

Virginia Community HIV Planning Group
Meeting Summary
February 9, 2022

Members Present: 23 members and 1 proxy

Absent: 9 members

Others Present: Ashley Yocum, Charlotte Ferguson, Eric Mayes, Felencia McGee, Shahid Hafidh, Marquetta Alston, Amanda Qadado, Kimberly Eley,

Greetings and Introductions- Rodney Lewis, Jr., opened the meeting with greetings.

HIV Prevention/Care Updates-Felencia McGee

- DDP HIV Surveillance has now been renamed to HIV and Hepatitis Surveillance. This change reflects the addition of hepatitis surveillance staff into their operations. The hepatitis surveillance staff joined HIV surveillance staff in 2022.
 - The Pharmacy Testing contract was awarded to the Virginia Pharmacy Association. Nine pharmacies across the state will initially be trained to provide rapid HOV and hepatitis C testing. Once training is complete, sites offering testing will be posted on the pharmacy Testing webpage. For questions about this contract, please contact Susan Carr, Special Projects Coordinator, at Susan.Carr@vdh.virginia.gov.
 - My Brother's Keeper, Inc., is hosting its Clinical Community-Based Summit March 9-10, 2023, in New Orleans. The Clinical Community-Based Summit is designed to strengthen the capacity of the HIV workforce to provide state-of-the-art HIV care and treatment services.
 - The host hotel and registration for this event is below, please click the links to book your hotel and register for the summit.
 - Embassy Suites Hotel New Orleans Convention Center
315 Julia Street New Orleans, LA 70130
Hotel: (504) 525-1993
Direct Line: (504) 378-4035
Fax: (504) 378-4038
- Hotel Booking: <http://tinyurl.com/MBKSummit>
Summit Registration: <http://tinyurl.com/MBKSummitregistartion>

HIV Care Services Updates: Ashley Yocum

VACAC Summit

- Virginia Consumer Advisory Committee (VACAC), VDH, and VCU are partnering to offer a VACAC Conference in Richmond on March 20-22, 2023. The conference will include consumer trainings, as well as some needs assessment activities such as a public

hearing. Lodging, food, and transportation will be provided at no cost to eligible Ryan White clients.

- Further details and an event flyer will be coming from the VACAC very soon. VCU is hoping to partner with agencies to be able to provide transportation for clients.

Ryan White Services Report

- VDH is working with providers to complete the 2022 Ryan White Services Report, which is a client-level data report that all Ryan White-funded agencies must complete.
- There is a target date to have providers submit their provider reports by March 6 so that there is time to review the report and send it back for corrections.
- All providers must have their provider reports in submitted status by Monday, March 27th.

Medicaid Unwinding:

- Virginia Medicaid will soon return to their normal enrollment processes. They are working with healthcare advocates and other partners to make sure eligible Virginians keep getting high quality health care coverage.
- The continuous coverage requirement, which prevented state Medicaid agencies from reducing or ending Medicaid or FAMIS coverage regardless of changes in an individual's circumstances, will end on March 31, 2023, due to the passage of the 2023 Consolidated Appropriations Act and associated omnibus bill that decoupled the continuous coverage requirement from the COVID-19 Public Health Emergency (PHE).
- Starting April 1, 2023, DMAS will begin conducting eligibility determinations and renewals for all Medicaid and FAMIS members. DMAS will have 12 months to initiate eligibility determinations and renewals for the more than 2.1 million Virginians who currently have Medicaid or FAMIS coverage.
- An individual's failure to respond to communications about their Medicaid or FAMIS eligibility could result in their coverage ending.
- To help prevent this, DMAS asks Medicaid and FAMIS members, providers, stakeholders, and advocates to take steps to ensure that their clients do not miss important communications related to their eligibility redeterminations.
- Virginia Medicaid needs a current address and phone number so that this important health coverage paperwork is received.
- Members can update their contact information in one of these ways:
 - Online at www.commonhelp.virginia.gov, or
 - By calling Cover Virginia at 1-855-242-8282, or
 - By calling your local Department of Social Services.
- For more information about this process, including answers to frequently asked questions Member factsheets, FAQs, toolkits, and other materials are available in multiple languages at CoverVa.org.

New Special Enrollment Period related to Medicaid Unwinding:

- HHS announced a new marketplace special enrollment period (SEP) that will be available to people who lose Medicaid and Children's Health Insurance Program (CHIP) coverage any time between March 31, 2023, and July 31, 2024.
- 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 SEP coverage. This new exceptional circumstances SEP will ensure that anyone who loses Medicaid/CHIP during unwinding can enroll in marketplace coverage when they are able.

- The Virginia Annual Case Management Summit will be held March 2-3, 2023, in Richmond. Registration for this event has closed.

Ongoing Updates:

Provider Data System:

- 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 who need an assessment completed for RWHAP B service to a RWHAP B contracted agency.
- To find a Ryan White Part B Provider, you can visit the [Resource Connections](#) webpage 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 who requests one, regardless of whether they receive services at your agency.

HIPAA Reminder:

- VDH has been receiving non-secure emails that contain PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.
- This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
- 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 faxing, please inform VDH so they can pick it up and it's not sitting on 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.

General Assembly Updates:

DDP is commenting/leading on several bills during the 2023 General Assembly session.

Commenting:

[House Bill 1416](#) (Companion to SB1436)

- Proposes sexually transmitted infections testing of persons charged of sexual assault. Requires testing within 48 hours of indictment, arrest, or service of petition. Positive results would result in the notification of exposure to the victim of the alleged assault. VDH would be required to disclose results to any victims and conduct surveillance and investigation. However, results of testing are inadmissible in court. As of January 30th, 2023, the bill has been referred to the Senate Finance and Appropriations Committee where some of the language was substituted.

[Senate Bill 1436](#) (Companion to HB1416)

- Proposes that STI testing be conducted on persons charged with sexual assault. Allows for testing as soon as practicable and requires consent of person charged to be tested; should they refuse, a hearing would be held. Positive results would result in the notification of exposure to the victim of the alleged assault. VDH would be required to conduct

surveillance and investigation. However, results of testing are inadmissible in court. As of January 30, 2023, the bill has been referred to Committee on Judiciary.

[House Bill 1774](#)

- Proposes changes to law enforcement training standards to include a requirement for training on comprehensive harm reduction. VDH's comprehensive harm reduction training program would collaborate to help law enforcement create training standards along with the Department of Behavioral Health and Development. As of February 2, 2023, the bill is on the table in the House Subcommittee with a vote of (5-yes; 3-No).

Leading:

[Senate Bill 1415](#)

- Proposes changes to opioid administration, specifically removing the requirement for individuals to complete training on naloxone administration in order to be able to administer doses, and creates a registry of non-profits working to reduce opioid use. Also requires Department of Corrections to train inmates on naloxone administration prior to release. VDH and DBHDS would be required to review existing naloxone distribution programs and develop a comprehensive statewide plan for distributing throughout the commonwealth.

CHPG Business:

- Each present member filled out updated W-9s, travel regulations, Emergency contacts, Membership Info, Dietary/Room Needs, and their travel reimbursements. Each member also received an updated membership list and a 2023 meeting schedule.

Ryan White Part B Services Overview/Discussion- Presented by Amanda Qadado

Overview:

VDH receives Ryan White Part B (RWPB) funding annually from the Health Resources and Services Administration (HRSA).

• Part B Program:

- The Virginia RWPB Program provides funding for HIV health care and support services for individuals who meet Virginia's RWB client eligibility criteria:
 - A major part of Virginia's Part B grant funding is for the AIDS Drug Assistance Program (ADAP) to provide medications for low-income, uninsured, or under-insured individuals with HIV/AIDS.
 - The remaining funds provide HIV care services with a focus to deliver core medical and support services.

• Minority AIDS Initiative (MAI) Funding:

- Links low-income, ethnic minority individuals with HIV/AIDS who are newly diagnosed, lost to care, or at risk of falling out of care to needed care and services.
- The primary goal of MAI services is to locate and link eligible individuals to HIV-related medication access programs such as VA MAP, Medicaid, etc.

- Funded in Eastern and Northern regions

Other funding streams:

• Pharmaceutical Rebates:

- VDH is able to earn rebates on ADAP medication purchases. These rebates can be applied to the RWHAP Part B Program with a priority, but not a requirement, that the rebates be placed back into ADAP.
- These rebates must be used for the purposes under the RWHAP Part B Program, which are limited to core medical services including ADAP, support services, clinical quality management, and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals with HIV.

• State Funds

- All persons receiving any RWHAP B service (including medications through VA MAP) must have their eligibility assessment completed by a funded RWHAP B provider
- Providers will conduct a full eligibility assessments every 24 months.
*(6-month assessments are no longer required)

Virginia's RWB client eligibility criteria:

- HIV diagnosis (only provided once)
- Virginia Resident
- Income: $\leq 500\%$ FPL
- Health insurance information to help determine eligibility and payor of last resort for some services
- Clients with Medicaid plans that provide HIV medications are not eligible for VA MAP services including health insurance coverage under the Affordable Care Act, but they may receive other RWHAP B services.

Ryan White Part B Provider Network:

- The VDH is the RWHAP B recipient for the Commonwealth of Virginia. HIV Care Services administers and monitors the RWHAP B program for VDH. HIV Care Services provides RWHAP B funding to 35 entities, including 19 CBOs or health centers and 6 local health districts that provide direct services to clients, 1 laboratory (LabCorp), 2 pharmacies that are medication pick-up sites, 2 agencies that assist clients with ACA enrollment and payment for premiums and medication co-pays, and 5 other agencies that support training, evaluation, reporting, and other RWHAP B grant requirements or activities in the Integrated HIV Prevention and Care Plan.

Amanda touched on several other aspect of the RWHAP B program such as the core medical services, support services, outpatient ambulatory health services, Oral health coverage, mental health, medical case management, non-medical case management, emergency financial assistance, food bank/housing assistance, medical transportation, and the current care services priorities.

RWHAP information/resources:

<https://ryanwhite.hrsa.gov/>

<https://www.vdh.virginia.gov/disease-prevention/vamap/>

VA MAP Medication Eligibility Call Center

1-855-362-0658

Amanda Qadado-HIV Services Coordinator

Amanda.Qadado@vdh.virginia.gov

Rivkah Meder-Lead HIV Services Coordinator

Rebecca.Meder@vdh.virginia.gov

- **Discussion around Services: Big Takeaways**
 - **Messaging and branding:**
 - Branding can be misleading/stigmatizing and is not always inclusive of all communities that may be affected. Often focuses on MSM and leaves out other communities such as Black Women, Transgender individuals, people who engage in sex work, etc.
 - Also need to figure out how to work with both internal and external partners, including pharmaceutical companies, to work on updating branding and messaging. Discussed how to get those voices to the table for these discussions.
 - **COVID**
 - People in rural areas are struggling with accessing services virtually. Many people said it's hard to access mental health services.
 - Some people are also experiencing Zoom fatigue and would like to return to in-person activities and meetings.
 - Some agencies reported clients are still reluctant to return to agency activities after restrictions have been lifted.
 - **Case Management Services:**
 - Clients are mentioning that they are having trouble accessing case management services and that they go can go up to 24 months without hearing from their case manager. Often the case manager only reaches out to get data or an update for reports.
 - Discussed how timeframes for case management assessments are different from eligibility assessment timeframes.
 - Accountability of both case managers and clients was a discussion. VDH provided some information on how VDH assesses case management services through Peer Review and Annual Site Visits. Also talked about Case Management Standards and how those were recently updated and will be shared with the case managers at the upcoming Case Management Summit.
 - Agency representatives mentioned how agencies are experiencing staff shortages which makes it difficult to serve their communities.

- More education is needed for clients when being diagnosed, specifically on the health system; health insurance, including how deductibles and co-pays work; and additional services that are available to them.
- There was a suggestion for a larger multi-day provider/consumer event. VDH mentioned that we have quarterly Quality Management meetings and a two-day annual Quality Management summit, both that involve consumers and providers.
- There was also mention that some agencies have hired people with lived experiences to make consumers more comfortable with seeking services, but then staff are not being allowed to access services at the agency they work where they work.

Virginia Medication Assistance Program (VA MAP) Overview- Kimberly Eley

Program Overview:

The Virginia Medication Assistance Program (VA MAP) provides access to life-saving medications for the treatment of HIV and related illnesses for eligible clients through the direct provision of medications or through assistance with insurance premiums and/or medication co-payments.

VA MAP Eligibility Requirements:

- Live in Virginia
- Have an individual or family income at or below 500% of the Federal Poverty Level
- Have documented HIV diagnosis
- Not have Medicaid
- Not have any other payer source for medications

Application Process – Unified Eligibility (UE):

- Paper applications no longer accepted to apply for any Virginia Ryan White HIV/AIDS Program Part B (RWHAP B) Services, including medication access (VA MAP).
- Application (assessment) must be completed in the new client level data system, Provide Enterprise.
- Provide can only be accessed by RWHAP B agencies/partner sites.
 - [Resource Connections - Ryan White Part B Eligibility](#) – lists the sites.
- Eligibility is determined by RWHAP B contracted agencies/partner sites.
- A complete eligibility assessment is required every 24 months.
- Recertifications every 6 months are no longer required.
- Any changes with the client during the 24-month eligibility period, i.e., income, insurance, address, etc., require an update to the client profile in the Provide system.
- Note: Any assessment processed from September 2021 and forward counted towards UE and began the 24-month counter.

VA MAP Service Options:

- Direct MAP – Direct Medication Assistance Program
 - No insurance
 - Fills through DPS, VCU, Alexandria, or Fairfax
 - Shipped to and picked-up at LHDs or medication access sites; some ship to home
- ICAP – Insurance Continuation Assistance Program

- Employer insurance
- Supplemental PBM/Ramsell card
- Fill and pick-up at retail pharmacies or mail order
- HIMAP – Health Insurance Marketplace Assistance Program
 - ACA insurance
 - Supplemental PBM/Ramsell card
 - Fill and pick-up at retail pharmacies or mail order
 - Premium assistance
- MPAP – Medicare Prescription Assistance Program
 - Medicare insurance
 - Supplemental PBM/Ramsell card
 - Fill and pick-up at retail pharmacies or mail order
 - Premium assistance

Benalytics- Insurance Benefits Manager (IBM):

- Assist eligible clients with enrollment into health insurance plans (ACA, Medicare, and Medicaid)
- Established a VDH-specific website, <https://myvamap.com/>
- VDH-dedicated toll-free phone line, 855-483-4647
- Pays the insurance premiums on behalf of VDH
- Partner with VDH since 2016.

Ramsell- Pharmacy Benefits Manager (PBM):

- Assist insured clients with paying cost shares (copays, deductible, coinsurance) on medications after the primary insurance has paid
- Provides prescription card to qualified clients (sent by mail)

General Information:

- Clients with ACA and Medicare must update their insurance information annually with Benalytics during open enrollment
- Premium assistance and cost-sharing assistance are suspended until insurance information is received
- ACA family plan policies must only have approved clients on the plan.

ADAP/VA MAP Formulary:

- Lists medications covered/available through VA MAP
- Includes medications to treat HIV/AIDS and other HIV-related treatments
- Includes some vaccines
- ADAP Advisory Committee (AAC) assists VDH in reviewing the formulary – makes suggestions for additions, removals, or other updates

Ryan White Part B Formulary:

- Medications that may be beneficial for clients but are not on the VA MAP formulary
- Committee reviews the formulary for additions and removals
- DPS, VCU, Alexandria, and Fairfax pharmacies are not access points for these medications

- Subrecipients can pay for these medications for clients and seek reimbursement through the monthly invoicing process
- Policy on the website regarding Ryan White Part B formulary (www.vdh.virginia.gov/disease-prevention/formulary/)

Helpful Information:

- VA MAP Eligibility & Medication Call Center: 855-362-0658
- Benalytics: 855-483-4647 (dedicated VDH phone line)
- Ramsell: 888-311-7632 (customer service help desk)
- VA MAP website: www.vdh.virginia.gov/disease-prevention/vamap/

Interactive Energizer: Design a CHPG logo

- The group was broken up into four groups where they worked together to create a CHPG logo and presented the meaning behind their design and colors.
- The board will take all the ideas back to deliberate and vote on a log to present at the next meeting in April.

Capital Area Health Network (CAHN)- Carnelle Adkins and Phyllis Mann

Capital Area Health Network (CAHN) is a non-profit organization that has served the healthcare needs of the residents in Metropolitan Richmond for more than 20 years. Beginning with Vernon J. Harris East End Community Center, located in historic Church Hill of Richmond, it has grown to include six medical centers strategically placed for patient convenience, one dental center, and a mobile health unit, which they frequently use to service school-age patients.

The goal is to eliminate health disparities and improve the quality of life for all individuals which, in return, has enabled CAHN to be the heart of the community.

History of the Wellness Center:

The Wellness Center has been providing comprehensive HIV/AIDS care to the Richmond community since 2001. The Wellness Center receives federal dollars as a subrecipient of Ryan White Part B funding through the VDH. The program is focused on providing care for adult individuals with HIV/AIDS. The program will provide care regardless of medical insurance status.

Wellness Ryan White Services:

- HIV Medical Care
 - Rapid start
 - Lost to care
 - PrEP (Non part B services)
- Dental Services
- Mental Health Services
- Substance Abuse Counseling
- Educational Information
- Case Management Services
 - Eligibility Determination

- Assistance with VA MAP enrollment
- Assistance with referral for Insurance enrollment
- Vision Care Assistance (Glasses)
- Transportation (HIV related)
- Cost sharing (Labs)
- Food assistance
- Emergency Financial Assistance (EFA)
 - Rental Assistance
 - Utilities Bill Assistance
- Psychological Support / Client Involvement
 - Support Groups
 - Wellness Patient Retreat
 - VACAC – Virginia Consumer Advisory Committee
 - QMAC – Quality Management Advisory Committee
- Positive Links Program
 - Helps stabilize communication with client and provider
 - Self-monitoring tool
 - 100 clients actively enrolled in PL
 - One of the highest performing agencies w/PL Program in Virginia

UVA Positive Links Presentation- Ben Elliott and Ava Lena Waldman

The PositiveLinks platform (PL) is a complete integrated solution comprising the smartphone app (for iOS and Android), HIPAA-compliant secure messaging, patient dashboards, and administrative portals that can be linked to patient lab records. The PL platform has been tested and shown positive outcomes with a diverse community of members across age, ethnicity, sex, gender identity, HIV risk factors, education, and employment levels.

PositiveLinks is built on an approach called *warm technology* that uses the power and reach of communication technology and keeps the focus firmly on human connection and support. Warm technology enables PL to provide holistic support to a private and protected intentional community, tailored to its members. Rather than replacing more intimate forms of communication, PL increases the connection among community members, and between members and their care providers, in a cost-effective way.

mHealth can facilitate interventions addressing one or more challenges to living well with HIV when and where clients want and need it, such as these barriers to HIV care:

- Stigma
- Transportation
- Poverty
- Isolation
- Substance use
- Mental Health challenges
- Housing
- Structural

The basic platform configuration is as follows:

- Members (People living with HIV)- Mobil app
- Providers (doctors, mental health providers, case managers, social workers, community health workers, and other staff)- Mobile app and Online portal
- Administrators (PL Coordinator and Site PL Admin)- Mobile app and online portal.

The app has many different features such as: Home, Community, Contacts, Labs, Questions, Profile, How am I?, Appointments, Documents, Messages, Resources, and Telehealth. It also has a feature of self-monitoring check-ins that allow someone to track if they have taken their medication that day, how they are feeling, and their current stress level.

The platform is also equipped with the best of the best security. The only way to even get an account is by an invitation-only access setup, usually set up by your provider. Everything is password protected and there is a biometric sign-in option. There are also features like automatic sign-outs for those who leave the app for a certain amount of time, required anonymity on the secured community board, and there is never any personally identifying information stored within the app.

Phone Access and Retention in Care:

Recent literature underscores importance of access to consistent communication.

Those who experienced a change in phone number during the past year were significantly more likely to be lost to care.

Endorsements:

- CDC Compendium of Evidence-Based Interventions: Linkage to, Retention in and Re-engagement in HIV Care
- NASTAD Center for Innovation and Engagement Interventions
- HRSA TargetHIV.org Ryan White HIV/AIDS Program Best Practices Compilation

PL Deployment Model: Virginia

- Virginia Department of Health (VDH) funds subrecipients to implement PL
- Organization requests funding to implement PL
- Funding covers phones, monthly phone credits, accessories, and staffing for each deployment
- Each deployment is its own separate instance. Can include multiple cohorts
- VDH funds University of Virginia to provide implementation, training, and technical support to organizations implementing PL
- *Any* patient/client whose Ryan White eligibility is up to date, is eligible to enroll in PL and receive phone and monthly phone credits

PL Implementation Process:

- Establish weekly check-in call schedule with UVA State-wide Ops team
- Make determination about providing incentives
- Define Member eligibility criteria and enrollment target
- Identify Provider types to participate in PL
- Information Security and Privacy & Compliance reviews
- Hire/identify PL Coordinator
- Develop pre-launch recruitment and phased recruitment plan
- PL Live Guided Training
- PL LMS Certification Program

- Curate cohort-specific content for portal
- Launch PL
- Ongoing check-ins with UVA at regular intervals

Engagement and Maintenance Strategies for PL:

- Member enrollment and account management
- Provider account management and training
- Monitors the community message board and all cohort messages
- Monitors weekly Member and Provider utilization of the platform
- Conduct engagement and retention follow-up with Members with no usage for one week/two weeks/four weeks/ 12 weeks
- Maintains Resources and Questions with accurate timely information
- Creates Weekly Quiz for Members
- Provides technical support to Members and Providers
- Document any technical issues related to PL, and communicate with the UVA State-wide Operations team for troubleshooting

Key Strengths of PL:

- **For Members:**
 - Curated content is relevant and responsive to their needs and interests
 - Access to support through Community and clinical staff
 - Feels personal and familiar to members given existing relationships with a care team
- **For Organizations:**
 - Addresses existing and responsive to changing clinic needs
 - User roles and permissions can be customized
 - Monitoring reporting tools can be tailored

Break

UVA Positive Links Discussion/Q&A:

- One member asked about the active/non-active numbers and what makes one such.
 - Ben answered, Active members are members who have done a check-in within the last 6 months.
 - Many people may still be using it for the messaging component or to track their appointments but if they have not done an actual check-in in the past 6 months then they are considered non-active.
- Another member asked if there were a graduation measure/people aging out of using PL.
 - It was stated that, after users got established with using their meds, people's usage changed over time, but that the PL team needs to look further to figure out the reasons for people who stop using the app.

Open Discussion:

- There was a follow up question about Ramsell cards and whether there is a follow up with the patients after they are mailed out or are virtual cards available.
 - One member states that people are probably turned away at normal retail pharmacies if they don't have the actual card.
 - Cards are mailed by the vendor on a weekly basis.
 - They can get replacement cards; if they need it before they get it, then they can get a printout from VMAP.

- Ashley stated there are some left-over funds from the HRSA funds VDH receives. If VDH doesn't spend down the reward, then it can be carried over.

- Asking providers, what are ways we can expand programs or services to spend down this money? Below are some of the ideas mentioned:
 - Put some money towards client career/hobby building (art, technology, design to improve their generational wealth)
 - Events for consumers and sponsors (like 3P)
 - Retreats to get people back together
 - VA Housing authority- use some of the money for housing for HIV-positive folks
 - Computer classes for those who are not tech savvy (computers and phones)
 - Mind Body and Soul
 - 3-day statewide retreat/meeting with breakout sessions with multiple states in attendance to collaborate
 - Focusing on the most marginalized of the marginalized and reaching the communities that have not been reached before
 - Work force/Retention

Meeting Wrap up Evaluation

Adjourn: NEXT MEETING: Friday, April 14, 2023