

Virginia Community HIV Planning Group
Call Summary
June 26, 2020

Members Present: Yolanda Alexander, Keith Arendall, Sylvester Askins, Gennaro Brooks, Robert Cheek, Daisy Diaz, Pierre Diaz, Doug Fogal, Beverly Franklin, Russell Jones, Rodney Lewis, Daniel Lopez, Elaine Martin (VDH Co-Chair), Gia Martinez, Eric Mayes, Darryl Payne, Doris Plant-Hill, Bryan Price, Robert Rodney, Anthony Seymore, Jennifer Shiflett, Nechelle Terrell (Community Co-Chair), Thomas Villa, Robyn Wilson

Absent: Maria Altonen, Victor Claros, Bobby Jones, Alexandria Robinson,

Others present: Sadie Adkins, Kristen Donovan, Latanya Crawford, Kimberly Scott, Safere Diawara, Joseph Lyttle, Tamara Freeman (Merck), Rick Felder, Shannon Meade, Christina Martone, Maureen Nevins

Greetings and Introductions – Elaine Martin

Old and New Business-Elaine Martin

- Approval of May Minutes- Motion passed to approve the minutes
- No CHPG meeting in July
- Robyn Wilson and Pierre Diaz will be leaving CHPG in August
 - We will need members to replace departing members on the membership committee.

Prevention and Care Updates

- Prevention:
 - Comprehensive Harm Reduction (CHR) law change:
 - As of July 1, there will be fewer requirements to establish a CHR site without VDH funding. If the agency is wanting funding from VDH there will be more requirements.
 - Home testing – CDC has put out guidance regarding home testing.
 - Ryland Roane Fellowship application submissions are due by July 15
 - Elaine Martin is now a Deputy Director for DDP, overseeing HIV Care and Prevention and Diana Prat is the Deputy Director overseeing STD Prevention and Surveillance (SPS) and HIV Surveillance.
- Prevention and Care
 - There is a delay in the release of the joint prevention and care planning document (integrated plan) by CDC and HRSA.
- Care update
 - Insurance enrollment for ACA and Medicare are coming up soon. Clients need to do Marketplace account tune-ups and RWHAP B providers need to make sure their sites where they provide care are credentialed and contracted with all carriers on the Marketplace. VA MAP will be conducting stakeholder calls and webinars. Benalytics will be assisting VA MAP with insurance enrollments, including Medicaid.

- VA MAP is not enrolling clients into insurance plans if the clients are eligible for Medicaid. Official denial letters from Medicaid are required to show client is ineligible. To date, VA MAP has transitioned ~1,900 clients to Medicaid.
- HRSA waived the requirement for subrecipient annual programmatic and fiscal site visits this grant year due to COVID-19. There will not be physical visits to agencies, but VDH teams will still need to monitor awards through other methods.
- HRSA is allowing FQHCs to purchase and distribute home HIV test kits during COVID-19, but they must provide education about confirmatory testing and link/refer to care if they are given to individuals.
- VA's RWHAP B team has vacancies and is recruiting--> nine contractual VA MAT positions, one FTE Grants Manager, and one contractual position for a Trauma Informed Care Coordinator. If anyone is interested, please contact Kimberly Scott, Director of HIV Care Services.
- VA RWHAP B team is grateful to the collaboration of our providers, PLWH clients, and the VACAC for working together to assure there are no disruptions to services. Everyone should be proud that VA RWHAP B has not seen any disruptions to care due to COVID-19. We have seen increased services needs though. VDH will continue to monitor increased client needs related to COVID-19. If service need exceeds the CARES Act amount, VDH will address them with rebate funds.

HIV Care Services Needs Assessment

- See attached presentation

Covid Needs Assessment

- See attached presentation

Brief discussion on Hepatitis C treatment needs

Questions:

Do you feel like Hep.C treatment needs have been met? (Either by insurance or VA MAP?)

Does more need to be done to meet the needs of clients with HCV?

How is the situation different from 5 years ago?

At the time, we don't have a lot of consumers utilizing Harvoni.

Currently, there are more drugs available that treat all types of HCV and the side effects are considerably less than previous treatments.

Wrap up and discussion on Dr. Oliver's email

Adjourn – 11:00 am