

GREATER HAMPTON ROADS HIV HEALTH SERVICES
MINUTES OF THE PLANNING COUNCIL MEETING
Thursday, March 30, 2017: 5:00 p.m.
741 Monticello Avenue, Norfolk, Virginia 23510

Call to Order: The meeting was called to order at 5:11 p.m.

Planning Council members introduced themselves and stated their areas of conflict. This was required because the Priorities, Allocations and Policies Committee had recommendations to present to the Planning Council for a vote and members with conflicts pertaining to the recommendations will be required to abstain.

Introduction of Visitors:

The following visitors introduced themselves:

- Ashley Veal-Minority AIDS Support Services
- Charles Bonamy
- Ainka Gonzalez-MERCK Global Human Health
- Lance Otis-ACCESSAIDS
- Tanya Kearney-Director: EVMS/AIDS Resource Center
- Deryk Jackson-ACCESSAIDS

Moment of Silent Reflection: The Council observed a moment of silent reflection for those who are infected and affected with HIV and AIDS.

Roll Call: The membership roll was called and the following were in attendance:

Rachael Artise	Robert Bailey
May Francis Baskerville	Darrell Brisbon
Jerome Cuffee	Catherine Derber
Gwendolyn Ellis-Wilson	Todd England
Gregory Fordham	Beverly Franklin
Earl Hamlet	Alan Hughes
Lisa Laurier	Doris McNeill
Kanetra Nwajei	Rev. Theodore Lewis
Leonard Recupero	Michael Singleton

Excused Members:

Pierre Diaz
Cindy Walters
Tony Boston

Absent Members:

Aubrey T. Bates, Sr.
Drake Pearson
Nysheena L. Daniels-Kello

Staff:

Christine Carroll-RW Program Manager
Robert Hargett
Thomas C.M. Schucker-PC Support
Michael Koran-PC Support
Teresa-PC Support Staff

Review and Approval of Minutes:

Minutes from the last meeting were reviewed. A motion was moved by Robert to approve the minutes as written and was properly seconded by May Francis and Michael Singleton. The motion passed.

Old Business:

Planning Council agenda:

- Planning Council Support with Collaboration from Grantee's Office.

Committee Reports:

Executive:

The Executive Committee met as scheduled and reviewed and discussed Committee reports presented by the committee Chairs.

Community Access Committee:

The committee met as scheduled. Mr. Robert Hargett was the guest speaker for the Educational Moment. He encouraged the Community Access Committee members to stay engaged by participating on the Planning Council and in the various Sub-Committees. The committee also continued to discuss plans for the upcoming Town Hall meeting scheduled for Saturday, May 13, 2017. Gregg will finalize arrangements for the venue with the New Calvary Baptist Church. The topics for the Town Hall meeting will include:

- PrEP
- Grievance Procedure as it pertains to Medical Case Management
- Medical Case Management
- Non-Medical Case Management
- Affordable Care Act
- Life Insurance
- Transportation

Rachael Artise attended the meeting and listened to the committee's concerns. The next committee meeting will be April 12, 2017 at 6:00 p.m.

Membership and Nominations:

The committee did not meet as scheduled. The Planning Council Training was held at 2:00 p.m. prior to the committee meeting. After the training, committee members who were present held an informal discussion.

Scheduled Interviews: The Chair expressed her disappointment that none of the individuals who had volunteered to be on the interviewing panel showed up for the scheduled interviews, despite numerous reminders. The Planning Council Chair reminded Council members to try hard in fulfilling their commitments to the Council. The next meeting will be on April 20th at 2:00 p.m. for Planning Council Training and 3:00 p.m. for committee business.

Priorities, Allocations and Policies:

The committee met prior to the Executive and Planning Council meetings, as scheduled. The committee reviewed the Expenditure Summary Report for the period ending January 31, 2017 dated March 13, 2017. The target expenditure for the period was at 92%. Overall, the TGA expended 85%. The projected left over amount, at the end of the fiscal year, is about \$400,000.00.

With regard to the grant award, the chair noted that the TGA received a partial award of about \$2.1 million. In this regard, the Grantee Staff presented a recommendation to reallocate funds from under spending categories into services that were over-spending, as follows:

- Medical Nutrition Therapy: The category was funded during last year's PSRA Session. However, there were no responses to the RFP. In this regard, it was recommended to reallocate \$31,905 and put it into Medical Case Management. The committee presented a motion to move \$31,905 from Medical Nutrition Therapy into Medical Case Management. Planning Council members who were conflicted were advised to abstain from voting. The motion passed with six (6) yeas, and one (1) Nay.
- Food Bank/Home Delivered Meals: The recommendation was to move \$31,905.00 from Food Bank/Home Delivered Meals and put it into Early Intervention Services-regular, which currently, needs funding. Food Bank/Home Delivered Meals is a new service. It was, therefore, felt that the service can be funded after receipt of the full award. After discussion, the committee presented a motion to reallocate \$31,905 from Food Bank/Home Delivered Meals into Early Intervention Services-Regular. The motion passed with eight (8) yeas, and two (2) nays.

The committee also discussed issues pertaining to consumer transportation to Support Groups. The schedule for the PSRA Session was also discussed, as follows:

- Wednesday, July 26, 2017: Mandatory PSRA Training
5:00-7:00 p.m.
- Thursday, July 27, 2017: PSRA Session
9:00 a.m. until completion

Support Staff are making arrangements for the venue. The Planning Council will be informed as soon as a location is secured.

Due to additional agenda items, which the committee has to review and discuss, it was agreed that the committee will meet half an hour earlier for the April 27th meeting; 2:30 p.m. Council members interested in learning more about the PSRA Session and the data sources the committee will be considering are welcome to attend the meeting.

Norfolk TGA Bylaws: The recommended Bylaws amendments are still under review in the City Attorney's Office.

Quality Improvement and Strategic Planning:

The Quality Improvement & Strategic Planning Committee met on March 16, as scheduled. Ms. Carrie Redden of ToXcel presented the Needs Assessment Report. The report provided validation of the previous studies such as that:

- Stigma is still a barrier
- There is need for continuing Mental Health and social support groups
- Attendance at Support Groups is generally low but is something that is rated high as a need.
- Life transitions affect continuity of care.
- Quality of Care matters. The better the all-round care, the more likely clients remain engaged in medical treatment plans.

An observation was made that the younger the person is at the age of diagnosis; less than 26 years of age, the quicker they go into care, but they do not remain in care for long. The older a person is at diagnosis; over 26 years of age, the longer they wait to seek medical treatment for their HIV; but they tend to remain in care after they have started treatment. From this observation, the Planning Council was advised to take note for the future when the Council starts working on strategies to keep people engaged and stay in care.

For the grant year, the committee will focus on the following projects:

- Planning Council Support Staff will begin collecting data from providers to update the Norfolk TGA Formulary. The committee will work on the collected information in January/February 2018.
- The committee will review and consider improving the Contractor Quality Management Tools on the different projects the committee will want the contractor to take a closer look.
- The committee will consider adding a screening tool for providers to ask and report why people are returning to care from out of care.
- The committee will work on tracking Early Intervention Services (EIS) and will want to know what the providers are doing and how they are working. It was noted that there is no manual for the EIS category. The committee will, therefore, work on that.
- The committee will consider reaching out to other Medical Providers in the area; Bon Secours and Sentara, to implement strategies to work together regarding HIV/AIDS and STD numbers.

The committee Chair will find out from Ms. Redden if, at some point, she can attend a Planning Council meeting to present the Needs Assessment Report. The Needs Assessment Study will be posted on the Norfolk TGA website. The next meeting of the Quality Improvement & Strategic Planning Committee will be on April 20th at 4:00 p.m.

Program Updates:

RW Norfolk TGA Program Manager's Report: The Grantee Staff is reviewing and approving the revised budgets and work plans for the partial award which were due on Wednesday, March 29, 2017. The City Attorney will have the drafted contracts to the Grantee's Office by next week.

Part B (VDH) Update: Mr. Recuperero thanked the Planning Council for the letter of support to HRSA on their request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) Part B core medical services requirement.

Gwendolyn stated that over the years, Part A has contributed funds to ADAP. That now Part A has only received a partial award and nobody has any idea when the full award will be forthcoming, she wanted to know if there was a way that money can come back to Part A to help bridge the gap to help fund some services that need funding. Mr. Recuperero stated that he did not know how that process would work. He indicated that he will bring up the issue with individuals at Part B and will contact the Grantee with the response.

Mr. Recuperero, the Part B (VDH) Representative, presented the following Part B update:

A. ADAP

1. ADAP Enrollment Numbers as of 3/22/2017:

by program:	Clients	Percent		
Traditional ADAP	457	23.3%		
MPAP	149	7.6%		
ICAP	78	4.0%		
ACA	1276	65.1%		
Total	1960	100.0%		

Norfolk TGA ACA enrollment numbers for 2017 by carrier	Clients enrolled in 2016 that we have received 2017 information	Clients new to ACA for 2017	Clients enrolled in ACA in 2016 and we still need 2017 information	Totals
Aetna	13	1	2	16
Optima	923	130	16	1069
Care First	0	0	0	0
Innovation	2	0	0	2
Coventry	0	0	1	1
Healthkeepers	174	41	3	218
Total	1112	172	22	1306

2. Statewide ADAP Enrollment Numbers as of 3/21/2017

Number of persons enrolled in ADAP, HIMAP, MPAP and ICAP: Total: 6,339

Direct ADAP: 1,485

Medicare Part D Assistance Program (MPAP): 585

Insurance Continuation Assistance Program (ICAP): 557

Health Insurance Marketplace Assistance Program (HIMAP): 3,712

2017 HIMAP Enrollment Numbers:

Newly Enrolled: 563

Re-enrolled (sent in 2017 info): 3,011

Clients that have not sent in 2017 info: 244

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 or transition clients back to Direct ADAP.

3. **HCV/HIV Tx Assistance Program Update**

There is a total of 82 clients that have accessed the program; 66 have completed therapy and 10 are currently on treatment. Hepatitis C medications are available on the ADAP formulary and program materials can be found on the ADAP website. Providers may submit the application to VDH via fax. **If you have any questions regarding Hep C Treatment, please reach out to your provider or to VDH through the Medication Eligibility Hotline.**

4. Program Update

Please be sure to use applications that are on the ADAP website as that is the most current version. If a client has been removed from service, a new application with supporting documentation is needed to be put back on service.

5. Expanded Use of Emergency Financial Assistance for Medication Access in Virginia
Start date of policy revision: 22 February 2017; End date of policy revision: 31 March 2017

In recent weeks, VDH experienced programmatic challenges that have caused difficulties for providers and clients to access medications. VDH apologizes for these circumstances. VDH is providing medication access for eligible clients until we resolve all issues with insurance carriers and our pharmacy network. ADAP can provide temporary, 30-day fills from Central Pharmacy for medications on VDH's ADAP drug list (<http://www.vdh.virginia.gov/disease-prevention/virginia-aids-drug-assistance-program-adap/>). You may also use Emergency Financial Assistance (EFA) under [Ryan White Part B funding](#). EFA allows short-term payments to assist eligible clients with emergency needs including medication, but does not allow direct cash payments to clients. Providers can use EFA for medications on VDH's ADAP and non-ADAP drug lists and for other medications. **The reimbursements will cover 100% of the medication cost charged.**

B. Services

1. VDH informed by HRSA of partial award (50%) for GY 2017 (April 1-March 31). Award amounts based on percentages of last year's award.

VDH issued 25% of GY 16 funding with a final budget amount to be determined based on performance in meeting contractual requirements, and stated deliverables. VDH plans to issue modification to GY 2017 contracts by April 30, 2017.

2. VDH submitted the Core waiver to HRSA on March 21, 2017. In accordance with the Ryan White HIV/AIDS Treatment Extension Act of 2009, the Virginia Department of Health (VDH) Ryan White HIV/AIDS Program Part B has submitted a request on Tuesday, March 21, 2017 for a Fiscal Year 2017 waiver from the 75% core medical services expenditure requirement. The Core Waiver request is for 40% Core and 60% support. With the support from consumers, providers and stakeholders alike, VDH has met and certified all legislative, Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) criteria's, and statutes outlined in the Federal Register. HRSA/HAB will now review the request and notify grantees of waiver approval or denial within eight weeks of receipt of the request. If our request is accepted, core medical services waivers will be effective for the grant award period for which it is approved. Subsequent grant periods will require a new waiver request and that grantees are not compelled to utilize the waiver should circumstances change. Once again, VDH thanks you all for helping us to expand and change the needs of PLWH in Virginia for long-term retention in care and viral suppression.

3. [PrEP](#)

- Until further notice, PrEP will no longer be offered at Three Rivers Health Department. The nurse practitioner there resigned and until there is a permanent replace no new PrEP patients will be accepted.

- The Norfolk Health Department is hiring a Community Health Worker. This person will be responsible for service navigation for HIV negative individuals through the 1509 grant.

- VDH is seeking a Bridges 757 coordinator (1509) this person will be working in central office but needs an intimate knowledge of the Norfolk area and will be working in the region frequently. Anyone interested can contact me at 804-864-7335.

4. VDH had the RWB HRSA site visit on February 22-24. The site visit went well and we were not surprised with their findings and recommendations. A couple of items we need to tweak – clearly delineating the difference between a quality assurance activity and a quality improvement activity. All the work that we do has been categorized as QM. **Quality Assurance** - Quality assurance (QA) refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards. QA activities are considered administrative activities. **Quality Improvement** (if allowable) – Quality improvement entails the development and implementation of activities to make changes to the program in response to the performance data results. We will be working with our subrecipients to help them categorize activities appropriately. VDH is working with a consultant to assist us in this process. Another area we are tweaking is our reimbursement structure for outpatient ambulatory Health Services for uninsured clients. VDH was using Medicare non-facility rates but we will change to actual cost of service that does not include administrative charges. Each contractor will need to provide their medical visit cost list and methodology for determining each cost. VDH will provide T/A in the very near future on this.

Special thanks to FAHASS for assembling consumers to meet with the five HRSA reviewers. That went very well too.

5. Virginia Integrated HIV Services Plan

- VDH is conducting an Affordable Care Act Open Enrollment 2017 Ryan White provider and consumer satisfaction assessment to help improve the process and make it a better experience next year. Thanks to all who have already completed this survey.
- Consumers who have not completed the survey can still do so by March 28, 2017. Please contact your providers for a copy of the survey or contact Renate Nnoko via telephone or email (see contact details below).
- Ryan White providers who have not completed the survey can still do so by March 31st. To access the survey, please follow the survey monkey link that was emailed to you by VDH on March 14th 2017.

For any questions regarding the survey, please contact Renate Nnoko , HIV Care Services Planner at 804-864-7950 or r.nnoko@vdh.virginia.gov

MISC.

The Hotline Counselor provides information, referral and crisis counseling to individuals calling the Division of Disease Prevention HIV/STD/Viral Hepatitis Hotline and the Medication Assistance Hotline. The hotlines are located at the Virginia Department of Health in Richmond Virginia and operate from **8:00 a.m. to 5:00 p.m., Monday through Friday.**

These are hourly contract positions to be hired through Caliper Inc. and DO NOT provide Commonwealth of Virginia employee benefits. Please email your questions, resume and cover letter to Mr. Agapito Ruiz-Millan at Agapito.Ruiz-Millan@vdh.virginia.gov. Phone # (804) 864-8009.

Part C Update: The Part C Representative gave the following Part C update:

- As of March 15, 2017, Part C had two new clients. For the month of February, Part C had five new clients. In total Part C has 152 clients currently enrolled.

HOPWA Update: In the absence of the HOPWA Representative, there was no HOPWA update.

Other Business/Announcements:

There was no other business to discuss.

Adjournment: There being no further business, a motion was moved by Gregg and properly seconded by Gwendolyn to adjourn the meeting. The motion passed. The Council will meet on Thursday, April 27th, at 5:00 p.m.

Respectfully Submitted:

Jerome Cuffee – PC - Chair