

**GREATER HAMPTON ROADS HIV HEALTH SERVICES**  
**MINUTES OF THE PLANNING COUNCIL MEETING**  
**Thursday, January 31, 2019: 5:00 p.m.**  
**Norfolk Department of Human Services**  
**741 Monticello Avenue, Norfolk**

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

**Moment of Silent Reflection:** A moment of silence and reflection was observed for those affected and infected by HIV/AIDS.

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

Cindy Walters	Deryk M. Jackson
Doris McNeill	Earl Hamlet
Gloria Robinson	Gregg Fordham
Gwendolyn Ellis-Wilson	Lisa P. Laurier
Lynea Hogan	Michael Singleton
Todd England	Tony Boston

**Absent Members:**

Beverly S. Franklin	Catherine Derber
Rachael Artise	

**Staff:**

Christine Carroll	Robert Hargett-Grantee Staff
Thomas Schucker P.C. Support	Michael Koran-PC Support
Teresa Malilwe-PC Support Staff	

**Introduction of Visitors:**

The following visitors introduced themselves:

Tanya Kearney-AIDS Resource Center	Ashley Brown-M.A.S.S.
Tonya Pacelli-VDH	Syreeta Dawkins

**Review and Approval of Minutes:**

The Council reviewed the minutes from the last meeting. A motion to approve the minutes as written was accepted.

**Reports of Special Committees:**

**Executive Committee:**

The Executive Committee met as scheduled. Committees presented their monthly activity reports.

The committee reviewed, discussed and voted to approve the following recommendations:

- Revised Planning Council/Sub-Committee meetings schedule: The proposed revision to the meeting schedule was made in order to improve participation. According to the proposal, the Community Access Committee will meet every month. However, the Planning Council and the Sub-Committees will, alternatively, meet every other month. After discussion, a motion was approved to accept the recommendation as presented, with one opposition, because the member preferred to hold Council meetings every month.

- Assessment of the Administrative Mechanism: Support Staff presented the revised questions to evaluate the Assessment of the Administrative Mechanism to the Recipient. The responses from all the services will be submitted to the Planning Council after evaluation. After discussion, the Council approved the motion to accept the revised questions of the Assessment of Administrative Mechanism as presented.

**Community Access Committee:**

The Community Access Committee met as scheduled. The committee is working on an effort to assist with recruitment for Planning Council and Committee membership by conducting the Pillar Award event. *The Pillar Award is a way for a community to give credit and recognition to the individuals and/or institutions that form the foundation that supports the community.* Committee members will, in the coming weeks, go out in the community to find individuals who have made a difference in their community and will submit the names of the identified individuals at the February meeting. The identified individuals will be recognized at the March committee meeting. This action is meant to encourage the recruitment effort.

**Membership and Nominations Committee:**

The committee announced the resignation of Rev. Ted Lewis, effective Thursday, January 31, 2019. The Membership and Nominations Committee were considering merging with the Executive Committee, but the Executive Committee made a decision not to because the effort will take a Bylaws change. The committee will, therefore, continue to be a stand-alone committee.

Planning Council members were requested to indicate which committee they want to serve on. Council members are required to serve only on one committee. They can, however, participate on other committees, but attendance will only be recorded on one committee of their choice.

**Priorities, Allocations and Policies Committee:**

The committee met prior to the Executive Committee meeting and reviewed the Expenditure Summary Report for the period ending November 30, 2018 dated January 9, 2019. The target expenditure rate was 75%. However, the TGA was at 68%. HIPCSA-Medication Co-Pays expenditures are down. They are, however, expected to pick up by the next report date. The Norfolk TGA also received the grant award for the 2019-2020 fiscal year, in the amount of \$5,788,425, which is a \$112,606 decrease from last year. The TGA's grant application, however, received a score of 96%.

**Quality Improvement & Strategic Planning Committee:**

The committee met as scheduled and reviewed the Food Bank/Home Delivered Meals Program and agreed to a recommended change in the definition of the Program. In an effort to offer a more reasonable amount of money to cover nutritional groceries/necessities, and reduce the administrative burden on providers, the committee agreed that a unit of service should be a gift card/voucher of \$50.00.

A component will be added to the program stating that *“Staff administering the program must complete nutritional training once per year, with documentation of said training.* The staff person will be responsible for reviewing the clients' receipts and approving additional food vouchers/gift cards. Currently funding for staff to do this is not added to the budget of the program. It may, however, change in the future based on additional information from providers of the Program.

The committee will conduct a Needs Assessment, which will look at seniors, aging with HIV. The recommendation: *“Living and Aging with HIV”* was accepted by the

committee. The survey will focus on people 50 years and older; their specific needs, and the services currently in place versus what they feel they need to continue living healthy lives. The committee is considering the kind of data they want to look at to begin the process of developing the tools for the assessment.

The committee discussed moving the Federal Poverty Level (FPL) from 400% to 500%. Currently, there are only eleven (11) cases that were closed because they were over 400%. With the impact of Medicaid Expansion, it was felt that there will be an excess amount of funding that absorbing a small number of cases into current services will not create a shortfall for other services. The eleven cases were moved to Part B funded services but will be moved back to Part A services once a decision is made to move to 500%.

In an effort to obtain information from Private Infectious Disease Providers in this region, the committee has a project to invite as many as possible to contribute to the Mission of the Ryan White Planning Council and also to inform them of the HIV services provided by the Ryan White Program in the TGA. This project is still in the developmental stages. Committee members were invited to provide input regarding the information that should be included on the palm cards.

At the next meeting, the committee will review the current Non-Medical Case Management Standards, Emergency Financial Assistance (EFA) Program, and Referral for Health Care and Support Services. The committee will continue with other programs throughout the grant year and make necessary changes as needed. All the TGA's current Standards of Care are posted on the Norfolk TGA website; [www.ghrplanningcouncil.org](http://www.ghrplanningcouncil.org).

### **Program Updates:**

#### **Norfolk TGA Program Manager's Report:**

The Recipient noted that the TGA received the full award and will, in the next two weeks, be notifying the Sub-Recipients what their award is, based on what the Planning Council prioritized and allocated to service categories at the last Priority Setting and Resource Allocations Session.

The Norfolk TGA will have a Site Visit from HRSA in May 2019. It will be a comprehensive Sight Visit, which will include the Planning Council, as well as service providers to do some monitoring with them. The Project Officer will also attend a Planning Council meeting. Thereafter, the TGA will get the results of the visit. Council members were advised to read the Planning Council Primer so that they are aware of Council members' responsibilities. The Planning Council will know more about the specific agenda of the Site Visit nearer the time.

The committee discussed, extensively, the HIPCSA Service Category and how it is expected to swing upwards by the end of the grant year. Because of the Affordable Care Act and Medicaid Expansion, the Council was requested, before the next PSRA Session, to think about how the TGA will expend the amount of money which will be left over during the grant year. One of the recommendations was, funding of emergency housing for up to two years. Cindy volunteered to create and submit a model, at the March meeting, that would fit the kind of concept under discussion.

#### **Part B (VDH) Update:**

The Part B Representative presented by ADAP update, dated January 31, 2019. Copies were distributed to the Council for review. The report indicated that the ADAP data was not complete because VDH was working through data to include Medicaid Expansion numbers. DMAS was experiencing a high volume of Medicaid applications under

Medicaid Expansion. She noted that VDH was working with DMAS to research the Medicaid status of about 700 people who were determined to be Medicaid eligible by the Marketplace. Until these clients are fully enrolled and transitioned to Medicaid, VDH will provide medication access through Direct ADAP and other RWHAP B services as needed and eligible.

VDH is working with Optima to avoid any client being terminated due to non-payment of premiums. Clients that did not provide complete paperwork are being placed in a grace period while VDH works to make premium payments for the clients to avoid their termination from the ACA plan. VDH staff will contact these clients and providers to inform them that they are in a grace period and that a 30-day temporary refill will be provided if needed.

Clients opting out of Medicaid because they prefer ACA plans violate the payer of the last resort requirement.

VDH is requesting that all Part B sub-recipients carefully review their GY 2019 contracts. Some new clauses include language regarding provider responsibility to educate themselves and clients about the requirement that any credits received from insurance companies that are refunded to the client must be returned to VDH if VDH RWHAP B funds paid for their insurance coverage.

The VDH Quality Management Advisory Committee meeting will take place on February 21<sup>st</sup> in Richmond.

The next Community HIV Planning Group Meeting will be on February 22<sup>nd</sup> in Richmond.

The Case Management Summit will take place in Roanoke on March 1, 2019.

The next quarterly Contractors meeting is scheduled for March 6<sup>th</sup> in Richmond.

VDH will release an RFP for Housing Services in the Spring of 2019 which will include funds for Emergency, Transitional and Short -Term Housing.

VDH would like to request a meeting with the Executive Committee of the Planning Council to discuss unmet needs in the Region and how to collaborate to address needs.

The new Drug, Trogarzo, will be added to the ADAP Formulary. The information will be posted to the ADAP website when procedures are finalized.

#### **HOPWA Update:**

The HOPWA Representative stated that there will not be a quarterly report for HOPWA until the end of March. However, she reported that:

- 40 families came off the waiting list in the last five months.
- The HOPWA Needs Assessment was finalized about a week ago. However, the report will not be posted on the website until a HUD Representative reviews it
- Cindy noted that The Department of Health is hosting an In-person Listening Session to *Inform Development of Next National HIV/AIDS and Viral Hepatitis Strategies* to be held February 22<sup>nd</sup>.
- Cindy stated that she has a meeting scheduled for February 8<sup>th</sup> with the National Association of Mental Health professionals to talk about housing needs for mental health and what more supportive activities can be done for individuals experiencing mental health issues.

**Part C Update:**

In the absence of the Part C Representative, the following Part C Update was presented by Dr. Kearney, the Director at the AIDS Resource Center. The report is as of November 2018.

Part C had a total of:

- 217 clients
  - 51 uninsured
  - 166 insured
- Total access case load of 148

There are some who are inactive for various reasons and others who are permanent inactive; that is, because they moved, or they are deceased.

Dr. Kearney also reported that eleven (11) patients moved from the 400% to 500% FPL and now have a 100% viral suppression. Moving forward, Dr. Kearney is asking the region to consider:

- Including some North Carolina patients outside of Currituck. This is not an uncommon practice because it falls within the National Strategy.
- Adding an Outpatient Ambulatory category for Part A that captures office visits and labs for insured patients receiving other RW Part A services.

There was extensive discussing regarding the two above mentioned issues. The Co-Chair and Part the B Representative will discuss the issue further outside the meeting.

**Special Orders:**

There were no special orders.

**Unfinished Business:**

There was no unfinished business to discuss.

**Old Business:**

Positive Links Program: Ms. Ava Lena Waldman, a Representative from UVA, will attend the February 28<sup>th</sup> Planning Council meeting to make a presentation on the *Positive Links Program*.

**Any Other Business/Announcements:**

The Minority AIDS Support Services, Inc. got a connection with Movie theaters in the area for a spot where they will advertise the Agency's work in between movie previews.

The Planning Council was asked to keep Shelley Taylor-Donahue's family in their thoughts. Shelley, who passed away, was an active member of the Norfolk Planning Council before she moved out of the Hampton Roads area.

Lynea thanked the Planning Council for the opportunity to attend the All Grantee's Conference in Washington, D.C. The Conference was held in December 2018. She noted that she submitted her report to the Grantee's Office. Her report will also be emailed to the Support Office for dissemination to the Planning Council members for information.

**Next Meeting:**

The next meeting will be on February 28<sup>th</sup> at 5:00 p.m.

**Adjournment:** There being no further business, a motion was accepted to adjourn the meeting.

Respectfully Submitted:

---

Gwendolyn Ellis-Wilson- PC Co-Chair