GREATER HAMPTON ROADS HIV HEALTH SERVICES
MINUTES OF THE PLANNING COUNCIL MEETING
Thursday, October 27, 2016: 5:00 p.m.
741 Monticello Avenue, Norfolk, Virginia 23510

Call to Order: The meeting was called to order at 5:04 p.m.

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

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

Rachael Artise	May Francis Baskerville
Tony Boston	Darrell Brisbon
Jerome Cuffee	Nysheena Daniels
Catherine Derber	Pierre Diaz
Gwendolyn Ellis-Wilson	Todd England
Beverly Franklin	Earl Hamlet
Alan Hughes	Lisa P. Laurier
Theodore Lewis, Rev.	Doris McNeill
Drake Pearson	Michael Singleton

Excused Members:

Robert Bailey	Gregory Fordham
Aubrey Bates, Sr.	Kanedra Nwajei
Cynthia Walters	

Absent Members:
None

Staff:

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

Review and Approval of Minutes:
The Council reviewed minutes from the last meeting. A motion was moved by Beverly to approve the minutes as written and was properly seconded by Gwendolyn. The motion passed.

Introduction of Visitors:
The following visitors introduced themselves:

- Ashley Veal-Minority AIDS Support Services
- Kristen Petros de Guex – VDH Kristen is part of the Bridges 757 Project at VDH
- Deric Harrison
- Tanya Kearney-AIDS Resource Center
- Leonard Recupero-Virginia Department of Health
- Dr. Bill Newell
- Kathy Dozier

Committee Reports:

Executive:
The committee met as scheduled. The chair gave the following report:

- *Project Officer*: The Norfolk TGA has a new Project Officer. Her name is Kristina Barney.
- *Planning Council Training*: The Committee discussed the twelve-month training schedule for the Planning Council effective March 1, 2017. The idea of having a twelve-month Planning Council training was recommended by the new Project Officer. However, before March 2017, the committee agreed to schedule the following training schedule for the Planning Council:
    - *January 2017*: Funding Opportunity Announcement (FOA). This is a training on the Grant Application
    - *February 2017*: Planning Council Activity Timeline (P-CAT).

On-line training modules will be developed by Support Staff. Council members will get trainings both on line and face-to-face scheduled trainings. The on-line modules will have a timeline for completion and Council members will be scored accordingly.

Membership and Nominations:
The Council reviewed the Planning Council composition (matrix) as of October 17, 2016. Two letters of appointment are awaiting the CEO's signature. However, currently, the Planning Council is at twenty-three (23) members; 39% of whom are non-conflicted consumers. The Federal mandate requirement for non-conflicted consumers on the Planning Council is 33%. The Planning Council Federal mandated slots are currently filled. However, the Membership and Nominations Committee agreed to recruit individuals with working knowledge for some of the slots, such as Mental Health or Substance Abuse.

The demographic section of the Planning Council Composition has been changed to march the Norfolk TGA's epidemiological profile conducted by the State. Previously, the TGA was not tracking race and ethnicity as reported. The component has now been added to the tracking form. The committee also discussed adding the mode of transmission. This will ensure that consumers at the table are representative of the Norfolk TGA's profile. Support Staff will administer a survey of the Planning Council for more epi data such as, among other things, age, etc.... The survey will come out before the end of the grant year, and will be strictly confidential.

The committee also discussed the Planning Council feedback form. After every Council meeting, members will be requested to go on-line to complete the form. Paper copies will be provided to those who do not have on-line access. The feedback results from the September 29 meeting were very positive. Overall, the Council was weighted 4.50 stars.

Priorities, Allocations and Policies*:*
The committee met as scheduled. The committee reviewed the expenditure summary report by service category. The expenditure summary report was for the period ending August 31, 2016 dated October 19, 2016. The target expenditure rate was at 50%. Most service categories were close to 50% expenditure rate. Some services, such as Mental Health at 28%, and Substance Abuse Treatment Services at 33%, were expending at a lower rate. However, some services were expending at a higher rate such as EFA-Housing at 65%, and Non-Medical Case Management at 51%. Overall, the TGA is at 47%. The carryover has not yet been reflected in the expenditures. The addition of the carryover to some service categories, will be reflected in the percentages in the September Report. The carryover was allocated as follows:

• Medical Case Management	:	$60.102
• EFA - Housing	:	$23,700
• Utilities	:	$23,700
• EIS (MAI)	:	$43,559
		$151,061

2017 Directives: During the PSRA Session, the Planning Council reviewed the 2016 Directives to the Grantee. The committee reviewed the Directives for 2017 and presented the Directives to the Council for approval. After review of the Directives, the Planning Council voted unanimously to approve the 2017 Directives to the Grantee.

Recommended Revisions to the Norfolk TGA Bylaws: The Committee discussed the recommended revisions to the Bylaws. The Bylaws are currently in the City Attorney's Office for legal language review. The City Attorney's Office made some recommendations to the revised Bylaws. The committee will review the recommendations in their off time and bring their input to the table at the January meeting for further discussion.

Community Access Committee:
The committee did not meet as scheduled during the month.

Quality Improvement and Strategic Planning:
The committee met as scheduled. The committee reviewed and made some revisions to the Food Bank/Home Delivered Meals, and the Medical Nutrition Therapy Service Standards. The committee presented the Service Standards to the Planning Council for a final vote. Council Members were encouraged to attend the Quality Improvement & Strategic Planning Committee meetings in order to participate and provide input to the review of the Norfolk TGA Service Standards. The two Service Standards are not currently funded, but will be funded next year. The Planning Council voted to approve the recommendations as presented.

A Representative from ToXcel, the contractor that was selected to do the HIV needs assessment, attended the meeting and made a presentation to the committee. She discussed briefly about the company she is representing, the Committee's expectations, and briefly, how they propose to conduct the needs assessment. Council members who know of any private infectious disease doctors in the area, were requested to forward the names to the Grantee's Office so that they can be provided to the contractor.

Program Updates:

RW Norfolk TGA Program Manager's Report: On October 14, the FY 2017 Grant Application was submitted to HRSA. The due date was October 18th. A review took place on October 14th. Grantee Staff were joined in the review by the Planning Council Chair and Vice-Chair, including Support Staff.

The HRSA Project Office made a site visit to the Norfolk TGA about two years ago. The results from the site visit, pertaining to the Planning Council, which required corrective action, have finally been closed.

The Grantee Staff have been reviewing the draft form of the RFP for all services that will come out in mid-November. Interested individuals/organizations will be given about thirty (30) days to send in their proposals for services. This also includes an RFP for Program Support. Once the RFP for Program Support comes out, the Executive Committee will review the proposals and will make the selection.

Part B (VDH) Update: The Part B Representative, Mr. Leonard Recupero, presented the following Part B (VDH) report:

1. ADAP

A. *ADAP Enrollment Numbers as of 10/24/2016*:

ADAP Enrollment Numbers as of 10/24/2016

Norfolk TGA ADAP enrollment numbers by program:	Clients	Percent
Traditional ADAP	508	28.1%
MPAP	134	7.4%
ICAP	72	4.0%
ACA	1095	60.5%
Total	1809	100.0%

Norfolk TGA ACA participants by Insurance Carrier:	Clients	Percent
Aetna	8	0.7%
Care First	1	0.1%
Coventry	1	0.1%
Innovation	3	0.3%
Kaiser	0	0.0%
Optima	1055	96.3%
Healthkeepers	27	2.5%
Total	1095	100.0%

B. *ACA Open Enrollment:*

- VDH has completed the assessment of plans offered during the current ACA open enrollment period, **November 1, 2016 – January 31, 2017**. The plans were assessed for compliance with federal policy, formulary composition, provider network, geographic coverage, and cost effectiveness. **VA ADAP will not auto re-enroll clients and make a January 1 premium payment unless updated 2017 insurance information is received. Once updated 2017 premium information is received, a premium payment will be made, if applicable.**

- VDH will be supporting plans in all metal levels in 2016/2017, including Bronze, Silver, Gold, and Platinum. In order to meet the cost-effective requirements for providing insurance through ADAP, **clients with incomes between 101% and 250% of the Federal Poverty Level must enroll in Silver Plans** to maximize the use of premium and cost-share subsidies. For those outside of this range, clients should review plan information for the plans available in their area. It is important to review provider listing and coverage area when choosing an insurance plan.

- Premium increases range from 15%-40% depending on the insurance company.

- There are 8 carriers offering plans in Virginia.
  - All plans from all carriers are included to ensure all clients across Virginia have access to at least one ADAP supported plan.
  - VA ADAP will support enrollment in approved Silver plans based on client income to take advantage of tax credits that lower premiums and medication cost shares. If yearly income is between 101%-250% ($11,880 - $29,700 for family size of one) clients must choose a Silver plan.
  - VA ADAP will support enrollment in approved Platinum, Gold, and Bronze plans for clients whose income is less than 100% FPL or more than 251% FPL (lower than $11,880 or higher than $29,700 for family size of one).
  - **If clients are eligible for a tax credit, they must apply the tax credit at the time of enrollment to lower the monthly premium.**
  - Plan information will be posted at http://www.vdh.virginia.gov/disease-prevention/virginia-aids-drug-assistance-program-adap/affordable-care-act-2016/

- ADAP will be mailing client letters regarding enrollment and re-enrollment in the next 2 weeks.
- ADAP staff will be calling all previously enrolled clients and those not yet enrolled to encourage them to complete information needed for premium payment. The purpose of the calls is to link clients to enrollment sites. The calls will be prioritized to contact clients who are not yet enrolled first. Calls to those not yet enrolled will include information and assistance regarding contacting Certified Application Counselor (CAC) sites or other insurance enrollment assisters.
- Virginia (VA) ADAP will hold monthly statewide calls for CACs and other enrollment assistors. These calls will provide information on ADAP enrollment, ADAP-approved insurance plans, tracking enrollment, premium payment requirements, and address any concerns or problems. The first call will be held on Monday, October 31st from 12-1PM. Dial 866-842-5779 and enter code number 8036961650 when prompted
- Optima's coverage area changed. Now plans are offered in parts of SW, Eastern and Northern regions.
- A premium payment for any client cannot be made until the following information is received. This information can be obtained verbally from the Marketplace and faxed to VDH at **804-864-8050**. Please see attached checklist to provide the information below:
    - Name of insurance carrier
    - Name of insurance plan
    - Insurance plan member ID (not the Marketplace application ID)
    - Premium amount, noting any tax credits
    - Effective date of insurance coverage
    - Maximum out of Pocket (MOOP) amount for that policy

Payment information for all re-enrollees and newly enrolled is needed no later than December 22, 2016 so the January premium can be paid. When clients receive the first premium bill from their insurance company, it should be faxed to VDH at (804) 864- 8050 for payment, however the attached checklist described above can be submitted to VDH prior to receipt of a bill from the insurance company. Billing statements may also be mailed to the address below:

Virginia Department of Health
Health Care Services Unit, 1st Floor
James Madison Building
109 Governor Street
Richmond, VA 23219

C. *ADAP Recertification:*

- The purpose of recertification is to ensure all ADAP clients meet current eligibility criteria and that VDH has the most up to date information on clients.
- Each client must provide updated information to VDH every six months.
- The ADAP Central Office staff will make every effort to ensure that recertification occurs timely and successfully. Clients will have 60 days to submit updated income, insurance, or living arrangements and to sign, or attest to the information on the recertification applications. The application must be complete to maintain access to medications.
- Applications are mailed to clients two months prior to the due date.
- Once per year, clients will complete a full recertification packet similar to the ADAP application which is due on their birth month.
- Once per year, clients will complete a one page self-attestation form, which is due 6 months after their birthday.

- Around the time ADAP Operations Technicians send out recertification to be completed, they also send a list to each provider requesting an updated medical certification form with updated labs within 6 months.
- Each recertification letter that is sent out, has a due date by which the materials need to be returned.
- After the date has passed, VDH follows up with clients about missing materials
- A letter is drafted requesting the missing documents
- A list is sent to the Health Department, Provider, and/or Case Manager stating which clients have not yet recertified.
- After three documented attempts to recertify, unresponsive clients are disenroled from the program.
- Clients with no updated eligibility information within a year as of January 1, 2017 will be removed from the program. Once an updated application is received, client will be enrolled and able to access medications through the program.
- Eligibility documents include ADAP application/Self Attestation, proof of income, proof of VA residency, proof of insurance/no insurance and medical certification form with lab values in the last 6 months.

2. Care Services

*Ryan White Part B Eligib*ility:

All Ryan White Part B-funded sub-recipients/contractors are responsible for conducting client eligibility and recertification and maintaining documentation of eligibility on site for review by auditors, VDH, and HRSA. Eligibility documentation includes:

- Proof of HIV diagnosis
- Virginia residency
- Income verification
- Insurance status (including eligibility for Medicaid and Medicare)

HRSA and Ryan White legislation mandates that clients whose eligibility is not current cannot receive Ryan White Part B services. VDH will not reimburse sub-recipients/contractors for services provided to clients whose eligibility is out of date.

A. *Staff diligently working on two grant applications that are due in November: RW Part B and ADAP ERF*:

(1) RW Part B Grant - **FY17 Part B Base Grant Application**

Virginia Department of Health is applying for Part B funds to provide health insurance, medications, outpatient ambulatory medical care, mental health, oral health services, medical case management, and critical support services to retain low-income PLWHA in care. Our projected funding of $25,029,017 under Part B Base Formula, ADAP Earmark, EC and MAI will support the direct local provider's contracts for medical care and support services. MAI focuses educational and outreach services for early identification, linkages to care, and medication adherence. To maximize the use of available service dollars, VDH will continue to utilize cost-effective methods of providing medication access, including paying health insurance premiums and medication cost shares for insurance plans available through the Affordable Care Act (ACA), Medicare Part D and other sources. This application is due on November 21, 2016.

(2) ADAP ERF - **FY17 ADAP ERF Grant Application**

The ADAP ERF is a competitive grant application with the purpose of providing funding to States/Territories to prevent, reduce, or eliminate ADAP waiting lists, including through cost containment measures (for example, the provision of health insurance assistance). VDH will be requesting the full allowable amount of $9,000,000 in FY 17 under the funding opportunity number HRSA-17-037 to sustain current and projected ADAP client enrollment for the purchase of direct access medications and payment of

health insurance medication cost shares. Our projected cost to provide medications and insurance through ADAP for 2017-2018 is $57.8 million. The need for funding is driven by continuous net growth of about 21 new clients per month and the increased uncertainty of future resources. This application is due on November 17, 2016.

B. **Added services for GY 2017**:
In-patient substance abuse treatment: detox and recovery residential s/a program for RW B eligible clients. S/A facilities must meet HIV/AIDS Bureau (HAB) PCN #16-02: Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance: Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. Substance abuse services (residential) are not allowable services under RWHAP Parts C and D. Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Emergency Financial Assistance: VDH has expanded this service to include funding for wrap-around housing services such as utility assistance, rental assistance, security deposit; essential utility payment (oil/gas, electric, water, sewage, telephone) and short term emergency housing (7 days or less). Piloting housing wrap-around services in the NW and SW regions for the current grant period.
VDH is expanding EFA and In-patient S/A services because (a) housing was one of the top needs identified in the needs assessment. Literature has shown that stable housing and (b) substance use services (because of the high number of IDUs who are HIV+ and at risk for HIV) increase medication adherence (consequently viral load suppression).

C. Planning to release a RFP for patient navigation, linkage and retention in care. This is a prevention and care initiative. Patient Navigation programs that provide client-centered access to and retention in HIV care and treatment for newly diagnosed, tenuously engaged in care, or lost to care will be considered. Goals of the PN project are in alignment with the 2020 National HIV/AIDS Strategy goals of reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, and reducing HIV-related disparities and health inequities.

D. VIRGINIA INTEGRATED HIV SERVICES PLAN 2017-2021 (SEPTEMBER 2016) - DDP is currently brainstorming ideas with the community and providers (which we will also be doing at the next QSM on Dec 07th) on how to best implement and monitor the activities outlined in the plan. We had some brainstorming workgroup sessions at the last CHPG and got valuable input from members.
NASTAD will also be providing the HCS and HPS planners TA around performance monitoring on Friday Oct. 28th via phone.

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

> As of September 30, 2016 Part C had 146 individuals enrolled in RW Part C, 53 uninsured and 93 insured. There were 7 new to care, three insured and 4 uninsured. There is a RW Part C Committee, comprised of medical staff and consumers, which meets every other month to look at individuals who are newly diagnosed, individual who are out of care and those who are at risk of falling out of care. The committee looks at ways to help re-engage them through the process; specifically looking at individuals who are not in compliance with medications, looking at strategies to help them as well.

HOPWA Update: In the absence of the HOPWA Representative, no report was presented.

Other Business/Announcements:

Kristen from VDH stated that there will be a meeting of the VDH CBO contractors; MASS, A Hope4Tomorrow, ACCESS AIDS Care, and IBWC, to introduce grantees to one another; to share Bridges 757 Project PRIDE work plans; to review grant goals, contractor expectations and technical assistance opportunities; and to identify areas of collaboration between agencies. On December 6, a combined meeting will be held with the collaborating health districts (Norfolk, Portsmouth, Three Rivers and Virginia Beach) and the CBOs in order to clarify who is doing what in the region.

Three Rivers Health District is hiring. They are looking to hire a contract person for the 1509 grant. Anybody interested to work in the Gloucester-Matthew area should call Lisa.

The Planning Council was reminded of the dates for the November and December meetings, as follows:

- *November 17th*:
  2:00 p.m. Quality Improvement & Strategic Planning Committee
  4:00 p.m. Executive Committee
  5:00 p.m. Planning Council

- *December 15th*:
  3:00 p.m. Quality Improvement & Strategic Planning Committee
  5:00 p.m. Planning Council

The Calendars for the "Calendar Fund Raising Project" (Beauty Beyond my Status) by M.A.S.S. are ready and can be purchased for $15:00 each. There are also Black and White T-Shirts going for $10:00 each.

Adjournment: There being no further business to discuss, a motion was moved by Tony and properly seconded by Todd to adjourn the meeting. The motion passed. The Council will meet on Thursday, November 17th, at 5:00 p.m.

Respectfully Submitted:

Jerome Cuffee – PC - Chair