE team decide you need to improve and maintain your health. This includes prescription drugs and any **medically necessary** care.

Here are some of the services PACE may cover:

- Adult day primary care (including doctor and recreational therapy nursing services)
- Dentistry
- Emergency services
- Home care
- Hospital care
- Laboratory/x-ray services
- Meals

- Transportation to the PACE center for activities or medical appointments
- Nursing home care
- Nutritional counseling
- Occupational therapy
- Physical therapy
- Preventive care
- Social work counseling

You'll get your Part-D covered drugs and all other necessary medication from the PACE program. If you join a separate Medicare drug plan while you're in the PACE program, you'll be disenrolled from PACE.

Who can get PACE? The PACE program is only available in some states that offer PACE under Medicaid.

You can join PACE, even if you don't have Medicare or Medicaid, if you:

- Are at least 55
- Live in the service area of a PACE organization
- Need a nursing home-level of care (as certified by your state)
- Are able to live safely in the community with help from PACE

What does PACE cost? If you have Medicaid, you won't pay a monthly premium for the long-term care portion of the PACE benefit. If you don't qualify for Medicaid but you have Medicare, you'll pay:

- A monthly premium to cover the long-term care portion of the PACE benefit
- A premium for Medicare Part D drugs

There's no deductible or copayment for any drug, service, or care your health care team approves. If you don't have Medicare or Medicaid, you can pay for PACE yourself.

How do I apply for PACE? To find out if you're eligible and if there's a PACE program near you, search for <u>PACE plans in your area</u>, or call your <u>Medicaid office.</u>

Quality of Life and Social Determinants Committee

Goal 3B.3: Address social determinants through a multi-level approach that reduces new cases and sustains health equity.

Key Activities:

- Increase service provider knowledge and capability to assess those in need of ancillary services.
- Provide funded organizations with payment points for linking people to pre-exposure prophylaxis (PrEP), keeping appointments, and then linking people on PrEP to housing, transportation, food assistance, and other supportive services.
- Develop mental health and substance use campaigns to support self-efficacy/resiliency.
- Promote having health departments partner more with colleges and school districts, the Houston Health Department Bureau of Youth and Adolescent Health to create a tailored strategic plan that better engages adolescent Houstonians/ Harris Countians.
- Revitalize the Youth Task Force and seek funding for adolescent-focused initiatives.
- Engage healthcare programs regarding inclusion of all HIV prevention strategies in their curriculums to educate future practitioners (e.g., medical, nurse practitioner, nursing, and other healthcare programs).
- Reduce stigma and increase knowledge and awareness of PrEP and Treatment as Prevention (TasP) through a biannual inclusive public health campaign focused on all populations.
- Train the workforce on patient-centered (i.e., status-neutral and trauma informed) prevention approaches to build a quality care system.

Goal 5A: Improve quality of life for persons living with HIV by promoting unfettered access to high-quality, life-extending prevention and care services through the identification of the top three services people needed but couldn't access as well as the top three barriers. We will identify the number of people in need of service and who couldn't access it. This will decrease by focusing on the most needed and least accessible services and the populations benefiting least from these services by making services available, accessible and affordable for three years.

Goal 5B: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.

Activity: See Houston Medical Monitoring Project (HMMP).

Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.

Activity: See Houston Medical Monitoring Project (HMMP).

Goal 5D: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.

Activity: See Houston Medical Monitoring Project (HMMP).

Goal 5E: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.

Activity: See Houston Medical Monitoring Project (HMMP).

Goal 5F: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.

Activity: See Houston Medical Monitoring Project (HMMP).

Goal 5G: For 3 years, continue to host quarterly meetings of the Houston Area HIV Data Committee in order to (1) learn about the different data being collected; (2) create and maintain an inventory of HIV data being collected; and (3) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of these data to benefit people living with HIV.

HIV and Aging Workgroup

Key Activities:

• Continue to host Quality of Life workgroup meetings that started in Houston on 03/21/22 and were co-hosted by Community Planning Group (CPG) and the Ryan White Planning Council.

Housing Workgroup

Key Activities:

• *To be determined.*

Racial and Social Justice Workgroup

Key Activities:

• Continue to host Racial and Social Justice Workgroup meetings that started in Houston on 04/15/21 and were co-hosted by Community Planning Group (CPG) and the Ryan White Planning Council.

UPDATED: 02/29/24	Sun	Mon	Tue	Wed	Thu	Fri	Sat
INTEGRATED PLANNING BODY (IP)						1	2
Unless otherwise noted, all meetings will be held via Zoom or hybrid PACHA = President's Advisory Council on HIV/AIDS Z = Zoom (virtual only)	Walk to End HIV 2024	6:00 p.m. Z IP Youth Wg (Normally meets on 1st Tues.)	5 Election Day	6	7 12 noon RW Steering Committee	8 12 noon IP Treat Committee	9
	National Women & Girls HIV Awareness Day	11	12 12 noon IP Prevention & Policy Comm	13 10:00 a.m. IP Needing in Person Engagement Wg 3:00 p.m. Status Neutral & Diagnose Comm	14 12 noon RW Planning Council 2:00 pm RW Comp HIV Planning with the IP Research, Data & Implement. and Monitoring, QA & Evaluation committees	15 12noon Road to Success Bering Church	16
arcl	17	18 11:00 a.m. RW Operations	2:00 p.m. RW Quality Improvement 6:00 p.m. IP Racial & Social Justice Wg	20 12 noon IP HIV & Aging Wg Nat'l Native American HIV Awareness Day	21	22	23
2024	31	25 11:00 a.m. RW Affected Community with the IP Consumer & Community Engagement Wg	26	PACHA mtg in Houston 12noon Camino Hacia tu Salud Bering Church	28 PACHA mtg in Houston 12 noon RW Priority & Allocations 2:00 pm Housing Wg 4:00 p.m. CPG	29 HOLIDAY	30