

**DRAFT**

**HIV Consortium Meeting  
October 4, 2012  
Summary Minutes**

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Karen Cebula, Vice-Chair, called the meeting to order at the Northern Virginia Regional Commission (NVRC) offices.

**ANNOUNCEMENTS**

Bob Atkins announced that he had brought applications for voter registration. Absentee balloting for this election starts September 21. The voter registration deadline is October 15<sup>th</sup>.

Karen Berube reported that David Hoover will update the Consortium at a later date on the several new prevention programs at Inova Juniper. They need to hire a substance abuse counselor for the Springfield site. They also need a nurse practitioner for the Springfield Disease Discharge Clinic and another for the one in Leesburg.

The Leesburg clinic in the Jackson Building at the old Loudoun Hospital site (211 Gibson Street, Suite 206, NW) began seeing patients on October 1. There will be an Open House on October 22.

Ron Scheraga requested help in finding a job for an HIV physician from Afghanistan who is now living in the US and has a work permit.

Sue Rowland of VORA, Virginia Organizations Responding to AIDS, asked everyone to reserve Wednesday, January 30, 2013, for AIDS Awareness Day at the Virginia General Assembly.

**MINUTES OF MAY 3 AND SEPTEMBER 6, 2012**

The minutes of May 3, 2012 and of September 6, 2013, were approved as submitted.

**REMEMBERING GUSTAVA “GUSSIE” FEAGANES**

Members spoke of their memories of “Gussie” Feaganes, who passed away in hospice care in the early hours of Sunday, September 2. Wade Menear and John Feaganes expressed their appreciation. Ron Scheraga introduced the following formal resolution for the Consortium.

**RESOLUTION**

Whereas, Wade and John introduced us to Gussie and made her a part of our Consortium family; and

Whereas, she brought us many smiles and joy with each meeting;

Therefore, on behalf of the Consortium we officially thank you Wade and John, for sharing her with us, and like you we will hold her in our fond memories.

**RECOGNITION & THANK YOU TO LOUDOUN COUNTY HEALTH DEPARTMENT**

Beth Robinson received reminiscences from Consortium members about the many contributions to the care of people living with HIV made by the Loudoun County Health Dept. in its years as a Ryan White provider. Loudoun is discontinuing direct care to PLWH. Beth was also recognized for her role within the Consortium, particularly around the quality of care. After seven years as the HIV Nurse Case Manager, she will be transferring to the Sexually Transmitted Disease Clinic within the department.

### **PART B ALLOCATIONS DECISION MAKING**

Michelle Simmons of NVRC reminded the group that while planning for Parts A, MAI, and HOPWA occurred over the summer, development of budget allocations for Part B had not been addressed until today. Staff provided Consortium members with a spreadsheet detailing past Part B awards, spending history, as well as three potential allocations scenarios to be used as discussion starting points. The spreadsheet shows that funding needed to be added to the categories of dental and health insurance over amounts anticipated during the 2011-12 grant period. Consequently, for 2012-13 the award to primary medical was reduced to allow greater growth in dental care and health insurance.

The possible allocations scenarios provided for discussion all start from the point of 2012-13 planned allocations. Scenario #1 proposed to reduce allocations to health insurance and co-pays slightly (in anticipation of VDH/PCIP covering some of these services), with the funding reduction (\$10,000) earmarked as an ADAP contribution. Scenario #2 reduced primary medical by \$10,000 to fund a \$5,000 ADAP contribution and a \$5,000 transportation contribution; health insurance by \$18,000 to increase dental care by like amount. Scenario #3 reduces health insurance by \$10,000 to transfer like amount to dental care; reduces primary medical by \$10,000 to fund \$5,000 to ADAP and \$5,000 to transportation.

All three included a substantial increase in the Health Insurance/Co-Pays category. Some of this would be used to hire one or more insurance specialists to help clients transition into a health insurance environment. After discussion of these options and a brief update on VDH's progress and plans for PCIP (Pre-Existing Conditions Insurance Plan – see next topic), Bob Atkins moved and Ron Scheraga seconded the adoption of Scenario 1. Zachary Hatcher made the friendly amendment, accepted by the makers, that the \$10,000 proposed for ADAP be moved to fund transportation and directing the administrative agent to provide review and guidance throughout the year on usage and needed reallocation of funds. This motion passed 21-0 with no abstentions.

Ron Scheraga made, and Mike Hughes seconded a motion establishing an Ad Hoc Transportation Work Group to explore options for alternative methods of providing medical transportation with Ryan White, particularly in rural areas. The motion was seconded and approved 19-0 with no abstentions. Among the issues identified were needed changes for an insurance environment and how current services can better support our Community Health Workers. A sign-up sheet was circulated to allow interested people to sign up to be on the Work Group.

### **PCIP UPDATE FROM THE VIRGINIA DEPT. OF HEALTH**

Kimberly Eley, Reimbursement Specialist for ADAP and PCIP at VDH, summarized PCIP's status. VDH is in the final process of selecting a vendor to handle the ADAP-PCIP medical benefits and pharmaceutical benefits statewide. In the meantime they have started sending out prepopulated PCIP applications, including permission for VDH to discuss a PLWH's medical condition with an insurance agent in order to obtain a denial letter. VDH will submit applications in bulk to the National Finance Center for expedited processing. For everyone accepted into ADAP-PCIP, VDH will pay the premiums and all co-pays and deductibles for all medical conditions. Dental care is not included. Ryan White clients and other HIV-positive persons who are currently paying their own costs for a PCIP may be eligible for ADAP to cover their premiums and co-pays and deductibles. VDH will be contacting Ryan White providers directly to identify such clients, or clients may call the ADAP hotline at VDH. Under the current federal Affordable Care Act, in 2014 insurance available through health insurance exchanges will replace PCIP. VDH is planning ways to maintain insurance coverage for PCIP as Virginia develops plans for a health insurance exchange.

### **PLANNING COUNCIL UPDATES**

Mark Fisher was elected Community Co-Chair of the Planning Council. The Chair is exploring roles for Keith Callahan in conjunction with the PLWH Committees in DC, Maryland and suburban Virginia.

### **VIRGINIA DEPT. OF HEALTH UPDATE**

- The toll-free hotline at VDH for ADAP will also serve ADAP-PCIP (also known as ADAP-Assist). The number is 1-855-362-0658 and is available during business hours.
- As of September 31, there were around 3,000 Virginians on ADAP. As of September 24, all non-HIV medications removed from the ADAP formulary as a cost-saving measure were restored. Hepatitis C drugs were not restored as new treatment plans are now available. In our region, Inova has a grant to provide Hepatitis C

drugs for another year. Also, local Health Departments can now access a new online reporting system: the Virginia Medication Access Reporting System (VMARS) which will include PCIP and ADAP clients. It replaces the AERS. Eventually other providers will also be able to use VMARS.

- With cost-savings resulting from now having VDH staff handle ADAP eligibility and from Medicaid refunds, VDH has been able to award an additional half million dollars for Part B dental and primary medical care.
- HRSA did a 3-day site visit and program audit in early September and was impressed with the knowledge that Virginia consumers had about the operation of Ryan White programs.

#### COMMITTEE UPDATES

- Ad Hoc Bylaws Committee: Ron Scheraga announced that the Bylaws Committee would meet immediately after the Consortium and invited any Consortium member to participate.
- Prevention and Education: the Committee meets on the 2<sup>nd</sup> Friday at rotating locations. The time and location of all committee meetings and contacts appears on the back of each agenda.

#### NVRC ADMINISTRATIVE AGENT REPORT

- Michelle Simmons announced the combined RFA (Request for Applications) for Ryan White Parts A, B and MAI will be released by the end of October. This is a first attempt to streamline the application process by not requiring a separate application or independent application review for Part A, Part B, and/or MAI funds. The application process will be managed/administered by Sue Rowland Consulting on behalf of NVRC. Applications will be due before Thanksgiving.
- New 2012-13 Part B funds recently made available to Northern will fund \$100,000 in dental services and \$72,941 in primary medical services.

#### HOPWA UPDATE

Jim Simpson reported the RFA for HOPWA services has been issued. Current contractors have received two-month extensions so there will be no discontinuity in services before competitive applications are scored, balance of funds awarded. Contractors are finishing their reports for the grant year that ended September 30. NVRC expects level funding for the coming year as for the current one.

#### SUGGESTIONS FOR TOPICS FOR UPCOMING MEETINGS

- Prevention Programs in Suburban Virginia - November
- Health Care Reform – December
- HOPWA (please supply specific questions)

#### UPCOMING MEETING DATES

- October 15, 2012 Executive Committee meeting (1:00 PM – 2:30 PM)
- November 1, 2012 Consortium meeting (10:00 AM to 12 noon)

Minutes \_\_\_ Approved as Written \_\_\_ With Corrections

Tylee Smith

Date