

**HIV Consortium Meeting
March 7, 2013
Summary Minutes**

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

UPDATE ON HEALTH INSURANCE EXCHANGE IN VIRGINIA

The Honorable Patrick Hope, Virginia House of Delegates member from Arlington County and member of the Virginia Health Reform Initiative Advisory Council since 2011, briefed the Consortium. He likened the insurance “Marketplace” to an Expedia.com site for health insurance plans with subsidies available for some lower-income people and small businesses. He stated that Virginia has defined an Essential Benefits package and had detailed plans to operate its own Health Insurance Marketplace under the Affordable Care Act. Since those plans were not submitted to the federal Centers for Medicare and Medicaid Services, Virginia’s initial Marketplace will be operated by the federal government. Delegate Hope expects that Virginia will submit its Marketplace plans in time for the second year of operation. The Virginia General Assembly has authorized an “understanding” with the federal government whereby the Virginia State Corporation Commission’s Bureau of Insurance will certify the health insurance plans to be available in our state, oversee cost-sharing requirements, analyze rates and benefits, and handle consumer complaints. Delegate Hope also said the Governor has not announced whether Virginia’s Health Reform Initiative will continue, although he believes that Secretary Hazel hopes that it will.

Comments and questions from those present included:

1. A plea for help to struggling community-based organizations that have been so helpful to PLWH/As in dealing with their condition and its complications;
2. A question about whether funds for the State Corporation Commission’s expanded role had been increased(yes); and
3. The observation that using income tax rebates to distribute the subsidies for insurance policies bought on the Health Insurance Marketplace would not work for the lower income population for whom the subsidies are designed.

UPDATE ON MEDICAID EXPANSION IN VIRGINIA

Sue Rowland, Principle of Sue Rowland Consulting and Chair, Public Policy Committee, explained that while the expansion of Medicaid will not be in place when the Health Insurance Marketplace opens in October 2013, and may not happen at all, it is critical for Virginia. Our Medicaid program is the next to most restrictive in the US, covering people with incomes less the 48% of the federal poverty level (FPL) who are also in families with children, have permanent disabilities, or are over the age of 65 (categorical restrictions). Subsidies on the Marketplace insurance policies will be available for those with incomes between 133% - 400% of FPL and without regard to the current Virginia Medicaid categorical restrictions. Without expansion of Virginia Medicaid, those with incomes between 49% - 399% of FPL and those with lower incomes who do not fall within the authorized categories will not have any expansion of their health care options.

The Virginia General Assembly authorized the expansion of Virginia Medicaid but only after several very strict and difficult-to-implement conditions are met, and after a new General Assembly Medicaid Innovation and Reform Commission certifies that this had occurred.

Ideas on health care reform in Virginia may be communicated to Secretary of Health and Human Resources Bill Hazel or Director of the Department of Medical Assistance Services (DMAS) Cindi Jones.

MINUTES OF FEBRUARY 7, 2013

The minutes of February 7, 2013, were approved as submitted.

PLWH/A OPEN MIKE

Bob Atkins reminded all HIV services providers to review their infectious disease control policies in light of the reemergence of “superbugs” responsible for MRSA and CRE.

PLANNING COUNCIL UPDATE

The Planning Council had an excellent presentation on healthcare reform at its February meeting. Consortium members were invited to attend the Tuesday, March 12, meeting of the Care Strategies and Needs Assessment Committees, where a client needs assessment instrument is under development.

VIRGINIA DEPARTMENT OF HEALTH (VDH) UPDATE

- **ADAP Funding**
Steve Bailey, Director, HIV Care Services, announced that DC HAHSTA has offered, and the Planning Council has approved (as necessary) the reallocation of about \$800,000 unused Part A funds to Virginia ADAP. NVRC, as Administrative/Fiscal Agent for both parties, will facilitate the transfer of these monies. He also pointed out that there were no differences in standards of care between Part A and Part B, but the covered drug formularies differ.
- **Reallocation of Services between Part A and Part B**
NVRC has requested approval from both VDH and the Planning Council to segregate Ryan White Part A & B funds by service category. The anticipation is that all Health Insurance, Oral Health, and Emergency Financial Assistance will be funded by Part B while all other services will be funded by Part A. This will allow better tracking of the cost per service and breadth of services enjoyed by clients within the various service categories. Part A contractors for these services will receive a 1-month bridge contract to allow services to continue until April 1, the beginning of the Part B grant year.
- **PCIP, the Pre-existing Conditions Insurance Plan**
Leonard Recupero, HIV Services Coordinator, reported on the status of PCIP which was to have been a major resource for many people currently receiving ADAP. The federal government closed enrollment in PCIP on February 15. Few people from the Northern region will thus be enrolled as the letters with PCIP application forms had just been mailed out the day before the federal announcement. 350 Virginians are enrolled; the status of the 93 pending applications from Virginia is unknown. There are over 4,100 PLWHA enrolled in ADAP with no waiting list or caps on benefits.
- **Sequestration**
Steve Bailey stated that VDH is preparing for possible funding sequestration by increasing its inventory of ADAP medications, using unspent 2013 Part B service and administrative funds. While VDH has not received detailed instructions from HRSA, they have been notified to prepare for 5% reductions in funds. Prevention programs have not yet received funding guidance.
- **Part B Contracts**
HRSA expects to award 30-35% of expected annual Part B funding in April. Providers/Lead Agents should plan to receive partial-year contracts. Part B providers will be required to assist clients in enrolling in insurance coverage under the Affordable Care Act whenever possible.

NVRC ADMINISTRATIVE AGENT REPORT

- Michelle Simmons announced that NVRC was receiving more flexibility under its new Intergovernmental Agreement (IGA) with the District of Columbia Dept. of Health.
- Proposed contract awards will be distributed to NVRC Commissions next week. They have 5 days to review the funding plan before NVRC can issue contracts.
- NVRC will issue a micro RFA for two staff to advise and assist any clients needing help in enrolling in an insurance plan. This need was identified in the Ryan White Priority Setting and Resource Allocation process. None of the applicants for Medical Case Management included this service in their proposals.

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) REPORT

- Jim Simmons announced that all year-end closeout reports for the HOPWA year ending September 30, 2012 were in and had been approved. These reports indicated: tenant-based rental assistance (TBRA or housing vouchers) served 100 households, short-term rental, mortgage and utility assistance (STRMU) served 60 households, and 671 clients received supportive services. Case Management for clients on the waiting list will

be a new service in 2013. It is intended to help clients financially and otherwise manage housing responsibilities and decrease reliance on TBRA and STRMU.

ANNOUNCEMENTS

Leigh Guarinello announced that Inova's Consumer Advisory Network (CAN) will meet from 5 – 6:30 p.m. on Tuesday, March 19. The topic will be health insurance and Miss America 2010, Caressa Cameron, now with AIDS United, will speak. RSVPs should be made to Christian Sanchez.

Zach Hatcher announced that Caressa Cameron will be working with the FAHASS Client Engagement program. He also reminded people that the EMA Local AIDS Pharmacy Assistance administered by FAHASS provides not only prescriptions, but also nutritional supplements, syringes and some other medical supplies. It is most convenient for clients if referrals are made through CAREWare when eligibility documentation has been scanned into a client record. Contact Stephen Clark (Stephen@fahass.org).

Ron Scheraga invited everyone to the Bylaws Review meeting immediately following the Consortium meeting.

David Hoover reported that most Virginia Representatives and Senators in Congress were contacted during the recent AIDS Watch event in DC. Jonjelyn Gamble from Inova made the arrangements.

Leigh Guarinello announced that training targeted for particular staff or agencies was available from Inova's AIDS Education and Training Center (AETC).

Tom Suydam from the Alexandria Commission on HIV/AIDS reminded everyone of the free community screening of *The Gospel of Healing*, a documentary highlighting African American church leaders and congregations who have stepped up to tackle the HIV/AIDS crisis in their communities. The movie will be shown at the Alleyne AME Zion Church on Thursday, March 14 at 6:30 p.m.

Tim Agar reminded contractors that their annual Ryan White Services Reports (RSRs) are due soon. Please send him your confirmation email from the HRSA website. Part A providers should also send him the same .XML file submitted to HRSA.

Doug Jaeger, the new Chief Operating Officer for ANHSI, was introduced.

UPCOMING MEETING DATES

- March 18, 2013 Executive Committee meeting (1:00 PM to 2:30 PM)
- April 4, 2013 Consortium meeting (10:00 AM to 12 noon)

Minutes Approved as Written With Corrections

Tylee A. Smith 4/4/13
Tylee Smith Date