

**NVH Consortium Meeting
April 7, 2016
Summary Minutes**

Nechelle Terrell, Chair, opened the meeting at Northern Virginia Regional Commission (NVRC).

MINUTES OF MARCH 3, 2016

The minutes of March 3, 2016 were approved as presented.

PLWH/A OPEN MIKE

William Brown thanked the Consortium for their sentiments on his mom's passing.

ANNOUNCEMENTS

MaryBeth Benz, Executive Director of FAHASS invited everyone to a PrEP (pre-exposure prophylaxis) Summit in Fredericksburg April 29. PrEP is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. The summit is co-hosted by the Black AIDS Institute.

Tim Agar announced that an *Orientation to the Consortium* will follow the May 5 Consortium meeting. New consumers and new agency staff are especially invited to attend.

VIRGINIA DEPT. OF HEALTH CARE COORDINATION (CC) PROGRAM FOR PERSONS LEAVING CORRECTIONAL FACILITIES

Misty M. Johnson, HIV Care Coordinator, shared information on the new HIV Care Coordination program. It is looking for contacts to help expand into Northern Virginia detention facilities. Care Coordination offers immediate provisional enrollment in ADAP and a 30-day supply of medications for patients having a doctor's prescription. The can also serve people returning from out-of-state facilities. Care Coordination works from the HIV services side with the CHARLI program on the Prevention side.

MaryBeth Benz suggested that Care Coordination work with Virginia Cares, the largest program helping all persons returning to Virginia communities from correctional facilities.

STATEWIDE HCPG (HIV COMMUNITY PLANNING GROUP)

HCPG is composed of service providers, state agency representatives, educators, members of faith communities, and HIV-affected citizens who work cooperatively to develop a comprehensive HIV prevention and care plan for the Commonwealth of Virginia. Tim Agar of NVRC is rotating off this group along with Roy Berkowitz, Bill Briggs, and Anthony Seymore, four of the seven members from Northern Virginia. Tim urged others to consider serving. Learn more by contacting Tim or at <http://www.vdh.virginia.gov/Epidemiology/DiseasePrevention/Programs/CPG/index.htm>

WASHINGTON METROPOLITAN AREA PLANNING COUNCIL REPORT

Ka'leef Stanton Morse, Government Co-Chair of the Metropolitan Washington Regional Ryan White Planning Council, was introduced and provided a summary of recent initiatives:

- A committee of the Planning Council is working with the DC HCPG on a coordinated HIV prevention and care plan to submit to HRSA, the US Health Resources and Services Administration. The plan is due to HRSA late summer/early fall.
- The Care Strategies, Coordination and Standards Committee (CSCS) is responding to HRSA's recent site visit finding that service standards should be present for all funded for all Ryan White services, as well as to make existing service standards more robust and current. Their first priorities are reviewing the standards for HIP (Health Insurance Premiums and Cost Sharing), Non-Medical Case Management, Medical Case Management, and Housing.
- The Planning Council is soliciting wide input into activities to inform this summer's metro area Ryan White Priority Setting and Resource Allocation (PSRA) process.

Mr. Morse invited more Suburban Virginia participation in the Planning Council and its committees. More information is available at www.doh.dc.gov/rwpc.

VIRGINIA DEPARTMENT OF HEALTH UPDATES

Tylee Smith read the report sent via email by Logan Dickens, HIV Services Coordinator:

As of April 5, 2016 there are **1,670** Northern EMA (Eligible Metropolitan Area) clients enrolled in Virginia ADAP (AIDS Drug Assistance Program):

- 420 in direct (traditional) ADAP;
- 116 in MPAP (Medicare Part D);
- 199 in ICAP (Insurance Continuation); and
- 935 in HIMAP (Health Insurance Marketplace Assistance Program aka ACA--Affordable Care Act insurance paid for ADAP clients by VDH).

Debriefing: Open Enrollment ended January 31, 2016. VDH would like to obtain feedback about communication efforts and the enrollment process for both clients new to insurance and those re-enrolled. This survey is voluntary; feedback is invaluable in order to improve the process for the next open enrollment period. VDH would appreciate feedback by May 6, 2016.

CM Consultants: VDH has Case Management Consultants who provide technical assistance around the updated Part B Case Management Standards. Agencies can request CM technical assistance and these consultants will come out and help with implementation, adjustment of documents, or any assistance needed regarding the new standards.

Upcoming meetings: The next Quarterly Contractors meeting will be held on May 11, 2016 at the Meadowdale Library in Chesterfield, VA. The next QMAC meeting will be held on May 10, 2016 at the Virginia Center for the Blind.

COMMITTEE REPORTS

Prevention and Education: Nechelle Terrell reported that their next meeting of the committee will be May 13 at NVRC.

PLWH/A Committee: Mike Hughes, Vice Chair, reminded us that this committee will meet on Wednesday, April 20, at 12 noon. They meet on the 3rd Wednesday of each month at NVRC.

ADMINISTRATIVE AGENT REPORT

Michelle Simmons suggested two meeting dates for volunteers to assist NVRC in developing requirements for three new services: mental health capacity development, health insurance literacy, and community health workers in non-medical case management.

She also gave a summary of the findings of the recent HRSA site visit to the Metro DC EMA:

- Quality management funds should be focused on clinical quality management.
- Six-month client eligibility recertifications are not all up-to-date.
- The service standards being developed by the Planning Council need input from Suburban Virginia as our providers will be held to them.
- A Part A Ryan White Policy Manual is needed to document procedures and minimize disruption with staff turnover.
- HAHSTA (the DC Dept. of Health HIV/AIDS, Hepatitis, STI and TB Administration) should start call-in meetings for all metro area Ryan White providers to promote uniformity of service and knowledge of policies and service standards.
- Performance Measures with benchmarks should be developed for all services.

- Local quality management plans and QIPs (Quality Improvement Projects) should be shaped by the regional QM (quality management) plan.
- CAREWare (CW) client level data systems should use the most recent software release and should utilize to the fullest the ability of CW to share data when more than one provider serves the same client and the CW Referral Module. Client data needs to be complete. Providers with Electronic Health Records (EHR) should use software that bridges EHR data to CW, bypassing duplicate data entry.
- Consumers urged (1) greater case management access for youth transitioning to adult services, (2) more consumer education on drug side effects, (3) better cultural competency for aging and transgender persons from medical providers, and (4) easily accessible information on evening and weekend hours.
- Appoint a Planning Council Community Co-Chair (this has now been done); prohibit ex-officio members from voting.

Michelle then summarized the closeout of the Part A grant year that ended February 29, 2016. Funds turned back to DC were minimal: \$4,100 from EMA Pharmacy Assistance out of about \$5 million. \$492,000 was transferred to purchase EMA Hepatitis C pharmaceuticals. These funds were savings in Outpatient Medical Care, Medical Case Management, Mental Health, Linguistics and administrative activities. \$85,000 was over-obligated at year end and had to be recouped from providers and NVRC.

NVRC plans to implement two procedures in the 2016-2017 grant year to avoid another last-minute over-obligation:

- a second soft-close of expenses and income around the end of November; and
- during the last three months of the grant year, reimbursements to providers will be limited to 1/12 of their annual budget.

Tim Agar asked for reactions to the proposed Consortium meeting schedule. One side has Consortium meetings with possible topics; the other side, with colored rows, shows the meeting dates for committees. Some rearrangement of topics will be needed to allow for informative presentations and to better distribute topics among meetings.

Virginia Health Options, VHO the entity that has worked for two years enrolling clients in Affordable Care Act health insurance, was introduced as the contractor accepted to continue the Nexus program. Nexus was begun by Northern Virginia Family Service. It4310 seeks to connect Ryan White eligible PLWH/A who receive their medical care from private physicians to other types of Ryan White services not available through those providers, e.g. transportation, mental health, and co-payment assistance. Jennifer Zoerkler is the Executive Director.

UPCOMING MEETINGS

Consortium May 5, 2016 at NVRC from 10:00 a.m. – 12 noon.

Minutes Approved as Written With Corrections

Tylee Smith 5/5/16
Tylee Smith Date