

# Virginia Community HIV Planning Group

## Meeting Summary

October 18-20, 2023

**Members Present:** 18

**Absent:** 7

**Others Present:** Janaye Oliver, Ashley Yocum, Marquetta Alston, Charlotte Ferguson, Eric Mayes

**Greetings and Introductions-** The group introduced themselves in a round-robin format and shared what their expectations were for the retreat.

### Day One- October 18, 2023:

#### Integrated Plan Jeopardy:

The group participated in a friendly, but very competitive, fun game of Jeopardy that was all based on the integrated plan. The group was split into three groups and team three ended up winning the game.

#### CHPG Business:

**Previous Meetings:** Previous Meeting Minutes have been voted on and approved.

#### Proposed Meeting/Retreat locations for next year:

- Roanoke
- Northern VA
- Virginia Beach

#### Proposed Meeting Topics for next year:

- SNSN
- CHR
- Rapid Start
- Communication with persons with disabilities
- Accessing long-term injectables
- Aging population/housing/fixed incomes
- Engaging Cis-gender women
- Culture Humility
- Trauma-Informed Care
- Peer Coach support
- CHARLII
- General Assembly

- **April:** Thursday, April 11, 2024
- **June:** Friday, June 14, 2024

#### Next year's Meeting Schedule:

- **February:** Friday, February 9, 2024

- **August:** Thursday, August 15, 2024
- **October – Retreat:** Oct. 16-18, 2024  
Next Location: Northern Virginia
- **December:** TBD

## Prevention/Care Updates

### HIV Prevention Updates- Felencia McGee

- Interviews have concluded for the Director of HIV and Hepatitis Prevention position at Central office.
- PS18-1802 Integrated HIV Prevention and Surveillance grant: we still have no word on what the next iteration will look like, but we did receive a budget cut this iteration.

### Care Services Updates- Ashley Yocum

#### 1. New Updates:

##### i. Quality Management:

- i. VDH will be holding the 2023 Quality Management in-person on November 2 in Charlottesville, VA. Registration has closed.
  1. Agenda topics will include: What's My Contribution to QM, Improving Coordination of Care Across Interdisciplinary Teams, Evidence-based Treatments for Clients Engaging in Chem-Sex, Housing Post-Pandemic, and Managing Provider Burnout.
  2. For additional questions about the summit, please email Project Coordinator, Ryan Persaud at: [ryan.persaud@vcuhealth.org](mailto:ryan.persaud@vcuhealth.org) or call 804.828.2447
- ii. Planning for the 2024 Case Management (CM) Summit is underway. The CM Summit will be held in person on February 29<sup>th</sup> – March 1<sup>st</sup> in Williamsburg, VA. Registration will be distributed soon.

##### ii. Grants Reporting:

- i. VDH is currently working on the FY2024 Non-Competing Continuation that is due later this month.
  1. The NCC is a request or award for a subsequent budget period within a previously approved project for which a recipient does not have to compete with other applications.

##### iii. VA MAP Formulary Change

- i. The Advisory Committee for the Virginia Medication Assistance Program (VA MAP) convened on 9/20/2023 and recommended including STI

Treatment on the VA MAP formulary. The following drugs have been added or approved for STI treatment:

- Azithromycin (approved for STI treatment)
- Levofloxacin (approved for STI treatment)
- Acyclovir (approved for STI treatment)
- Famciclovir (approved for STI treatment)
- Valtrex
- Imiquimod
- Metronidazole
- Doxycycline
- Penicillin benzathine
- Ceftriaxone
- Permethrin
- Clindamycin
- Ivermectin
- Gentamicin

The VA MAP formulary was updated with the above changes. The updated formulary is posted on the website (<https://www.vdh.virginia.gov/disease-prevention/formulary/>).

- iv. Send any questions or concerns regarding the drug changes to the VA MAP formulary to Jasmine Christine Ford, the HCS Clinical Coordinator, at [jasmine.ford@vdh.virginia.gov](mailto:jasmine.ford@vdh.virginia.gov).
- v. **Unified Eligibility Assessments:**
  - i. Assist Ryan White Part B clients in maintaining their eligibility for services. Eligibilities due in October need to be completed by October 31. Eligibilities due in November need to be completed by November 30.
    1. Subrecipients should view expiring client eligibility lists in the Provide system (View/Clients/Expiring in 45 Days).
  - ii. As a reminder, with the implementation of Unified Eligibility, VDH requires a Virginia RWHAP B-contracted agency to conduct all client eligibility assessments for all RWHAP B services, including ADAP. Non-RWHAP B contracted agencies must refer any clients that need an assessment completed for RWHAP B service, to a RWHAP B contracted agency.
  - iii. To find a Ryan White Part B Provider, you can visit the Resource Connections webpage (<https://vadoh.myresourcedirectory.com/>), which lists all agencies where Part B eligibility assessments can be done.

All RWHAP B providers must conduct an eligibility assessment for a RWHAP B client that requests one, regardless of whether they receive services at your agency.
  - iv. As a reminder, when completing a Unified Eligibility Assessment for a client, please ensure that clients are choosing to be able to receive phone calls and/or mail related to information around their Ryan White Part B eligibility and services, including medication access and insurance enrollment assistance.

vi. **Medicaid Open Enrollment**

- i. Medicare open enrollment began on October 15th. Benalytics is assisting clients with enrollment into Medicare prescription drug coverage (Part C or D). Enrollment appointments can be made through the appointment tool on the co-branded website, <http://myvamp.com>, or by calling the dedicated toll-free line, 855-483-4647.

vii. **ACA Open Enrollment Reminder**

- i. Open Enrollment for ACA begins November 1 through January 15
  1. Beginning with Open Enrollment for 2024 plans, Virginians will purchase individual qualified health plans through Virginia's Insurance Marketplace.
  2. All Ryan White clients' enrollment/re-enrollment into ACA plans should be completed only by Benalytics. This allows Benalytics to serve as the agent of record, making it easier for the vendor to resolve enrollment issues with the state marketplace.

viii. **Medicaid Unwinding:**

- i. Benalytics is assisting clients with enrollment into ACA plans if they are no longer eligible for Medicaid. If an individual does not have a current eligibility profile in the Provide system (i.e., had an eligibility assessment since September 2021), Benalytics will not be able to complete an ACA enrollment. Subrecipients must first complete an eligibility assessment for these individuals and request insurance enrollment assistance within Provide. This action sends an electronic record to Benalytics with all the necessary client data to use in the enrollment process. Without completing this assessment step, enrollment into insurance will experience a delay.
- ii. Contact the Call Center, 855-362-0658, for further clarity or questions.

**2. Ongoing Updates:**

i. **New Special Enrollment Period related to Medicaid Unwinding**

- i. HHS announced a new marketplace special enrollment period (SEP) that will be available for people who lose Medicaid and Children's Health Insurance Program (CHIP) coverage any time between March 31, 2023, and July 31, 2024.
- ii. People may face challenges transitioning from Medicaid/CHIP to the marketplace, and may not learn that they have lost coverage in time to act before the end of the current loss of coverage SEP. This new exceptional circumstance SEP will ensure that anyone who loses Medicaid/CHIP during unwinding can enroll in marketplace coverage when they are able.

- iii. Clients can be referred to Benalytics for assistance in enrolling in the SEP.
- ii. **HIPPA Reminder:** VDH has received non-secure emails containing PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.
  - i. This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
  - ii. If you need to communicate information that includes any PHI or PII, please use SFTP to share that information or fax info to VDH. If fax, please inform VDH so they can pick it up and it's not sitting on the fax machine.

If you are a client, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.

### **Committee Meetings**

Bylaws Committee:

**Purpose:** Assist with the interpreting, amendment, and maintenance of the CHPG Bylaws

**Current Members:**

- Tim Agar,
- Darryl Cannady
- Felencia McGee

**Meeting Frequency**

- Variable

Membership Committee:

**Purpose:** The Membership Committee will make recommendations to the CHPG from the pool of nominees maintained by VDH.

**Current Members:**

- Doug Fogal
- Beverly Franklin
- Felencia McGee
- Bryan Price

Three members are rolling off in February. The election will be held for the Community Co-Chair position (currently Bryan Price) at the December 8<sup>th</sup> meeting.

### **Meeting Wrap-up for Day One: Day One Evaluations Adjourn for Dinner**

## **Day Two: October 19, 2023**

**Greetings and Introductions-** The group introduced themselves in a round-robin format and shared what their expectations were for the retreat.

**CHPG Buddies:** Members found someone they don't know a lot about, chatted, and exchanged contact information.

## Agency Spotlight: Empowering Transgender Services

### Summary:

Empowering Transgender Services Incorporated (ETSI), was highlighted for their work as a transgender-led organization providing HIV/AIDS preventative and care services to the Hampton, Virginia Community. ETSI has services ranging from STI testing, gender-affirming care, and case management. The organization is continuing to expand services and is looking to hire more skilled health staff including a phlebotomist, and a physician to support this expansion. Beyond the clinical services offered on-site, ETSI also provides services through their mobile health van which serves rural and urban communities in Hampton Roads. To reach rural populations, ETSI partners with the City of Franklin, VA, Foodbank Inc., Sentara, EVMS, and Camp Community College.

### Discussion:

- Members wanted to know how they were able to work within the schools in their area and how it was going. Nyonna Byers (Founder of ETSI) stated that when they had their open house, two local teachers attended and knew they had to get them involved in the schools. They found that there are so many supportive people in schools. Not only those of trans experience but the peers and teachers are so supportive.
- Ms. Byers also stated that they focus on helping trans women get out of sex work through their workforce development program.
- Some of the biggest barriers they see are finding providers who know how to communicate and care for trans-experienced persons and housing.

## Virginia Health Benefit Exchange Introduction- By Kendra Weindling

### Background: Medicaid Unwinding

- During the Public Health Emergency, states received funds from the federal government to maintain enrollment of nearly all Medicaid enrollees
  - Called continuous enrollment condition
  - Authorized by Families First Coronavirus Response Act (FFCRA)
- The Consolidated Appropriations Act of 2023 delinked the FFCRA's Medicaid continuous enrollment condition from the end of the COVID-19 Public Health Emergency
  - States are now able to resume normal operations, including terminating individuals who no longer qualify for Medicaid
  - Called Medicaid Unwinding
  - States have until March 31, 2024 to return to normal operations

- Result: It is expected that approximately 300,000 Virginians will lose coverage and need to shop for individual qualified health plans

### **Background: Marketplace Insurance**

- 2010: ACA passed
- 2013: Federally Facilitated Marketplace, Healthcare.gov, was created as a way for individuals to purchase qualified health plans
  - States had the option of setting up their own state-based marketplace
    - Required time and resources
    - Many states, including Virginia, opted to use Healthcare.gov
- 2020: General Assembly directed the State Corporation Commission to establish the Virginia Health Benefits Exchange and begin the process of transitioning Virginia from Healthcare.gov to a state-based marketplace
  - Beginning with Open Enrollment for 2024 plans, Virginians will purchase individual qualified health plans through Virginia's Insurance Marketplace

### **Transition to a State-Based Marketplace**

- On September 29, 2022, the SCC awarded a nine-year contract to GetInsured for Virginia's platform and consumer assistance center.
- Contract serves as the foundation for a state-based health insurance marketplace that is operated in Virginia for Virginians.
- GetInsured operates in nine of the 19 state-based Exchanges nationwide.
- Successfully transitioned NV, NJ, and PA, from the FFM to their own state-based platforms.
- Virginia's platform and consumer assistance center will be integrated and will be staffed by customer service representatives dedicated to Virginia.

### **What is Virginia's Marketplace?**

Virginia's Marketplace fully replaces HealthCare.gov for Virginia.

It will provide health plan shopping and enrollment services for individuals and families.

To be eligible for Virginia's Marketplace coverage, individuals/households must:

- Reside in Virginia
- Be U.S. citizens, U.S. nationals, or lawfully present immigrants for the entire time they plan to have coverage
- Not be incarcerated (unless pending disposition of charges)
- Be uninsured, generally not eligible for Medicaid or Medicare, not have an offer of affordable employer-based coverage

### **Eligibility Determinations:**

**Virginia's Marketplace will determine eligibility for:**

- Modified Adjusted Gross Income (MAGI) eligibility for Medicaid and the Family Access to Medical Insurance Security Plan (FAMIS)
- Coverage in Virginia's Marketplace plans
- Financial Assistance Programs, including:
  - Advance payments of the premium tax credit (PTC) toward monthly premiums
    - Have a household income starting at 100%
  - Cost-sharing reductions (CSRs) to lower what consumers pay for out-of-pocket costs, like deductibles, copayments, and coinsurance
    - Have a household income of between 100% - 250% of FPL, be eligible for PTC, and enroll in a silver plan through the Marketplace
- Single, streamlined application!

### **What is Covered?**

- Ambulatory patient services
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services. Includes behavioral health treatment such as counseling and psychotherapy
- Prescription drugs
- Rehabilitative and habilitative services and devices. Services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

### **Health Plan Categories:**

#### **Catastrophic-**

- Actuarial Value (AV) below 60%.
- Limited eligibility (under age 30 or needs exemption.)

#### **Bronze-**

- AV of 60% (Consumers pay 40% of costs on average)

#### **Silver-**

- AV of 70% (Consumers pay 30% on average)

#### **Gold-**

- AV of 80% (Consumers pay 20% on average)

#### **Platinum-**

- 90% AV (Consumers pay 10% on average)

### **When Can Consumers Enroll?**

- **Virginia's Annual Open Enrollment Period:**



November 1, 2023- January 15, 2024

- **Special Enrollment Periods (SEPs):**
  - Allow consumers to purchase a Virginia Marketplace plan or make changes to an existing one after the Open Enrollment Deadline.
- **Qualifying Life Events:**
  - Consumers must experience a Qualifying Life Event (QLE) to be eligible for an SEP. Examples include, but are not limited to:
    - Loss of Minimum Essential Coverage (MEC)
    - Marriage or divorce
    - Childbirth or adoption
    - Moving

#### **Ways to Apply:**

- Virginia's Marketplace at [Marketplace.virginia.gov](https://Marketplace.virginia.gov)
- Virginia's Marketplace Consumer Assistance Center
- Marketplace Enrollment Assistants and Navigator Programs
- Marketplace-registered agents

[Icebreaker- Furball Fever](#)

[Lunch](#)

[Energizer: Line Dancing with Bryan](#)

[HIV Surveillance- By Lauren Maxwell](#)

Data pulled from the 2022 HIV Surveillance and Ryan White Care Continuum

#### **New Diagnoses:**

- 836 new diagnosed cases in 2022
- Males with highest rates of 16.3 per 100,000
- Females with 3.1 per 100,000
- Highest among 25-34 age group
- 28.6 per 100,000
- Black/African American men had the highest number of new cases
- 374 cases (rate of 45.0 per 100,000)
- White males accounted for 194 new cases (7.0 per 100,000)
- Hispanic/Latino men 89 cases (20.0 per 100,000)
- Black/African American females are ten times more likely to be diagnosed than their White counterparts
- Black/African American males were six times more likely to be diagnosed than White counterparts
- Male-to-male sexual contact attributed to 81.2% of new cases
- Central and Eastern Regions with the highest rates (14.3 and 14.7 per 100,000)

#### **People with HIV:**

- 20,456 males and 6,608 females in 2022
- In Virginia male rate was 478.3 per 100,000 and the female rate was 153.8 per 100,000
- 40.07% of people with HIV were 55 and older
- Rates highest among 45-54 age group at 517.0 per 100,000
- 57.42% were Black/African American non-Hispanic
- 26.99% were White non-Hispanic
- 10.37% were Hispanic/Latino
- 10,786 Black/African American non-Hispanic males (1,290.0 per 100,000)
- 4,814.0 Black/African American non-Hispanic females (539.0 per 100,000)
- 50% of people with HIV were attributed to MSM risk

### **Retention on-Care: Request Slides**

### **Viral Suppression: Request Slides**

#### **Integrated Plan CHPG Project:**

#### **Background:**

- Historically, CHPG members help with the creation of the plan but may have limited exposure to the execution of the plan.
- Objective 2 Goal 2.2 Strategy D:
  - Expand access and integrate supportive HIV services (housing, mental health, substance use disorder treatment, food bank/home-delivered meals, medical transportation, etc.) to increase retention in care and achieve optimal health outcomes including viral load suppression. (Treat)

#### **Goals:**

1. Create a short-term project led by CHPG
2. Define one community-based intervention to address Objective Goal 2.2 Strategy D that can be easily replicated in other regions.
3. Create a temporary work group to stand up and support.
4. Partner with VCAC to create the community-based intervention.
5. Center the intervention on community needs and gaps in care.

### **Meeting Wrap-up for Day Two: Day Two Evaluations Adjourn for Dinner**

#### **Day Three: October 20, 2023**

#### **Group Activity: Trivia Baseball**

An icebreaker game that involved guessing facts of various difficulty levels to obtain singles, doubles, triples, and home runs. This game helped members discover facts about each other in a fun way.

## PrEP Agency Spotlight: Hampton Health Department

### HIV Pre-Exposure Prophylaxis (PrEP) Services:

- Hampton and Peninsula offer oral PrEP and the long-acting injectable
  - Hampton was the third site in the state to start offering PrEP in 2016
  - It continues to be a pioneer
  - Both health departments are part of a national project called Project BLUPrint. The project is funded by the Health Resources & Services Administration.
  - Together Hampton/Peninsula are among just eight sites in the nation taking part in the project, with the goal of rolling out the long-acting injectable in an equitable way.
- PrEP staff:
  - Diane Newton is the PrEP coordinator and oversees PrEP services at both sites.
  - Karen Council is the PrEP navigator at Hampton and has been with program since its inception.
  - In addition, Nicole Taylor-Baptiste, Antoinette (Toni) Chapman, Brenda Blount-Hill, Joy Palumbo and Melissa Jones provide nursing support.

### Clinical & Laboratory Services:

- Health departments bill insured clients for clinic visits and labs
  - The Virginia Department of Health implemented billing in 2020
- All PrEP services are available at no-cost services for the uninsured
  - Services for the uninsured are based on income.
  - Clients between the ages of 18 and 26 on their parent's insurance can choose a no-cost option
- Exploring the idea of infusion centers
  - May begin partnering with local infusion centers so VDH can help commercially insured clients get the long-acting injectable

### Medication:

- Billing
  - Medication for clients with Medicaid, Medicare, or commercial insurance is billed to their insurance plan
- Patient assistance programs
  - Medication assistance programs are the first option for the uninsured
    - Gilead Advancing Access
    - ViiV Connect
    - Ready, Set, PrEP

- VDH Division of Pharmacy Services
  - VDH leverages a variety of other programs to purchase medication

### **Oral PrEP:**

- Served 406 clients last year
  - Mostly young Black men who have sex with men
  - Mostly uninsured
- Expanding access
  - Working to recruit more women
  - Piloting the long-acting injectable

### **Long-Acting Injectable: Hampton/Peninsula Client Snapshot**

Client Snapshot – seven male, six female, and one transgender

- 14 clients evaluated
  - 3 receiving injections
  - 3 in progress
  - 8 withdrawn
- Reasons for interest in injectable
  - Convenience
  - Pill fatigue; missing doses
  - Transactional sex
  - Lifestyle
  - Privacy
- Reasons for withdrawal
  - Contraindicated medication or medical condition
  - Moved or lost to care
  - Doing well on pills
  - Insurance issue
  - Adherence concern
- Limited availability at VDH sites
  - Available to those with Medicaid or uninsured
  - Commercial insurance – refer to another provider

### **Update on Statewide Services:**

- Adding Fredericksburg
  - Clinical services have started
- Farmville Coming
  - Training in two weeks
- Central Office Navigator
  - Still needing applicants

- Streamlined application
- Assists several sites

### Group Activity: Story Swap

Story Swap is an icebreaker that allows participants to use pictures, or quotes, to share meaningful stories about themselves with others, inspiring connection. For this activity, participants picked a picture or quote that queues a memorable moment and shared this memorable moment with a partner. They used their cell phone to share 3 photos that captured a memorable moment for them and shared with their partner during this activity. For persons who'd prefer an alternative method, we had some general pictures and quotes available for them to choose from.

### Integrated Plan CHPG Project Part 2

During the follow-up discussion of the IP Special Project, CHPG members identified a committee of people to oversee the planning. The committee is representative of all the five regions of the state. Members will receive regular updates from the committee at meetings. The group also identified stakeholders and decided that the final version of the project should be a combination of all the proposed projects. The committee will meet in November to begin planning.

### CHPG 2024 Goal Setting:

**Summary:** The CHPG members broke into groups to identify a goal for the group to reach for the 2024 year. The goals were based on membership needs, engagement, and outreach.

- Membership- The membership committee will prioritize onboarding new members who align with the priority populations outlined in the Ending HIV Epidemic (EHE) (Latino, trans populations, young adults, people living with disabilities)
- Engagement- Establish a mentor-mentee program for experienced and new CHPG members by October 2024.
- Outreach-Each CHPG member will bring 1 consumer or provider to at least two meetings in 2024.

**NEXT MEETING: Orientation/Retreat: Friday December 8, 2023**