

**HIV Consortium Meeting
February 2, 2012
Summary Minutes**

Keith Callahan, Chair, called the meeting to order at the Northern Virginia Regional Commission (NVRC) offices.

ANNOUNCEMENTS

David Hoover with the AETC at Inova Juniper passed out announcements of National Black HIV/ AIDS Day symposium in honor of Black Awareness Day. The symposium will be held on February 4 at a church in Alexandria. He also reminded the meeting of the meeting immediately after the Consortium to plan for Virginia participation in AIDS 2012, the International AIDS Conference.

Karen Berube announced that Inova Juniper is still recruiting Nurse Practitioners for their Arlington and Springfield clinics. Also, the Herndon clinic is changing to a full-time clinic. They need a nurse and a social worker there.

Glenys LaBorde stated that ANHSI, the Alexandria Neighborhood Health Services, has hired a practice manager to oversee both the new Army-Navy Drive and Casey clinics.

OPEN MIKE

Wade MeNear reported that four people from Northern Virginia traveled to Richmond for AIDS Awareness Day at the General Assembly. This was the lowest attendance from our area in several years.

APPROVAL OF THE MINUTES

The minutes of January 5, 2011 Consortium were approved with one correction.

SERVICE PROVIDER SPOTLIGHT – INSTITUTE OF PUBLIC HEALTH INNOVATION (IPHi)’S EARLY INTERVENTION SERVICES (EIS)

Michelle Simmons of NVRC reviewed the history of attempts to start a peer-based Early Intervention Service in Suburban Virginia. A Micro-RFA was issued in December and the Institute of Public Health Innovation (IPHi) was selected for funding. They began and now oversee Positive Pathways, a much larger program of this type in the District of Columbia. She then introduced Michael Rhein, Senior Vice President, and Abby Charles, Positive Pathways Program Manager.

Michael Rhein explained that IPHi will not be imposing the Positive Pathways’ model on Suburban Virginia, but is seeking input on service design. He does expect their experience in DC to lend valuable lessons for their efforts here. Abby Charles presented information on IPHi and Positive Pathways. IPHi is part of a nationwide network supporting public health initiatives and is specifically responsible for the Maryland-DC-Virginia region. For this first EIS program, IPHi expects to hire and train 3-5 PLWH peers, the number depending on whether these Community Health Workers (CHW) will be half-time, ¾ time or full time. Training for these workers will occur in April and May with services to begin immediately upon completion of training. More peers will be trained than can be hired under this very small pilot program since IPHi is also competing for the EMA-wide EIS contract that will begin operation June 1. This second contract will focus on Northern Virginia and Prince George’s County, MD, if IPHi gets the contract. Additional workers would be hired for the EMA EIS program.

Michael Rhein then led a discussion of the responsibilities of sites chosen to oversee the EIS CHW and the possible business arrangements between those organizations and IPHi. These need to be finalized very quickly. Michael will be meeting with interested providers separately as well as with the PHWH Committee, the RW Contractors, and the Case Management & Support Services Committee, to give additional opportunities for input.

Michelle Simmons then announced that to support the CHW for the new Early Intervention Service, NVRC is revising and expanding the Quick Guide to human services in the region and the companion Quick Guide OnLine.

REPORT OUT OF THE CONSORTIUM EXECUTIVE COMMITTEE

Michelle Simmons summarized that the Executive Committee meeting on January 16 considered Part B Priorities for the year starting April 1. This could not be consolidated with Part A planning this year as the Planning Council adopted new procedures. This seems to have worked to our benefit as there have been major changes in the service environment recently. One of the largest is the Virginia Dept. of Health decision to utilize the new Preexisting

Condition Insurance Plan (PCIP) to provide medications that can't be provided under current funding for ADAP, the AIDS Drug Assistance Program. PCIP will provide both medical care and drug coverage for all conditions, not just restricted to HIV-related needs like Ryan White.

Some PLWH will never be eligible for PCIP, including:

- those who have other insurance, including Medicare and Medicaid;
- undocumented immigrants

Since Ryan White is required to be the payer of last resort, Ryan White funds may be needed for a Suburban Virginia PCIP plan in addition to the state program. Clarification from HRSA has been requested.

Clients moving from a clinical model to an insurance model of care may require additional Case Management and EIS support. Contractors asked for consideration for funding one or more Health Care Reimbursement Specialists like the Virginia Dept. of Health.

NVRC is attempting to gather the following types of information:

- the number and proportion of clients potentially eligible for PCIP;
- which infectious disease doctors participate in PCIP and persuading additional ones to participate.

Michelle proposed that the Clinical Care Committee, meeting February 13, report to the March 1 Consortium so planning for Part B allocations could begin at that time.

REPORTS & UPDATES

- **PLANNING COUNCIL**

David Hoover announced that at the last meeting, Emily Gantz McKay, the Planning Consultant, gave an overview of the comprehensive planning process. Linkage to care will be a major emphasis. It was announced that \$600,000 in Part A funds unused in the current year was being transferred to the Virginia Dept. of Health for ADAP (AIDS Drug Assistance Program) for Northern Virginia. Phillip Bailey reminded the group that the Client Advocacy Project operated by NAPWA, the National Association of People with AIDS, would be shutting down at the end of February. The funds are being transferred to Early Intervention Services (EIS) in the coming grant year. David Hoover asked the Consortium to acknowledge the passion and dedication that Phillip has brought to this role.

- **PUBLIC AFFAIRS COMMITTEE**

David Hoover announced that House and Senate Bills 293 would add an additional \$1 million to ADAP, enough to eliminate the waiting list. He also handed out information on the Governor's proposed budget that would cut many health expenditures in half. AIDS Awareness Day in the General Assembly on Feb. 1 had the largest turnout ever and the 4 attendees from Northern Virginia reported many educational contacts.

- **CASE MANAGEMENT AND SUPPORT SERVICES COMMITTEE**

The Chair introduced the two new co-chairs of the committee, Marshall Rountree and Cathy Sencindiver of ARE. Marshall Rountree announced that the committee will meet on Feb. 21 at noon.

VIRGINIA DEPARTMENT OF HEALTH REPORT

- Hunter Robertson, Planning representative from VHD reported that the RFP for a Contractor/s qualified to provide Medical and Pharmaceutical Benefits Management for Virginia's PCIP (Preexisting Conditions Insurance Program) closes today. The goal is to have 10% of eligible people enrolled within the first two months, then aim for 15% per month until everyone is enrolled. Procedures have not yet been set.
- Kimberly Ealy, the new on-staff Reimbursement Specialist at VDH who will work with the insurance plans, began work on Monday.
- VDH, like DC, is writing their Comprehensive Plan. Hunter is heading this effort.

NVRC ADMINISTRATIVE AGENT REPORT

- Michelle Simmons announced that Planning Council representatives and their Technical Assistance Consultant have asked for time on the Consortium's agenda have asked for time to discuss the metro area comprehensive planning process. NVRC staff will explore whether this can be done at the Executive Committee meeting time.

- NVRC will be holding, in February, 4-6 focused facilitated discussion groups for this year's needs assessment process. As much as possible they will be held within meetings of existing client groups. Issues addressed include: unmet needs; access to medications following the changes in ADAP; knowledge of and experience with health insurance; and pieces of information to be included in the EIS curricula. Anyone interested in being a facilitator or recorder should contact Michelle. Results will be incorporating into decision-making for Part B.
- Jim Simpson reported that HOPWA ended its first quarter in the new contract year. Over 90 families are enrolled in Tenant-Based Rental Assistance. Many families are having difficulties finding units in this tight housing market. About 230 individual receive HOPWA-funded supportive services each month.
- Amelia Khalil announced a new Housing Locator training course now enrolling.
- For the past two days, Amelia had attended the DC EMA Cross-Part Collaborative. When Performance Measures were computed, Virginia agencies had the highest scores. QPAC, Quality Positive All-cross Collaborative people, trained consumer quality advocates, many from Virginia, gave an excellent presentation. They are available to serve as consumer representatives on agency Quality Management teams.
- Tylee Smith stated that the new CAREWare system will be tested when all contractor have to submit the annual Ryan White Services Report (RSR) next month. NVRC is working with them on interim steps to test their data quality prior to submission.

NEW BUSINESS

- The AIDS 2012 Virginia update meeting will meet immediately after this meeting.

UPCOMING MEETING DATES

- February 13, 2012 Executive Committee at 1:00 PM at NVRC – NEW DATE
- February 20, 2012 Presidents Day observed; Executive Committee has been rescheduled
- March 1, 2012 Consortium 10 a.m. – 12 noon at NVRC

Minutes Approved as Written With Corrections

Tylee Smith

Date