

**NVH Consortium Meeting
May 4, 2017
Summary Minutes**

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

ANNOUNCEMENTS

MaryBeth Benz, Executive Director, is leaving FAHASS. This will be her last Consortium meeting.

Tim Agar pointed out a resource table set up near the front doors of the conference room. Participants are welcome to bring flyers and background material and take what they need. This will be an ongoing feature of Consortium meetings.

PLWH/A OPEN MIKE

No one asked to speak.

MINUTES OF APRIL 6, 2017

The Minutes were approved as submitted.

UPDATE ON THE REGIONAL HIV PREVENTION/CARE PLAN

Suzanne Dorick, RN with the Fairfax Health Dept. and editor of the previous Suburban Virginia Regional Prevention Plan, reported that Zay Roberson of Inova and Donna Powell of FAHASS are spearheading the subcommittee charged with this revision. The Virginia Dept. of Health Epidemiology staff has briefed the subcommittee on HIV trends. Katie Leonard of the Alexandria Health Dept. is creating a socio-ecological report template. They are working on nine sub-populations and developing clear and measurable interventions. The goal is to finish the new plan by the end of June.

WASHINGTON METROPOLITAN AREA PLANNING COUNCIL REPORT

Jennifer Zoerkler reported that the Planning Council has adopted service standards for three additional services: Medical Transportation, Housing, and Food Bank/Home-Delivered Meals.

The Consumer Access Committee's Consumer Health Surveys should be completed and paper copies given to Jennifer so she can take them in to DC on May 30. Copies may be dropped off at NVRC. Results will help shape the future of Ryan White HIV services.

Results should be available for the August 10 Virginia Priority Setting & Resource Allocation (PSRA) session here at the Northern Virginia Regional Commission (NVRC) from 10 AM – 3 PM.

Tim Agar reported that Julio Fonseca and Stan Brentini are the new chairs of the Planning Council's Consumer Access Committee.

VIRGINIA DEPARTMENT OF HEALTH UPDATES

The VDH report by Ashley Yocum, HIV Services Coordinator (contract monitor) for Northern Virginia is attached to these minutes. Northern region statistics were not available for the oral report Ashley delivered today.

In response to a question, Ms. Yocum clarified that the VDH funding designated for colonoscopies and ophthalmologies is no longer available. However, Ryan White will continue to pay for these services as part of OAMC care if they are prescribed by a physician funded by Ryan White who asserts their HIV-relatedness.

ADMINISTRATIVE AGENT REPORT

Michelle Simmons reported that NVRC has not received any additional information on the implementation of Regional Services (Fee for Service). NVRC staff was unable to negotiate a contract for extra staff to assist consumers with the EMA Consumer Access Committee's Consumer Health Surveys.

Part B funding from the Virginia Dept. of Health through NVRC for the prior grant year ended March 31, 2017 with 94% of the funds spent. The medical specialities for colonoscopy and ophthalmology services were underspent. Oral Health and Medical Transportation were overspent. The Culpeper Cluster of services performed well and will be continued.

The Ryan White-HOPWA Lunch-n-Learn for front-line staff was held April 25 with 35 attendees in addition to NVRC staff. Presentations on Trauma Informed Care/Case Management and Domestic Violence 101 were well-received.

UPCOMING MEETINGS

Orientation to the Consortium follows the VDH Conference call on ADAP eligibility changes. Consortium May 4, 2017 at NVRC from 10:00 a.m. – 12 noon.

ADJOURNMENT

The meeting adjourned at 11 AM in order to participate in the conference call in which VDH announced changes in ADAP eligibility procedures.

Minutes Approved as Written With Corrections

Tylee Smith 6/1/17
Tylee Smith Date

Northern Virginia Regional Commission
 VDH Update
 May 4, 2017

1. ADAP

A. Statewide ADAP Enrollment Numbers as of 4/25/2017:

Total: 6,282
 Direct ADAP: 1,557
 Medicare Part D Assistance Program (MPAP): 584
 Insurance Continuation Assistance Program (ICAP): 554
 Health Insurance Marketplace Assistance Program (HIMAP): 3,587

B.

ADAP Enrollment Numbers as of 5/11/2017

Northern EMA ADAP enrollment numbers by program:		Clients	Percent	Statewide enrollment numbers by program		Clients	Percent2
Traditional ADAP		490	28.7%	Traditional ADAP	1514	24.8%	
MPAP		119	7.0%	MPAP	544	8.9%	
ICAP		188	11.0%	ICAP	525	8.6%	
ACA		912	53.4%	ACA	3518	57.7%	
Total		1709	100.0%	Total	6101	100.0%	

Northern EMA ACA participants by Insurance Carrier:			Statewide ACA participants by Insurance Carrier:		
Carrier:	Clients	Percent	Carrier:	Clients2	Percent2
Aetna	3	0.3%	Aetna	408	11.6%
Optima	2	0.2%	Optima	1180	33.6%
Care First	230	25.2%	Care First	230	6.5%
Innovation	487	53.4%	Innovation	505	14.4%
Kaiser	36	3.9%	Kaiser	37	1.1%
Healthkeepers	128	14.0%	Healthkeepers	985	28.0%
United Healthcare	26	2.9%	United Healthcare	67	1.9%
Piedmont	0	0.0%	Piedmont	102	2.9%
Total	912	100.0%	Total	3514	100.0%

Northern EMA ACA Participants:	Re-enrolled in 2017 (have information)	Newly enrolled to ACA in 2017	Enrolled in ACA 2016, no 2017 information	Total
Aetna	1	2	0	3
Optima	2	0	0	2
Care First	183	40	7	230
Innovation	412	65	10	487
Kaiser	30	3	3	36
Healthkeepers	107	18	3	128
United Healthcare	24	2	0	26
Total	759	130	23	912

Total State ACA Participants	Re-enrolled in 2017 (have information)	Newly enrolled to ACA in 2017	Enrolled in ACA 2016, no 2017 information	total
Aetna	355	46	7	408
Optima	1015	133	32	1180
Care First	183	40	7	230
Innovation	426	69	10	505
Kaiser	30	4	3	37
Healthkeepers	839	136	10	985
United Healthcare	61	6	0	67
Piedmont	87	15	0	102
Total	2996	449	69	3514

C. The Virginia Department of Health will be making changes to the recertification process for ADAP services effective May 1, 2017 and will be discussing these changes during regional calls to be held today. These changes will address some of the findings in our recent HRSA Comprehensive site visit for RWPB program for Virginia and assure the program is in compliance with the eligibility and recertification requirements spelled out in the Ryan White legislation.

Eastern - 10AM, Northern - 11AM, Northwest - 2PM, Southwest - 3PM, Central - 4PM
You are welcome to join any regional call that's scheduled for the day.

2. Care Services

A. Quality Management:

(1) Virginia Consumer Advisory Committee (VACAC) Meeting

Monday, May 8, 2017

Time: 8 am to 4:00 pm

Location: Double Tree by Hilton, Norfolk, VA

Invitees: VACAC Executive Committee Consumers

Goals: Train-of trainers on strategies for meaningful consumer engagement as well as on peer education skills.

(2) Virginia Ryan White Cross-Parts Collaborative Quality Management Advisory Committee (QMAC) Meeting

Tuesday, May 9, 2017

Time: 8 am to 4:00 pm

Location: Double Tree by Hilton, Norfolk, VA

Invitees: QM Consumers & QMAC Members

Goals: Review performance data, identify areas in need of improvement, and carry out and monitor improvement efforts. For these activities, the team will use the Model for Improvement (MFI), Plan Do Study Act (PDSA) cycles and best practices research.

B. VDH working with subrecipients on modifications for full award for the current Ryan White Part B grant period. Renewals were only for 25% of the FY16 total award.

C. Care and Prevention are collaborating on Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) program RFP. RFP issued on 4/6/2017. Sealed proposals will be received until **May 5, 2017 at 2:00 P.M.**

The purpose of this Request for Proposals is to establish contracts in all five health regions of the state through competitive negotiations with qualified Contractors for the delivery of the Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) program. CHARLI offers a continuum of HIV services including HIV prevention education (CHARLI Curriculum), HIV testing for inmates 60 to 90 days before release, and discharge planning and linkages to care for inmates living with HIV/AIDS 60 to 90 days prior to release in Virginia federal, state prisons, regional, local and city jails. Post release medical and non-medical case management services may include but are not limited to services that ensure linkage to and retention in care, medication adherence, and referrals to service providers and primary prevention interventions for people living with HIV. Multiple awards will be made. Geographic distribution of award will be considered in the selection of proposals to ensure funding covers each region of the state.

3. Prevention

DDP (VDH's Division of Disease Prevention) is working to get protocols, standards and criteria approved before the July 1 date when syringe exchange in the Commonwealth can be started. CBOs (Community-Based Organizations), LHDs (local Health Depts.), and other entities wishing to perform syringe exchange services can start getting ready to apply by holding meeting with local government and law enforcement to enlist their support in the project. Local Health Directors at LHDs should also be contacted. Agencies applying to perform syringe exchange must be part of a community advisory board on the opioid epidemic, or start one with other interested stakeholders. (Most Community Services Boards (CSBs) have these.) Additional information on syringe exchange can be attained by contacting Bruce Taylor at bruce.taylor@vdh.virginia.gov or 804-864-8015.