

**NVH Consortium Meeting
June 1, 2017
Summary Minutes**

Wade Menear, Chair, opened the meeting at Northern Virginia Regional Commission (NVRC).

ANNOUNCEMENTS

Wade Menear asked for a very short meeting of PLWH/A present to consider next steps for the PLWH/A Committee immediately following the Consortium meeting.

Leigh Guarinello noted that it has taken 30 years for the rates of HIV infection to begin to drop. She shared information on A Call to Action to increase the urgency of the search for a cure.

PLWH/A OPEN MIKE

No one asked to speak.

MINUTES OF MAY 4, 2017

The minutes of May 4, 2017 were approved as presented.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Julie Riddle, HOPWA Contract Monitor & Housing Resource Specialist at NVRC, described the funding for our HOPWA programs: from HUD, the federal Dept. of Housing and Urban Development) to the DC Dept. of Health HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA), then to NVRC where currently 5 providers are funded. Other facts:

- NVRC's HOPWA service area differs slightly from that of Ryan White: King George County is excluded from HOPWA and Rappahannock County is added for HOPWA.
- The services that NVRC can fund must fall within areas identified in the FY 2016-FY2020 Consolidated Housing Plan and the FY 2017 Annual Action Plan.
- Currently NVRC funds seven HOPWA services:
 - Four housing-related services -- Housing Information (www.novaregion.org/hiv); Short-term Rent, Mortgage & Utility Assistance (STRMU); Tenant-Based Rental Assistance (TBRA) voucher program; and Permanent Housing Placement/security deposits.
 - Three supportive services -- Housing Case Management; Employment Assistance (pilot program at FAHASS); and Transportation.
- NVRC has been increasing support for Housing Case Management to: (1) to increase housing stability, which leads to better health outcomes for people living with HIV/AIDS (PLWH/A) and (2) to help PLWH/A increase self-sufficiency.
- Increasing housing costs in the region led to HUD publishing an increase in the Fair Market Rents which determine the upper limit of tenant-based rental assistance (TBRA).
- HOPWA was never intended to become a permanent subsidy and is now encouraging clients to get, keep and improve employment whenever possible.
- In the first six months of the current HOPWA grant year, TBRA (rental assistance) has assisted 113 households; STRMU 26 households; PHP 16 households; Housing Case Management 129 households; ERPR (employment) 5 households; Transportation 63 households; and Housing Information and Referrals approximately 2800 households. Overall 40% of the budget has been spent.
- 23 households from the regional wait list for TBRA, which has been closed since January 2015, have been referred for eligibility assessment and housing search in the first six months of the grant year.

- A plan to establish preferences on the TBRA waiting list to the most vulnerable PLWH/A: those who are disabled, victims of domestic violence; elderly or homeless; was adopted last year but has since been denied by the HOPWA grant administrator at the DC Dept. of Health.

Priority Recommendations: Following the data presentation the Consortium made the following recommendations on priorities for HOPWA services during the upcoming 2017-18 grant year, which begins October 1, 2017. The Consortium judged the following HOPWA allowable services to be priorities, with “1” representing the highest priority service. The vote was unanimous with 19 in favor and no abstentions.

Housing Related Services			
1.	Tenant-Based Rental Assistance (TBRA)	6.	Employment Readiness, Placement, & Retention (ERPR)
2.	Short Term Rent, Mortgage and Utilities (STRMU)	7.	Facility operating costs
3.	Housing Case Management (HCM)	8.	Transportation
4.	Permanent Housing Placement (PHP) (Security Deposits and First Month’s Rent)	9.	Acquisition, rehabilitation, conversion, lease, and repair of facilities
5.	Housing information		

Allocations Recommendations: The Consortium then adopted the following Allocations Plan:

Proposed 2017-18 Suburban Virginia HOPWA Allocations Plans

Service Area	Amount	Estimated No. of Households to be Served	Scenario for a 10% Decrease in Funding
Tenant-Based Rental Assistance (TBRA)	\$1,729,390	137	\$1,729,390
Short-Term Rent, Mortgage, and Utility assistance (STRMU)	\$ 114,404	52	\$ 64,846
Permanent Housing Placement (PHP)	\$ 67,216	32	\$ 38,100
Housing Case Management	\$ 213,148	250	\$ 120,816
Employment Readiness, Placement, & Retention (ERPR)	\$ 114,936	35	\$ 65,148
Transportation	\$ 20,906	70	\$ 11,850
Housing Information and Referrals	\$ 38,500	3,000	\$ 38,500
Rehab/Perm. Supportive Housing Project & Facility Ops.			
Project Sponsor Administration	\$ 173,005		\$ 155,705
Total	\$2,471,505		\$2,224,355

Factors informing this allocations plan were:

- The TBRA waiting list will remain closed
- TBRA would only be increased enough to cover rent increased for those already in the program
- A second site will be added to the Employment Readiness, Placement, & Retention (ERPR) program

The Consortium also adopted a plan in the event that HOPWA funding were reduced by 10%. Factors informing this plan were:

- Tenant-Based Rental Assistance (TBRA) and Housing Information and Referrals would be held harmless
- Some Short-Term Rent, Mortgage, and Utility assistance (STRMU) and Permanent Housing Placement (PHP) costs could be picked up by the Ryan White program. (NVRC has since learned that Ryan White housing services are prohibited from covering rental deposits.)

VIRGINIA DEPARTMENT OF HEALTH UPDATES

Adyam Redae, from the HIV Prevention team, reported for VDH. The written report is attached to the minutes of this meeting.

ADMINISTRATIVE AGENT REPORT

Michelle Simmons stated that the Virginia Dept. of Health has been asked for additional Part B funds to insure that no clients in Suburban Virginia lose services during the delayed transition to Fee-for-Service funding in Part A. \$175,000 was also requested for a new Part B service: Emergency Financial Assistance for housing. A Micro RFA (Request for Applications) for additional funding should be available next week.

The Part A transition to Fee-for-Service will not be ready by the announced July 1 date. DC HAHSTA, the Part A recipient, is expected to offer a second period of bridge funding, but specifics are not yet available.

UPCOMING MEETINGS

- Consortium July 6, 2017 at NVRC from 10:00 a.m. – 12 noon. (This meeting was reinstated after the June 1 Consortium meeting)
- August 10 at NVRC from 10:00 a.m. – 3:00 p.m. Priority Setting & Resource Allocation

Minutes Approved as Written With Corrections Tylee Smith 7/6/17
Tylee Smith Date

NVRC
 VDH Update
 June 1, 2017

1. ADAP

A. ADAP Enrollment Numbers in the Northern EMA as of 5/31/2017

ADAP Enrollment Numbers as of 5/31/2017					
Northern EMA ADAP enrollment numbers by program:			Statewide enrollment numbers by program		
Program	Clients	Percent	Program	Clients	Percent2
Traditional ADAP	516	29.8%	Traditional ADAP	1598	25.9%
MPAP	125	7.2%	MPAP	563	9.1%
ICAP	200	11.5%	ICAP	539	8.7%
ACA	893	51.5%	ACA	3471	56.2%
Total	1734	100.0%	Total	6171	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	404	11.6%
Optima	2	0.2%	Optima	1160	33.4%
Care First	224	25.1%	Care First	224	6.5%
Innovation	478	53.5%	Innovation	496	14.3%
Kaiser	34	3.8%	Kaiser	35	1.0%
Healthkeepers	127	14.2%	Healthkeepers	985	28.4%
United Healthcare	25	2.8%	United Healthcare	66	1.9%
Piedmont	0	0.0%	Piedmont	101	2.9%
Total	893	100.0%	Total	3471	100.0%

Northern EMA ACA Participants:				
Carrier	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	182	40	2	230
Innovation	410	63	5	487
Kaiser	30	3	1	36
Healthkeepers	106	19	2	128
United Healthcare	23	2	0	26
Total	754	129	10	912

Total State ACA Participants				
Carrier	Re-enrolled in 2017 (have information)	Newly enrolled to ACA in 2017	Enrolled in ACA 2016, no 2017 information	total
Aetna	355	47	2	408
Optima	1007	143	10	1180
Care First	182	40	2	230
Innovation	424	67	5	505
Kaiser	30	4	1	37
Healthkeepers	837	141	7	985
United Healthcare	60	6	0	67
Piedmont	86	15	0	102
Total	2981	463	27	3514

B. Virginia ADAP Enrollment Update

Number of persons enrolled in ADAP, HIMAP, MPAP and ICAP

Enrollment Numbers as of 5/31/2017

Total: 6,171

Direct ADAP: 1,598

Medicare Part D Assistance Program (MPAP): 563

Insurance Continuation Assistance Program (ICAP): 539

Health Insurance Marketplace Assistance Program (HIMAP): 3,471

2017 HIMAP Enrollment Numbers:

Newly Enrolled: 463

Re-enrolled (sent in 2017 info): 2,981

Clients that have not sent in 2017 info: 27

Staff is continuing to reach out to clients that have not returned 2017 premium information to obtain that information if enrolled in a new plan.

HCV/HIV Tx (Hepatitis C and HI Treatment) Assistance Program Update

84 clients that have accessed the program; 73 have completed therapy and 6 are currently on treatment.

Recertification Update

The Virginia Department of Health has changed the recertification timeline effective May 1, 2017. These changes 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.

Clients will now be recertified based on their last application date and the 6 months after that. Documents will be mailed to clients 90 days prior to their end date as opposed to 60 days as previously done. In May, documents were mailed to clients with February/August eligibility end dates. Documents will be mailed to clients with March/September end dates in June.

VDH is tightening up on procedures and removing clients who are not eligible based on not recertifying and those that have not accessed medications in the last 6 months.

Reminders:

- To ensure the recertification process is as smooth as possible, please notify ADAP of any changes to client information (i.e. name change, address, telephone #s, income).
- Please continue to use the most current applications located on the ADAP website.

2. Surveillance

The Data to Care module is being built in e2Virginia and will be available for testing the end of May. This will replace faxing of data collection forms in the future and will provide more real-time and bidirectional feedback on the Data to Care initiative between providers and VDH.

3. Prevention

- The PrEP Home Delivery pilot with RCHD is still going on. Four of the five patients enrolled completed the process for one delivery cycle. In the process we learned a few lessons and corrected some operational things so we're going to let the pilot run through July 1, with the five existing patients. After that, I think we'll be ready to move to the next level.

4. Services

VDH Quarterly Contractor's meeting is scheduled for Wednesday, June 7. The meeting is for VDH HIV Prevention and Care providers. Topics for this meeting include a presentation on the AIDS Response Effort's Early Intervention Services (EIS) program geared towards transgenders and an overview of the UVA transgender study (background: Virginia last conducted an epidemiological survey of transgender people in 2005. The health infrastructure and cultural attitudes affecting transgender people have changed dramatically in the subsequent years. Additionally, there is ample evidence that there are significant health disparities and prevention needs experienced by transgender people. With support and collaboration with VDH staff, UVA investigators will conduct epidemiological and qualitative research to characterize the experience of Virginia's transgender citizens in 2017-18. The overall goals of this project are

to understand the lived experiences of transgender people in Virginia, to collect objective health questionnaire data from 500 transgender people in Virginia, and to report results of qualitative and survey research. Action steps will include obtaining UVA and VDH IRB approvals, conducting individual interviews with transgender people and health care providers, significantly revising the past transgender epidemiological survey, training VDH staff to conduct the survey, data collection, data coding and analysis, and reporting results for VDH reporting needs and scholarly publication.)

CORE Waiver Update:

The Division of State HIV/AIDS Programs (DSHAP) has convened a HAB-wide committee to review Virginia's RWHAP Part B core medical waiver request application. During the first session, committee members raised several questions regarding the submission. A response to their concerns is currently being drafted and will be submitted NLT June 9, 2017 in order for the committee to complete their review and render a final recommendation. More information will be forthcoming in the next several weeks as to whether the waiver was approved or denied.