

Virginia Community HIV Planning Group
Call Summary
February 25, 2021

Members Present: Yolanda Alexander, Darryl Cannady, Doug Fogal, Beverly Franklin, Rodney Lewis, Daniel Lopez, Joseph Lyttle, Elaine Martin (VDH Co-Chair), Shannon Meade, Anjeni' Moore, Clay Porter, David Pintor, Bryan Price, Alexandria Robinson, Robert Rodney, Thomas Rodriguez-Schucker, Nechelle Terrell (Community Co-Chair), Thomas Villa, Kysha Washington,

Absent: Maria Altonen, Keith Arendall, Antonia Bowman, Gennaro Brooks, Robert Cheek, Victor Claros, Anthony Hayden, Bobby Jones, Russell Jones, Gia Martinez, Darryl Payne, Doris Plant-Hill, Anthony Seymore, Jennifer Shiflett,

Others present: Kristen Donovan, Ashley Yocum, Sadie Adkins, Christina Martone, Garrett Shields, Eric Mayes, Jenny Calhoun, Tinika McIntosh-Amouzouvi, Oana Vasiliu, Rachel Stallings, Christian Carr, Deryk Jackson (Norfolk TGA Planning Council), Vanessa Slaughter, Scott Thompson, Maureen Nevins, Tim Agar, Rick Felder (Merck)

Greetings and Introductions – Elaine Martin

- Introductions
- Approved January minutes- Approved VIA email

Old and New Business-Elaine Martin

- General Assembly
 - Senate Bill 1138 passed the senate with minor amendments. The house removed all specific references to HIV, but they amended the bill to put the felony back into the code before they passed the bill. The senate rejected the house amendments. If you would like to follow the bill, [you can find the history here.](#)
- Proposed remote CHPG dates (as needed)
 - While we are hopeful to start meeting in person later this year, the timing is uncertain. We have added potential monthly meeting dates through 2021 that we will use until we are able to meet in person. Please let us know if any of these dates have potential conflicts:
 - March 19 (Fri)
 - April 16 (Fri)
 - **May 20 (Thurs) (New Date)**
 - June 18 (Fri)
 - **July 15, (Fri) (New Date)**
 - August 12 (Thurs)
 - **September 17 (Fri) (New Date)**
 - October 15 (Fri) (Virtual Retreat)
 - **November 18 (Thurs) (New Date)**
 - December 9 (Thurs)
- Recruiting materials
 - CHPG will be recruiting as usual this year, and plan to select new members in June/July and orient them in October. Since there are not many opportunities

these days to hand out flyers, we invite you to copy and paste the text below into an email for someone you'd like to recruit. You're also welcome to send it to list-servs, etc:

▪ **Virginia Community HIV Planning Group is recruiting!**

- The Virginia Community HIV Planning Group (CHPG) is made of persons who are of the community and serve the community. They work to develop a broad HIV prevention and care plan for Virginia. HIV planning is an important process in which service providers work with the community and key stakeholders to enhance access to HIV services for the highest affected populations. Normally, the group meets 6 times per year on a Thursday or Friday from 9-4. During the COVID-19 pandemic, the group meets monthly on a Thursday or Friday from 9-11 AM via teleconference. [Find the 2021 schedule here](#). This is a statewide committee, so when the group meets in person, members from outside Richmond drive in the day before the meeting and receive lodging and reimbursement for meals and travel.
- The committee seeks to reflect the demographics of the HIV epidemic in Virginia, so we encourage applicants who can represent populations disproportionately impacted by HIV to best address health disparities. If you would like to apply, or refer someone to apply, you'll find the online application here: <https://redcap.vdh.virginia.gov/redcap/surveys/?s=KHAACP8M4F>
- For more information about CHPG, contact Kristen Donovan at kristen.donovan@vdh.virginia.gov or look over their webpage: <http://www.vdh.virginia.gov/disease-prevention/get-involved/>

Prevention and Care Updates

• **Prevention:**

- HIV and Hepatitis Prevention is working with the Department of Medical Assistance Services (DMAS) to transfer grant funds from a DMAS opioid grant to enhance telemedicine capabilities at comprehensive harm reduction sites. This will allow sites to offer medication assisted therapy along with other CHR services.
- HHP is collaborating with community partners across the state to offer its Mind, Body, Soul conference for gay men as a monthly webinar series during the pandemic. For more information, please contact Jason Watler at Jason.Watler@vdh.virginia.gov.
- Please join me in congratulating **Felencia McGee** on her promotion to Director of HIV and Hepatitis Prevention (HHP). Felencia holds a Bachelor's degree in Community Health Education, a Master's degree in Health Promotion and a PhD in Health Administration. She has over 15 year of public health experience including 10 years with VDH. She started her DDP journey as a wage employee on the Syphilis Reactor Desk and moved on to serving as an Epidemiology Consultant in HIV Surveillance, Contract Administrator and Clinical HIV Testing

Program Coordinator in HHP, and her most recent position of Health Promotion Coordinator for STD Prevention and Surveillance (SPS). Felencia led DDP efforts to implement 3rd party billing for HIV and STD services in local health department clinics, and was a key contributor to Community Health Services' STD Clinical Efficiency Work Group. She has been active in the VDH COVID response, serving as part of the Health Information team, writing FAQs and managing COVID web pages. Her experience working in multiple DDP units will be a great asset as we strive to reduce silos and better coordinate our programs. Thank you to **Bryan Price** for serving on the interview panel. **Elaine Martin** will continue to serve as the health department co-chair to the CHPG.

- **Care:**
 - VA MAP Updates
 - **2021 Special Enrollment Period (SEP)**
 - Beginning February 15, 2021 a new SEP will be available to all Marketplace-eligible consumers who are uninsured or underinsured. This SEP period will continue through May 15, 2021. During this time eligible Virginia Medication Assistance Program (VA MAP) clients may be able to enroll into an insurance plan through the Marketplace. VA MAP has identified clients within its records that may be eligible for this SEP. **VA MAP's contracted insurance enrollment assister, Benalytics, will complete all Marketplace enrollments during this SEP and will continue to enroll eligible clients into Medicaid.** Please see the additional information below.
 - **What should clients do to complete an application with the Marketplace or Medicaid?**
 - Contact Benalytics Consulting directly at 1-855-483-4647.
 - Benalytics' hours of operation are:
 - Monday, Wednesday, Friday – 9 a.m. to 5 p.m.
 - Tuesday, Thursday – 8 a.m. to 7 p.m.
 - Saturdays – 9 a.m. to 5 p.m. (in addition to the above hours, Benalytics staff will be available during these times to assist clients from April 15 – May 15)
 - **What should clients have available when completing the application process?**
 - Clients should refer to the application checklist provided by [healthcare.gov \(https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/\)](https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/) if they believe they are eligible for a Marketplace plan. Benalytics can help clients determine if they are eligible for insurance and help them enroll.
 - Clients eligible for Medicaid should refer to the application checklist provided by [coverva.org \(https://coverva.org/apply/\)](https://coverva.org/apply/). Benalytics can help them determine eligibility and help them enroll.
 - Having the required information available while completing the application will help it go smoothly and ensure clients complete the application in one session.

- VA MAP requires proof of current income (within the last 30 days) be submitted when completing the enrollment process for Marketplace coverage. This is important because it helps determine which type of insurance coverage a client is eligible for and helps determine if the client will receive tax credits, which affect the monthly premium amount. Benalytics cannot complete the enrollment process without this information.
- Clients who recently received denials from Medicaid must submit those Medicaid denial letters in order to enroll in a Marketplace plan.
- **How will VA MAP communicate with clients and community partners about this SEP?**
 - Benalytics is mailing letters to all eligible clients that VA MAP identified for this special enrollment with the Marketplace and to those eligible for Medicaid enrollment. The letter advises clients how to contact Benalytics to complete the enrollment process. VA MAP is targeting February 19, 2021 to start the mailings.
 - VA MAP is also partnering with the VACAC on consumer education about open enrollment steps and the importance of having insurance.
 - Look for information on this SEP on the VA MAP website. Community partners should check the website for updates throughout the enrollment period. Information on this enrollment period will also be shared at all HIV Care Services (HCS) meetings and events in the upcoming months (i.e., Quarterly Contractors' Meeting, Case Management Summit, Quality Management Summit, etc.).
- **How can a provider obtain a list of its clients that have been identified as eligible for this Marketplace SEP or for Medicaid enrollment and receive updates on their enrollment status?**
 - The provider must submit a client list to VA MAP (Excel spreadsheet only for data imports and exports). VA MAP will do an initial match of the provider list to the master client list generated by VDH. Afterwards, VA MAP will submit individual agency enrollment updates every two (2) weeks using a specific Excel template created by VA MAP (see attachment). All file exchanges must occur through the secured portals.
 - A small number of providers participated in a regular file exchange process with VA MAP during the previous open enrollment period. To reduce the number of duplicate calls from providers coming through the medication access hotline, VA MAP is requiring that all providers participate in this file exchange for enrollment. The initial client file from the provider should be uploaded to the secured portals by Friday, February 19, 2021.
- **How can clients access medications while the Marketplace or Medicaid application is being completed?**

- Currently enrolled, active clients can access medications through Direct MAP until the application process is completed. The client's provider should follow the standard process of sending prescriptions to the dispensing pharmacy (i.e., Central Pharmacy, Alexandria HD Pharmacy, and Fairfax HD Pharmacy).
- **SFTP Folders**
 - Sub-recipients need to use their SFTP folders to send documents to VA MAP (new applications, re-certifications, supporting documents, etc...).
 - Exchanging Medicaid-eligible client data with subrecipients to identify and assist eligible clients with enrollment into Medicaid. This effort is necessary to ensure the program is meeting the payer of last resort requirement under the RW grant.
 - Use of these folders will also be critical as the 2021 open enrollment season begins for Medicare and ACA. There will be specific instructions shared later this month regarding what documents will be required and how to submit those documents to ensure they are forwarded to the appropriate staff for processing.
- **HIPPA 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 fax, please inform VDH know 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.
- CM Summit is scheduled for March 4-5 (Virtual)

TGA, EMA and Regional Updates-Regional Reps

- COHAH - Doug Fogal
 - Committee Reports
 - Community Education and Engagement Committee (CEEC)
 - Did not meet in December 2020
 - Research and Evaluation Committee (REC)
 - Did not meet in December 2020
 - Comprehensive Planning Committee (CPC)
 - Have settled on the dates for the PSRA meetings. Virginia and Maryland will meet on January 11, 2021, DC will meet on January 12, 2021.
 - The EMA Wide Roll-up will take place on January 28, 2021 during the General Body Meeting.
 - Integrated Strategies Committee (ISC)

- They continue to work on the Immigration position paper in collaboration with the consultants from GWU (George Washington University). They expect to be ready for COHAH body members to view by January COHAH meeting.
 - They have also started working on the Child Care standard. Currently Maryland does not fund that services. Virginia only funds to one provider although the utilization is low, it could be an unmet needs area that could keep an eye on.
- EMA Priority Setting and Resource Allocations (PSRA) for GY31/FY21 was held on 1/28/2021.
 - Jason Edmonds from DC Health report on GY30/FY20 spending
 - We reviewed the GY30/FY20 PSRA data
 - It was voted on to make no changes to the PSRA from last year.
- Other business reporting
 - Coordination of Services and funding Streams
 - Naomi Seiler of GWU gave a presentation for Prevention and Care Services in the EMA
 - Noted that the Medicaid information was from a couple of years. Noted that the information is just a snapshot of the information across categories and timeframes. It was noted that the information is always several years behind in the data.
- The Community Chair will be stepping down and the Community Co-Chair will move up into the Chair position. Nominations to be submitted and the Nominees will give a short speech at the February 25, 2021 meeting and the Body will vote on replacement for Community Co-Chair.
- Also there is submission of nominations for At-Large Executive Operations Committee Member.
- Next meeting will be February 25, 2021 from 6pm to 8pm.
- Norfolk TGA - Thomas Rodriguez-Schucker
 - **Community Access Committee:**
 - The community access committee postponed the Statewide Consumer Retreat until October due to the uncertainty of the pandemic. The committee is currently working on a consumer satisfaction survey to address any needs or services that have been impacted during COVID-19. A pharmaceutical representative attended the last committee meeting and provided information to be dispersed among consumers regarding HIV medications.
 - **Quality Improvement & Strategic Committee:**
 - The committee has started reviewing and beginning planning for the Triennial Needs Assessment for the Norfolk TGA.
 - **Membership & Nominations Committee**
 - To adjust to the virtual meeting space, the committee has come up with ways to reach more individuals interested in becoming a

Planning Council member. The committee has agreed to move the application online to a fillable form in a survey format. This allows individuals to efficiently fill out the form from a computer, laptop, tablet, or smartphone if they do not have the capabilities to print and fill a paper copy. The committee is also looking to expand and gain more of its community members from the whole TGA and is working on two letters. One letter is to go out to the subrecipients to identify any unaligned consumers who may be interested. The other letter is to go out to health departments in the other 14 Cities/Counties to inform folks of Ryan White services, and to invite them to the Planning Council.

▪ **Part C Update**

- The following is a summary report of Ryan White Part C, EIS activities from October 1, 2020 thru January 28, 2021 along with general award information.
 - The Part C resident geographical area covers patients residing in the following areas:
 - Norfolk TGA
 - State of Virginia, and
 - North Carolina, inside and outside of Currituck County
 - The award performance period is May 1 through April 30.
 - Costs not covered by Parts A and B
 - Parts A and B claims paid after those grants closed but before the Part C closes. Mental Health and other cost shares are examples.
 - Costs for TGA patients not covered by Part A due to limited TGA funding
 - Costs for oral health provided non-TGA providers
 - Costs for rare other services needed by not covered by Parts A or B. An example is transportation or food assistance for a North Carolina patient that resides outside of the TGA.
 - The below data covers patients during the period between October 2020 through January 28, 2021, May 1 through September 30, 2020 and May through April 2020

Service	10/2020 through 1/28/2021	5/2020 through 9/2020	5/2019 through 4/2020
Non-MCM	172	180	263
Food Bank	0	0	1
HIPCSA	21	23	127
Oral Health	24	18	60
Office Visits/Labs	33	59	125
Medical Transportation	0	0	1
Total Unduplicated Patients	213	241	385

- VACAC - Doris Plant-hill
 - No update provided
- Southwest Region - Bobby Jones
 - No update provided
- Northwest Region - Darryl Payne
 - No update provided
- Eastern Region - Gennaro Brooks
 - No update provided
- Northern - Nechelle Terrell
 - Impacto LGBT- received a Community Action Award (grant) from the Greater Washington Community Foundation that they will use to provide two retreats for gay/MSM Latinx men living with HIV. They are aiming for late spring and fall, conditions permitting, to offer these events as an introduction/orientation for new members of the group.
- Central - Rob Rodney
 - No update provided

Cabenuva Update

- See presentation

Cluster Detection and Response

Small Group Discussion

Small Group Reporting and Discussion

- Benefits of CDR vs. traditional efforts:
 - Help get people into care quicker
 - Provides early warning of new/unexpected transmission routes
 - Enables focusing of prevention services to highest need and greatest potential impact
 - Facilitates rapid intervention (prevention, linkage to care, re-engage in care, etc.)
 - Opportunity to partner with STI prevention services to offer whole-person care
- Any changes to the CDR process and procedure:
 - Identify risk factors when identifying clusters
 - Having a DIS come to someone's home could be off putting
- Questions regarding the CDR process
 - Have we considered how to assess performance interventions by DIS, e.g., outreach directly to PLWH v. working through the person's care provider?

- If not is too small for such analysis, might we collaborate with DC and Maryland to analyze regional results to provide early insights?
- Any other organizations that should engaged in CDR work:
 - VACAC – benefit from having the presentation and getting their feedback
 - Any provider – Healthcare or prevention
 - Alexandria commission on HIV/AIDS – presentation to them
 - Case managers – present during one of their monthly meetings
 - Engage local CBOs to conduct outreach/community education/testing where clusters detected
 - Patient navigators
- Aspects of CDR are concerning? How can we alleviate?
 - Privacy/perception of privacy being invaded
 - Anything to alleviate those fears
 - Pre-education to help alleviate stigma by community organization
 - Lack of public awareness re. HIV surveillance and data collection
 - Lack of Informed Consent for molecular analysis and CDR
 - Potential legal risk to individual PLWH. Are we creating a new version of HIV criminalization with disparate impact on vulnerable communities?
 - For all these reasons, CDR may exacerbate medical mistrust. We must avoid.
 - CDR will have disparate impact on specific groups, esp. young, gay Black men and transgender women. We must engage and work with these stakeholders (perhaps thru CBOs) to understand and address their concerns.
 - What is the long-term efficacy of CDR (costs v. benefits)?
 - Terminology: CDR is used to track the virus, not individuals/persons. (While person-centered language is generally the norm for healthcare, in the case of CDR we want to use language intentionally to maintain separation between the virus/testing and the individual persons living with HIV.)

Adjourn- 11:00

Next meeting – To be determined.

- **Upcoming Topics**
 - Northern Virginia Trans Women research
 - New STI National Strategic Plan
 - New Hepatitis National Strategic Plan