

**NVH Consortium Meeting  
April 6, 2017  
Summary Minutes**

Wade Menear, Chair, called the meeting to order in the Northern Virginia Regional Commission (NVRC) main conference room.

**ANNOUNCEMENTS**

Wade Menear asked for a moment of silence in honor of John Glenn, astronaut and U.S. Senator.

**PLWH/A OPEN MIKE**

Thomas Decker reported that last week's AIDS Watch visits with Congressional Representatives and Senators urged them to fund NIH, the National Institutes of Health, and Ryan White. He also reported that the new association of Community Health Workers recently had a very positive meeting in Charlottesville.

Ron Scheraga thanked everyone for their cards during his recent illness.

**MINUTES OF MARCH 2, 2017**

The HIV Prevention Activities Report was amended to change Suzanne Dorick's status from former chair to member of the NVHC Prevention & Education Committee. The minutes of March 2, 2017 were adopted as corrected.

**WHERE THE AIDS CARE CONTINUUM MEETS HOUSING'S CONTINUUM OF CARE**

John Nagley and Zanata Fenn described the unique integration of these two services achieved by ARE, the AIDS Response Effort in Winchester, VA. ARE has had HOPWA (Housing Opportunities for Persons with AIDS) funds through the federal Dept. of Housing and Urban Development (HUD) and the Virginia Dept. of Housing and Community Development (DHCD) for more than 11 years. They offer both STRMU (Short-Term Rent, Mortgage and Utility Assistance) and TBRA (Tenant-Based Rental Assistance). Neither service has a waiting list.

ARE uses participation in their regional Housing Continuum of Care (CoC) to build a strong relationship between their AIDS housing programs and those serving all lower-income persons. COCs are a coordinating body of cooperating service providers developed to serve homeless individuals and families. The NW and Harrisonburg CoCs recently merged and had a combined budget last year of \$1.2 million for 7 counties and the cities of Winchester and Harrisonburg. ARE administers these funds and screens and approves all applicants. Their programs include Rapid Rehousing and HOME. PLWH/A can access all of their programs but are the only recipients of HOPWA funds.

The advantages of having many more people now visit their offices are: 1) destigmatizing HIV; and 2) anonymity to PLWH/A. This close coordination also offers PLWHA much better access to general housing programs.

Intakes and case management for all housing applicants develop and periodically reassess housing plans and budgets based on: the nature of the crisis (STRMU only); housing barriers; score on a housing matrix; credit reports; and, for HOPWA assistance only, collaboration with Medical Case Managers on plans and priorities. The emphasis is always on self-sufficiency.

#### **UPDATE ON FEE FOR SERVICE DEVELOPMENTS**

There are no updates to report.

#### **USING RYAN WHITE SERVICES: OBTAINING EXCEPTIONS FOR NON-FORMULARY MEDICATIONS**

Dolly Sikipa, ACRN with Inova Juniper and Cheryl Hockman, Medical Care Manager with ARE, described the processes by which a physician can request an insurance company to pay for a medication outside the ones on its formulary (a list of pre-approved medications that is part of a health insurance policy). Inova uses the Cover My Meds free online automated Prior Authorization process ([www.covermymeds.com](http://www.covermymeds.com)). It provides a fast and easy way to complete, review, and track such requests. The site is HIPAA-compliant and available for all plans and all medications at no cost to providers and their staff, but providers must agree to use it. ARE uses a paper system.

In either case, a doctor's prescription is submitted to a pharmacy which determines that the medication is not automatically covered by the patient's insurance. The pharmacy's rejection is sent to the physician who must complete a prior authorization request for the insurance company explaining why another medication cannot be substituted. If the insurance refuses, an appeal must be filed.

#### **SUBURBAN VIRGINIA NEEDS ASSESSMENT PLANNING**

Michelle Simmons Director of Human Services for NVRC, reported that there will be an Administrative Agent's conference call after this Consortium meeting to discuss the requirement for proctors for the online client survey. It is part of the Priority Setting and Resource Allocation (PSRA) process for the EMA, designed by the Planning Council's Needs Assessment and Comprehensive Planning Committee.

#### **WASHINGTON METROPOLITAN AREA PLANNING COUNCIL REPORT**

Jennifer Zoerkler reported that the Care Strategies, Coordination and Standards committee continues to work on service definitions and standards. They plan to complete all services by the end of December 2017. The Planning Council is organizing an Innovations Committee to suggest ways to better intergrate planning for prevention and care services.

Tom Decker, who sits on the Council's Fiscal Oversight Committee, reported that Virginia has a very good record of timely and accurate reports.

#### **VIRGINIA DEPARTMENT OF HEALTH UPDATES**

NVH Consortium  
Minutes of April 6, 2017

Ashley Yocum, HIV Services Coordinator (contract monitor) for Northern Virginia, reported by phone that, as of April 4, 2017, there were 1,820 clients enrolled in Virginia ADAP (AIDS Drug Assistance Program) from the Northern Region:

- 1,003 in Health Insurance Marketplace Assistance Program (HIMAP);
- 482 in Direct ADAP;
- 204 in Insurance Continuation Assistance Program (ICAP); and
- 131 in Medicare Part D Assistance Program (MPAP).

of these: 780 were re-enrolled from 2016;  
157 were newly enrolled; and  
65 are being contacted as enrolled in 2016 but had not submitted eligibility information for 2017.

Ms. Yocum also reported that 82 clients have started Hepatitis C treatment under VDH's new program. 66 have completed treatment. Patients may enroll either through their Ryan White provider or through the VDH Medication Eligibility Hotline 1-855-362-0658.

HRSA has awarded VDH 50% of last year's funding for the year starting April 1.

VDH submitted a request on Tuesday, March 21, 2017 for a Fiscal Year 2017 waiver from the Ryan White HIV/AIDS Program Part B 75% core medical services expenditure requirement. The Core Waiver request is for 40% Core and 60% support.

**ADMINISTRATIVE AGENT REPORT**

Michelle Simmons reported that NVRC has completed financial reports for 2016-2017 Part A spending. About 2% of our Part A funding was unspent. Part B award letters for those applying for Part B funding are in process. Part A contract materials for bridge funding have been distributed. There will be less funding in Part A because so much was taken off the top for Fee for Service services.

**UPCOMING MEETINGS**

Consortium May 4, 2017 at NVRC from 10:00 a.m. – 12 noon.

Minutes  Approved as Written  With Corrections

  
Tylee Smith Date