

**HIV Consortium Meeting
April 4, 2013
Summary Minutes**

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

ANNOUNCEMENTS

Wade Menear displayed a 1988 local newspaper article announcing the formation of the first citizen task force to deal with AIDS in Virginia.

Leigh Guarinello, Education Program Manager at Inova Juniper, announced two upcoming webinars: one on the OraQuick In-Home HIV Test; and the first of a series on hepatitis for the next several Thursdays. Information is available from <http://www.pamaaetc.org>, the Pennsylvania/MidAtlantic AIDS Education and Training Center.

Michelle Simmons of NVRC announced an Orientation for New Consortium Members that will occur following the May 2 Consortium Meeting. A light lunch is available for those who pre-register with reception@novaregion.org. All are welcome to attend.

MINUTES OF MARCH 7, 2013

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

PLWH/A OPEN MIKE

No one asked to speak.

RECOGNIZING ALEXANDRIA HEALTH DEPARTMENT AND NORTHERN VIRGINIA AREA HEALTH EDUCATION CENTER (AHEC)

The chair and several others expressed their appreciation for the many years of service from these two organizations. Each organization has received an official letter of appreciation.

CASE MANAGEMENT – WHERE IS IT GOING?

Krystal M. Hilton, M.P.H., Quality Management Coordinator with HIV Care Services at the Virginia Dept. of Health (VDH) reported that VDH is appointing members to a Case Management Models Task Force. The first part of the Case Management Improvement Initiative was interviewing current providers and collecting data on current practices. The task force plans five working meetings to review the Ryan White Case Management Model in Virginia. The goal is standards reflecting current practice; moving toward uniform services across the state; and preparing for the Affordable Care Act (ACA). Insurance and Medicare reimburse Care Coordination for some chronic conditions. The Task Force will explore whether HIV Case Management can be reconfigured to qualify as Care Coordination. There will be mandatory training prior to implementation. The goal is implementation by April 1, 2014, the start of a new grant year. Krystal's email address is Krystal.Hilton@vdh.virginia.gov.

Michelle Simmons discussed the DC EMA Case Management/Non-Medical Roundtable April 22, which appears to be a similar effort. She distributed a synopsis of the Planning Council's CSCS Committee's current thoughts on specialized Case Management programs to use Peer Assistants for EIS-type roles for three specialized populations: youth, those recently released from correctional institutions, and high-risk HIV+ individuals. She also discussed NVRC's plans to use VDH funds for Non-Medical Case Management to hire two part-time people with insurance expertise to assist Ryan White & HOPWA providers and consumers to enroll in health insurance under the ACA Marketplace. A micro-RFA requesting applications to deliver this type of specialized service will be released soon.

VIRGINIA DEPARTMENT OF HEALTH (VDH) UPDATE

- VDH has received partial funding for Ryan White Part B for the 2013-14 grant year.
- VDH is pretty confident that the rebates they are receiving from ADAP medications will cover the 5% cut-back they are expecting from sequestration.
- All Part B contractors have returned their contracts for the grant year that started April 1.
- Over 4,634 clients are enrolled in Virginia's ADAP program and they have begun recertifying 600 clients per month. There will be no interruption in ADAP medications with the suspension of enrollment in PCIP, the 2013-only federal Preexisting Condition Insurance Plan. 445 clients are now enrolled in PCIP, including the 150 with pending applications when enrollment was suspended.

BUILDING STRATEGIES FOR FLEXIBILITY

Michelle Simmons also led a discussion on addressing changing client needs and Ryan White program funding in an unclear environment because so many changes will occur in the next 12 months. How do we track services, track changes and adjust as necessary? What do we want to know? What do we need to track to be sure we are supplying appropriate services so clients don't fall between the cracks as changes occur? How can we refocus funding quickly as needs change. Participants identified:

- Clients and providers need to know basic standards of care regardless of payer (Advocates 4 Quality, formerly Q-PAC, can make presentations and talk to clients individually);
- The benefits included in the Virginia minimum standard plan under the Health Insurance Marketplace;
- Monitoring every client's situation and needs regularly at every provider, regardless of level of needed case management identified previously (some will be reached by eligibility workers or medical providers);
- Case Managers' training needs to better address client needs;
- Clients' needs for information on the Affordable Care Act (VDH and Inova Juniper are both planning to conduct educational efforts);
- Real numbers on clients the ACA can be expected to impact;
- Impact of Virginia's delay in/refusal to expand Medicaid;
- What roles can different Consortium committees play in educating clients;
- Which Infectious Disease doctors and pharmacies accept reimbursement from different insurance plans; and
- Need to open channels of communication with Medicaid and Medicare, the largest providers of care for PLWH, and the Virginia Secretary of Health and Human Resources.

PLANNING COUNCIL UPDATE

HAHSTA received a partial-year award of one-third of expected annual funding for Part A.

NVRC ADMINISTRATIVE AGENT REPORT

- Those present agreed to the following changes to Consortium and Executive Committee meetings due to the Ryan White Priority Setting and Resource Allocation process:
 - Monday April 15 No Exec. Committee. Consumers are invited to attend the Town Hall meeting scheduled at NVRC for that day
 - Thursday June 6 Consortium
 - Monday June 17 Data Presentation & Priority Setting (11:00 AM – 3:00 PM). This takes the place of the Executive Committee session usually held on this day.
 - Thursday July 11 Consortium
 - Monday July 15 Resource Allocations (11:00 AM – 3:00 PM). This takes the place of the Executive Committee session usually held on this day.
 - July ? Executive Committee will be rescheduled if needed. Day and time to be decided.
 - August 1 Consortium & usual meeting schedule resume

Minutes Approved as Written With Corrections

Tylee Smith

Date