

**Virginia Community HIV Planning Group**  
**Call Summary**  
**April 16, 2021**

**Members Present:** Maria Altonen, Robert Cheek, Doug Fogal, Beverly Franklin (late), Bobby Jones, Russell Jones, Rodney Lewis, Daniel Lopez, Joseph Lyttle, Elaine Martin (VDH Co-Chair), Shannon Meade, Anjeni' Moore, David Pintor, Doris Plant-Hill (late), Clay Porter, Bryan Price, Alexandria Robinson, Thomas Rodriguez-Schucker, Nechelle Terrell (Community Co-Chair), Thomas Villa, Kysha Washington,

**Absent:** Yolanda Alexander, Keith Arendall, Antonia Bowman, Gennaro Brooks, Darryl Cannady, Victor Claros, Anthony Hayden, Gia Martinez, Darryl Payne, Robert Rodney, Jennifer Shiflett

**Others present:** Kristen Donovan, Ashley Yocum, Sadie Adkins, Oana Vasiliu, Cameron Rose, Felencia McGee, Scott Thompson, Rick Felder, Maureen Nieves, Tim Agar, Medaris Banks, Unsar, Christian Martone, Kate Masters, Robyn Wilson, Tinika, Deryk Jackson, Harmond, Heather Bronson, Dwigt Rackley, Ishmael Koroma, Nene Michelle Bundu , Rachel Stallings

**Greetings and Introductions – Elaine Martin**

- Attendance
- Approved March minutes- Approved VIA email

**Old and New Business-Elaine Martin**

**Prevention and Care Updates**

- **Prevention:**
  - **Ryland Roane Fellowship Program**
    - The application period is now open for the Ryland Roane Fellowship Program. This year, applications will be accepted online through RedCap instead of by mail or email. Interested applicants can go to <https://redcap.link/RRRfellowship2021> to learn more about the fellowship and to apply. The deadline is July 1. The Ryland Roane Fellowship program as created to support individuals interested in pursuing a career in public health focused on improving health outcomes for people with HIV and Black gay and bisexual men.
  - **Mind, Body and Soul**
    - This month's Mind, Body, and Soul event is a panel discussion via Zoom on living with HIV, co-hosted by Minority Health Consortium. If you would like to attend, contact Jason Watler at [jason.watler@vdh.virginia.gov](mailto:jason.watler@vdh.virginia.gov).
  - **Medicaid Update**
    - DDP's is working with the Department of Medical Assistance Services to increase access to medication assisted treatment, hepatitis C treatment, and HIV treatment via telemedicine for people who use drugs and to enroll participants in Medicaid. This “one stop shop” approach allows

comprehensive harm reduction (CHR) program participants to receive care in a trusted environment without additional travel burdens. The partnership will assist some of the VDH funded CHR sites in setting up telehealth, enrolling clients in Medicaid, and, in the future, billing Medicaid for certain aspects of the telehealth services.

- **CHR update**
  - The Chris Atwood Foundation in Northern Virginia was recently authorized as a comprehensive harm reduction site. Virginia now has six authorized sites: three in the Southwest and one each in Northwest, Central and Northern Virginia.
- **Care:**
  - VA MAP Updates
    - **2021 Special Enrollment Period (SEP)**
      - The deadline for the SEP has been extended to through August 15, 2021. This SEP period will be available to all Marketplace-eligible consumers who are uninsured or underinsured. 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 collaborating 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.
- **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 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.

### **TGA, EMA and Regional Updates-Regional Reps**

- COHAH - Doug Fogal
  - Recipient Report (HAHSTA)
    - There is no challenges for Service Delivery
    - GY 30 Closeout: The Recipient and the team are working to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to COVID-19 pandemic. They do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty
  - Presentations
    - Presentation on Rapid ART from Adam Visconti MD, MPH, Chief Medical Officer and Jason Beverly Supervisory Nurse Practitioner from DC Health. They demonstrated the project that is underway at DC Health

and Wellness Center. The COHAH had previously provided start-up funds for this project.

- Note:
  - When COVID hit the first 760 cases in DC they were referred to the clinic.
  - The RAPID ART started in January 2019
  - Anyone with a new HIV diagnosis is eligible. No limits on income or residency.
  - In 2019 they had 26 patients start on Rapid ART, in 2020 they had 77 patients to start.
  - Of the newly diagnosed patients, 65% were started on their first visit and 89% were started within the first 14 days of diagnosis.
  - On average patients were achieving Viral Suppression within 60 days.
  - Next steps for the program: They were able to hire a new ID Physician to expand HIV Care; They will add a new PrEP/ART Case Manager, and will expand their outreach by working with CBO's on a referral program and create a PEP Hotline.
  - Kimberly Scott (VDH) noted that the VDH borrowed the DC protocols and they are now opening six pilot sites. They are trying to make a collaborative comprehensive model. They are in Phase One of their pilot
- Committee Reports
  - Community Education and Engagement Committee (CEEC)
    - CEEC did not meet in February. They are putting together a “commercial” to advertise the CLS (Community Learning Service). They plan to have their session in April.
  - Research and Evaluation Committee (REC)
    - REC met in February and discussed obtaining information for the Needs Assessment from the DC Cohort. They finalized their concept sheet which will be submitted to the Cohort. They will also look at other Needs Assessments across the country.
  - Comprehensive Planning Committee (CPC)
    - The CPC planning to work on the Data Request and hope to submit it in April to the Recipient.
  - Integrated Strategies Committee (ISC)
    - They finalized the Immigration Paper. They reviewed the Health and Wellness standard as well as the Linguistics standards. They will review three other standards in March. They also had discussion around Child Care standards.
    - ISC hopes to have continued conversations around COVID vaccinations in an effort to lessen the medical mistrust that is prevalent amongst many communities in the EMA. Kimberly Scott noted that there is a new portal opened in Virginia ([vaccinate.virginia.gov](http://vaccinate.virginia.gov)). DC is rotating zip codes and there are opportunities to get vaccinated through their provider.
- COHAH Vice-Chair voting

- Jennifer Zoerkler has stepped down as Community Co-Chair in February 2021. Sarcia Adkins has stepped up to the Community Co-Chair and Bethelhem Mekonnen was voted in as the new Vice-Chair that Sarcia has vacated. An At-Large Executive Operations Committee Member was voted on and Melvin Cauthen was voted in to that position.
      - Other business reporting
        - It was announced that Ken Pettigrew has been chosen to be the next Government Co-Chair. He will become officially Government Co-Chair when he gets sworn in by the Mayor Bowser
  - Norfolk TGA - Thomas Rodriguez-Schucker
    - No updates provided
  - Southwest Region - Bobby Jones
    - No updates provided
  - Northwest Region - Darryl Payne
    - Mary Washington
      - The Mary Washington Wellness Program is seeing patients in person as well as in person via telehealth. There are no planned for the month of April but Mary Washington is working on an informative Facebook Posts through for STI Awareness Month. This will be on the Mary Washington Healthcare Page.
    - UVA
      - The Women's Group meets twice a month on April 6th at 6pm and on April 22<sup>nd</sup> at 9:30 am. UVA hosted a Nutritional and Mental Health Training on April 12th at 2pm it was also hosted by the VACAC and the Northwest Region Reps. Doris Plant-Hill, Vanessa Slaughter, Johnnie Falkins, and Darryl Payne. The new revamped CAB was held on April 14th at 5pm. The men's group has two meeting scheduled in April .On April 13th at 5pm as well as on April 27th at 5pm.On April 19th Positive Links will be hosting an online PL Family meeting. On April 26th UVA will be hosting its inaugural Book Club Meeting, and the first book be talked about is called My Pet View.
    - FAHASS
      - The CAB has planned this month a Virtual and Mindfulness Bingo Event. FAHASS is seeing consumers in person as well as telehealth .It is the same but now if are doing eligibility NMCM Is asking the consumers to come into the office. The Consumers are getting tired of Zoom Meetings and they miss in person meetings. As Covid-19 restrictions begin to be lifted, we are looking at doing more activities keeping the distancing in place. FAHASS Also following the guidelines set by the Governor.
  - Eastern Region - Gennaro Brooks
    - No updates provided
  - Northern - Nechelle Terrell
    - NOVASalud, Inc. (Gia Martinez)
      - We have Re-Opened on Mondays until 7pm including the VIP Services and Syphilis.
    - Impacto LGBT (Thomas Villa)

- Impacto continues to provide Spanish-language peer group support for gay men with HIV. The group meets twice monthly with 10-12 participants typically attending. Impacto looks forward to resumption of in-person monthly meetings and other activities later this spring in accordance with local health conditions, guidance from state and local officials, and availability of safe meeting spaces.
- Central - Rob Rodney
  - No updates provided

## **Sexually Transmitted Infection National Strategic Plan Small Group Reporting and Discussion**

### **Small Group Discussion report**

- **What did you find interesting or exciting about the National STI Strategic Plan?**
  - Normalizing testing
  - Increasing outreach
  - Normalizing sexual health conversation among the youth
  - Increase capacity of public health and healthcare delivery system with STI
  - It's proactive
  - Reducing STI related health disparities – expanding cultural competency in this area
  - Can help inform future work in Sexual and Domestic Violence
  - Follows same format as Strategic Plan for HIV which makes it easy to follow and understand
  - The focus on health disparities and priorities groups
  - Culturally-sensitive education
  - The opportunity to fight stigma
  - The focus on young MSM
  - Opportunity to coordinate HIV and STI plans
- **What were some of the objectives that would benefit both HIV and STI programs through integration?**
  - Goal 4 that addresses health disparities
  - STI AND HIV Strategic Plan and can push us towards making a greater impact– a “more than one way approach”
  - Utilizing PREP – side note: support for underinsured patients with finding coverage for PREP
  - STI screening services can be used to identify candidates for PrEP
  - Rebrand “STD” services (stigmatizing) as “sexual health” or “family planning” services
  - Integrate all prevention services: HIV, STI, viral hepatitis, substance use, unwanted pregnancy, mental health screening & referrals. Offer these comprehensive preventive and primary care services thru community health centers with services all in one place (convenient, efficient, well-coordinated care, reduces stigma)
  - Incorporate HIV and STI prevention into clinical practice: PCPs, school health, school physical exams, prenatal care, detention centers
  - Explore partnerships to work with Big Brothers, Big Sisters and similar mentorship organizations



- CDC and VDH could offer an online library of validated resources (curricula, videos, flyers, etc.) for use by school districts, churches, CBOs, parents, individuals
- **Are there parts of this plan you don't see potential for mutual benefit by integrating HIV and STD programs?**
  - Related thoughts:
    - Help with HIV prevention, but not other STIs
    - Much for funding for HIV compared to STIs
- **What barriers do you think might stand in the way of integrating Virginia's STD and HIV plan?**
  - Funding
  - Educate PCP for routine screenings for STIs with sexually active adults as well as educate about PREP
  - Insufficient funding for STI services with no new funding expected
  - Resistance from Department of Education and local school boards to provide comprehensive sexual health education
  - HPV vaccination is not currently recommended by the US Preventive Services Task Force and therefore may not be reimbursed by health insurers. The ability to increase HPV vaccine uptake is likely limited until federal partners secure USPSTF endorsement and reimbursement by health insurers, public and commercial.
- **Other Ideas**
  - Focus on local pharmacies versus national ones

**Adjourn- 11:00**

**Next meeting – May 20, 2021 9 AM-11 AM: Viral Hepatitis National Strategic Plan**

**Upcoming Topics**

- Cabenuva Update
- **Requested topics:**
  - Aging and HIV
  - Covid-19 Vaccine and PLWH
  - Treatment as Prevention
  - Grassroots organizing and community mobilizing around issues of prevention, stigma, and treatment to include Prep
  - VAMAP efforts towards digital records and electronic submission of applications/recertification
  - HIV Syndemic