

**NVH Consortium**  
**April 3, 2014**  
**Summary Minutes**

Since many members were delayed by exceptionally bad traffic, Michelle Simmons called the session to order at 10:10 a.m. at the Northern Virginia Regional Commission (NVRC) offices. Zach Hatcher, Vice-Chair, assumed the chair upon his arrival a few minutes later.

**ANNOUNCEMENTS**

Tim Agar, Ryan White Grants Contract Monitor with NVRC, announced that the Affordable Care Act (ACA) Enrollment Assistor team is still available to help PLWH/As complete enrollments begun before April 1. They will be available through April 11 and possibly into the following week. He distributed the team contact information.

**PLWH/A OPEN MIKE**

Wade Menear asked for clarification on how an infection needing antibiotics could not be HIV-related when HIV compromises the immune system's ability to fight infections. Barb Lawrence of Inova stated that the decision on "HIV relatedness" is made by each medical provider based on individual clinical factors. Since the decision on relatedness governs whether or not Ryan White funds can be used to pay for antibiotics and related treatment, Michelle Simmons suggested that the Consortium ask the Virginia Dept. of Health (VDH) and the AIDS Education and Training Center (AETC) operating through Inova for a presentation on how "relatedness" decisions are made. Those present agreed.

**MINUTES OF MARCH 6, 2014**

The minutes of March 6 were approved without objection.

**SUBURBAN VIRGINIA NEEDS ASSESSMENT ACTIVITIES**

Michelle Simmons of NVRC presented some background:

- The delivery of medical services to PLWH/As is expected to change dramatically this year with the advent of insurance from the ACA Marketplace.
- NVRC is considering a two-pronged approach:
  - meetings, town halls, focus groups for input into our July planning process; and
  - toward the end of the grant year, try to capture information on the impact of insurance on care.
- NVRC is working to engage a Needs Assessment consultant.
- A sign-up sheet for an ad hoc Needs Assessment Committee was sent around.

She asked the PHWH/A Committee to review questions used previously and suggest those most important for reuse. The intent is to have a brief, focused set of questions. She also asked for their help to involve PLWH/As in needs assessment activities who do not attend the Consortium/Committee meetings. Use of provider staff or client surveys was discussed with the suggested stipulation that consumers must be involved in selecting topics and designing questions.

**CONSORTIUM MEETING SCHEDULE AND TOPICS**

Michelle Simmons reviewed the Consortium's need to reduce the number of its sessions consistent with the reduction in Part B funding. She summarized a proposed schedule for the Consortium that was adopted with minor adjustments. The growing importance of the Clinical Care and Case Management & Support Services Committees as the eyes and ears of the Consortium and the need for increased communication between Consortium meetings was emphasized.

**RECOGNIZING WFAMI**

Julie Riddle of NVRC led a round of applause for Rev. Brown and Tijuanna Williams. Zack Hatcher read a letter of commendation from Karen Cebula, Consortium Chair. Several members spoke of the contributions of the "quiet side of the table". Rev. Brown, Executive Director of WFAMI, spoke of his 15 years of experience with HIV/AIDS beginning at a time when AIDS was a death sentence and those suffering from it were feared and ostracized. He credited Valerie McDonald of the Alexandria Health Dept. and the Consortium's Education and Prevention Committee with recruiting him. He wished us all prosperity, health, and well-being and urged training, hard work and motivation to accomplish our goals.

**PLANNING COUNCIL REPORT**

- David Hoover and Keith Callahan reported that the Planning Council is starting planning the annual PSRA (Priority Setting and Resource Allocation) activities for the next grant year.
- Phillip Bailey reported that the Planning Council will be incorporating more prevention activities and needs into next year’s PSRA. This will include “treatment as prevention”. Michelle Simmons and several others noted that none of Northern Virginia’s Prevention funding comes through HAHSTA, so that incorporating prevention information will be challenging. David Hoover noted the difficulty of tracking prevention statistics. Tim Agar noted the responsibility of the Community Planning Groups (CPGs) for the District of Columbia and the Commonwealth of Virginia for prevention planning. He agreed to convey this new interest in joint planning between prevention and care (Ryan White services) to those CPGs.

**VIRGINIA DEPARTMENT OF HEALTH UPDATES**

- Mary Browder, HIV Services Coordinator, reported 1,176 ADAP clients in Northern Virginia as of April 1, 2014 as compared with 4,896 ADAP clients enrolled in Virginia statewide. VDH has paid the first ACA insurance premiums for 1,538 PLWH/A. VDH will continue to offer extended hours until all pending applicants have submitted their ACA applications and premium payment arrangements have been made. The carriers insuring 281 Northern Virginia ADAP ACA clients are:
  - o Care First 110 clients
  - o Innovation Health 152 clients
  - o Kaiser Permanente 11 clients
  - o Optima 4 clients
  - o Unknown 4 clients
- ADAP funding for next year looks promising although no awards or appropriations are yet final. The first priority for ADAP funds in excess of that needed to cover ACA premiums and direct medications will be to cover at least some medical visit co-payments.
- VDH will offer several regional sessions in May to identify lessons learned and prepare for 2015 enrollment.
- On March 21, 2014, Dr. Marissa Levine was appointed Commissioner of the Virginia Dept. of Health. She had been serving as Interim Commissioner since January.

**COMMITTEE REPORTS**

- Prevention Plan: Sue Rowland reported that the regional HIV Prevention Plan begun by Carol Jamison will be presented to the region’s Health Directors May 2. She is open to sharing this plan with the Consortium. The issue of plan ownership and responsibility for updating it has not been resolved.

Suzanne Dorick from the Fairfax Health Dept. announced a training session April 11 at Inova Juniper on PREP, rapid prevention for those exposed to HIV.

AIDS Watch will be April 28 and 29. This is a chance to learn effective ways to educate members of Congress on AIDS issues and then spend a day doing just that through pre-arranged appointments.

- Case Management: Zach Hatcher announced that the Part B Case Management Standards are being revised. This does not affect Northern contractors directly as NVRC funds all Case Management from Part A.

**NVRC ADMINISTRATIVE AGENT REPORT**

- NVRC has sent contracts to Part A and Part B vendors for the coming year and is awaiting their return. These contracts are based on estimated amounts and may be adjusted slightly once our final amounts are known.
- Tim Agar reported that the 4 temporary ACA enrollment assistants employed by NVRC enrolled 221 PLWH/A of the 379 reported as enrolled by VDH.

**UPCOMING MEETINGS**

April Executive Committee Monday, April 21, 2014 at 1:00 p.m.  
 June Consortium Thursday, June 5, 2014 at 10:00 a.m.  
 Orientation to the Consortium Thursday, June 5, 2014 at 10:00 a.m. (RSVP)  
 June Executive Committee Monday, June 16, 2014 at 1:00 p.m.

Minutes  Approved as Written  With Corrections

Tylee S. Smith 6/5/14  
 Tylee Smith Date