

**NVH Consortium Meeting
March 3, 2016
Summary Minutes**

Nechelle Terrell, Chair, opened the meeting in the Northern Virginia Regional Commission (NVRC) main conference room.

MINUTES OF JANUARY 7, 2016

The minutes of January 7, 2016 were approved as presented.

THE NEXUS PROGRAM OF NORTHERN VIRGINIA FAMILY SERVICE – CONNECTING INSURED HIV+ PERSONS WITH RYAN WHITE SERVICES

Ondrea McIntyre-Hall, Health Access Program Manager, reported that this pilot non-medical case management program enrolled its first clients in July of 2015. Their goal was to help clients receiving primary HIV medical care in private practices learn of Ryan White services, and to provide assistance with selecting, understanding, and paying for health insurance under ADAP and the Affordable Care Act health insurance marketplace. By February 29, when their contract ended, NEXUS had a caseload of 35 clients; a waitlist 10-15 people; and four private practices cooperating with their program. NEXUS made 55 referrals for services. The people they assessed for eligibility often had multiple health issues. They were predominately employed and within 200 – 400% of the federal poverty guidelines. Some had incomes high enough to make them ineligible for Ryan White.

NEXUS spent \$2,000 on client co-payments, primarily because they operated only a few months and were unable to cover the costs of medical care occurring prior to client enrollment in the program. NEXUS recommended that the next provider of this service be assigned a Community Health Worker to follow-up with transportation and rescheduling for the many clients who had difficulty keeping appointments.

RECOGNITION OF THE NEXUS PROGRAM

Michelle Simmons thanked Northern Virginia Family Service, which is unable to continue to operate the NEXUS program, for their ground-breaking work. She announced that two subcontractors, VHO and Dr. Wheeler's IDA medical practice, plan to continue their work on the project when a new prime contractor is selected, perhaps as soon as two months from now.

2016 SUBURBAN VIRGINIA HIV/AIDS SERVICE DELIVERY PLAN

Michelle Simmons, Director of Human Services for NVRC, distributed a summary of the 2016 plan. She reminded the Consortium of the three opportunities they had to give input into the plan and noted that:

- The chart of funding coming through the Consortium, found on page 5, contained some partial data since:
 - the Part A award was partial and would not be final for a couple of months
 - the HOPWA year goes from October 1 – September 30
 - New federal contracting expectations that all questions associated with budgets and work plans be resolved prior to the signing on any contract have delayed a few contracts
 - The unawarded funds in Parts A, B and HOPWA are reserved for the new service emphases, which need detailed contract requirements before NVRC can request approval to fund them and then solicit providers and award funds.

- Volunteers are needed to work with NVRC to further define goals and procedures for the new service emphases: mental health; health insurance literacy; and Community Health Workers in Non-Medical Case Management. A sign-up sheet was distributed.
- The the Service Delivery Plan should be viewed as a living document to be updated as new information comes to light.
- In Objective 2.1, page 12, on coordination of prevention and care the phrase “for Positives” should be removed. On page 13 “enjoying low viral loads” should be reworded.

WASHINGTON METROPOLITAN AREA PLANNING COUNCIL REPORT

Brittany Nash, a Planning Council member from Suburban Virginia, reported that they are working on restructuring care standards for Ryan White services and would welcome provider and consumer volunteers. The Planning Council is also looking for two new members from Virginia: a PLWH/A and someone with an interest in and commitment to HIV programs. Applications can be found at <http://doh.dc.gov/service/ryan-white-planning-council>.

VIRGINIA DEPARTMENT OF HEALTH UPDATES

Logan Dickens, HIV Services Coordinator, reported that

- as of March 3, 2016 there are **1,706** Northern EMA clients enrolled in Virginia ADAP (AIDS Drug Assistance Program):
 - 386 Direct (traditional) ADAP;
 - 115 in MPAP (Medicare Part D);
 - 200 in ICAP (Insurance Continuation); and
 - 1,005 in HIMAP (Health Insurance Marketplace Assistance Program aka ACA--Affordable Care Act insurance paid for ADAP clients by VDH).
- VDH has completed the 2016 Quality Management Performance Measures and will soon send them to contractors.
- HRSA will be issuing Notice of Awards (NoA) for FY2016 for 75% of the FY2015 award amount. HRSA will issue the full FY2016 NoA on or before April 1, 2016.
- Registration information for the Case Management Retreat has been released. The deadline to register is Friday, March 4, 2016.
- Genvoya (elvitegravir + cobicistat + emtricitabine + tenofovir alafenamide) and Daklinza (daclatasvir), a Hepatitis C medication, have been added to the VA ADAP Formulary. A Hepatitis C/HIV Treatment Assistance Program application is needed to access Daklinza.
- 32 clients have used the Hepatitis C/HIV Treatment Assistance program; 19 have completed therapy and 13 are currently in treatment.
- Use of Hepatitis C medications, added to the VA ADAP Formulary in June, 2015, has been less than expected. VDH conducted a survey in November 2015 with medical, providers, consumers and additional stakeholders. Barriers to accessing treatment included active drug or alcohol use, transportation, missed clinic visits, active psychiatric illness and lack of access to care. VDH continues to seek input from the ADAP Advisory Committee, other medical providers, and consumers to increase access and enrollment in the Hepatitis C/HIV Treatment Assistance program. (Michelle Simmons noted that HAHSTA, the Part A grantee, has just opened a similar program available across the metropolitan area.)
- Open Enrollment in ACA health insurance plans ended January 31, 2016. However, clients may still apply for this insurance coverage if they have a qualifying life event such as: marriage/divorce, birth/adoption of a new child, job/employment status change, release from incarceration, or other major life changes. HIV Care Services (HCS) at

VDH will report final enrollment numbers by region at future meetings and will conduct a debriefing in March or April 2016.

At the request of Tim Agar, Jan Reitman and Jennifer Zerkler reported that VDH has asked Virginia Health Options (VHO) to assist in an ACA post-enrollment effort to keep about 300 ADAP clients insured. The most common issues are: messages from insurance companies stating that no action was needed to continue coverage when ADAP requires annual review of coverage and at a minimum, notice of premiums for the coming year; clients moving out of state or gaining coverage from Medicare or Medicaid. Many of these clients have been discharged from RW programs, making contact more difficult.

COMMITTEE REPORTS

Prevention and Education: Nechelle Terrell reported that over 100 people attended the National African American AIDS Awareness Day panel discussions at the Oakland Baptist Church February 6. The next meeting of the committee will be March 11 at Inova Juniper.

Case Management and Support Services: Katherine Cachon, Co-Chair, announced the next meeting of the committee will be the Meet-Greet-Eat-Learn session for all Ryan White and HOPWA front line staff on March 8 from 10:30 – 1:30 at NVRC. 55 people have registered.

PLWH/A Committee: Mike Hughes, Vice Chair, reminded everyone that this committee will meet on Wednesday, March 16, at 12 noon at NVRC. They meet monthly on the 3rd Wednesday at NVRC. The committee is once again under the auspices of the Consortium now that the Metropolitan Washington EMA Ryan White Planning Council's Consumer Access Committee rotates between DC, suburban Maryland and suburban Virginia each month.

ADMINISTRATIVE AGENT REPORT

Michelle Simmons reported she and the other Part A Administrative Agents participated in an all-day retreat with HAHSTA staff last month. Work on transitioning some Ryan White services to a fee-for-service structure continues, but defining the services and setting prices has not yet occurred.

Although HRSA has not yet provided a written report of its recent Part A site visit, program staff are insuring that services are being delivered according to Planning Council protocols. These may have to be simplified under fee-for-service.

NVRC's first request to reprogram funds (move them between service categories) should go to the Planning Council in April.

HOPWA providers will soon be trained on integrating their client data into a new Homeless Management Information System or HMIS. This will be the first electronic data system for HOPWA. It is planned to integrate data so relationships between housing and health outcomes can be tracked automatically.

UPCOMING MEETINGS

Consortium April 7, 2016 at NVRC from 10:00 a.m. – 12 noon.

Minutes Approved as Written With Corrections Tylee A. Smith 4/7/16
Tylee Smith Date