

**Quarterly Contractor's Meeting**  
**August 9, 2016**  
**Virginia Housing Development Authority (VHDA)**  
**4224 Cox Rd., Glen Allen, VA**

**WELCOME & INTRODUCTIONS**

**HCS UPDATES – MARY BROWDER – LEAD HIV SERVICES COORDINATOR**

- E. Taylor Doctor & Ashley Yocum join HCS as new HIV Services Coordinators in August. ETaylor starts on August 10<sup>th</sup> and Ashley begins her tenure with HCS on August 25<sup>th</sup>.
- NASTAD (National Association of State and Territorial AIDS Directors) Technical Assistance meeting: July 26 – 29, 2016
  - The Office of National AIDS Policy recently released an updated “indicator supplement” to the National HIV/AIDS Strategy. They are developing indicators for PrEP, HIV stigma, and HIV among transgender persons.
  - HRSA is updating the National Monitoring Standards to reflect revised Ryan White service definitions.
  - Combining HIV and HCV testing could increase the number of people being tested for HIV.
  - In many states, health departments are collaborating with their counterparts in mental health and substance abuse services to leverage resources to address opioid addiction and treatment.
- HRSA provides Policy Clarification Notices (PCN) and Program Letters to its Ryan White recipients to help them implement and comply with the tenets of the Ryan White HIV/AIDS Treatment Act of 2009. PCN #16-02, “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds,” offers guidance on the allowable use of Ryan White funds and updates core medical and support services definitions. VDH is adopting the new definitions, which go into effect on Oct 1, 2016. Changes to the service categories include:
  - Removal of Treatment Adherence as a separate service category. Treatment adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category. Treatment adherence services provided during a Medical Case Management visit should be reported under the Medical Case Management service category.
  - Addition of “Other Professional Services” as a support service. This category allows “particular professions licensed and/or qualified to offer such services by local governing authorities” to provide professional or consultative legal services, permanency planning, and income tax preparation services to eligible clients. Ryan White must be payer of last resort.

- VDH is interested in expanding the number of subrecipients who offer Early Intervention Services (EIS). EIS, a core service, must include four components: 1) targeted HIV Testing, 2) referral services, 3) access and linkage to care and treatment services, and 4) outreach services and health education/risk reduction related to HIV diagnosis.
- VDH will make funding allocation decisions based on subrecipient performance throughout the grant year. VDH will assess a number of factors such as rate of spending, actual versus projected service deliverables, timeliness of reporting and invoicing, and compliance with contractual terms prior to initiating contract modifications or renewals.

## **ADAP/ACA UPDATES AND RECERTIFICATION – CARRIE RHODES – ACTING ASSISTANT DIRECTOR,**

### **MEDICATION ACCESS**

#### Enrollment Update:

- Total Enrolled in ADAP: 6,020
- Number enrolled in Direct ADAP: 1,564
- Number enrolled in MPAP: 557
- Number enrolled in ICAP; 491
- Number enrolled in ACA/HIMAP: 3,408

Formulary Update: Descovy (emtricitabine, tenofovir alafenamide) was added to the VA ADAP Formulary effective July 20, 2016.

Recertification reminder: VDH is required to recertify twice per year

Recertification reimbursement: In order to remain compliance with HRSA, VDH will incentivize reimburse contract sites for returning completed recertification documents for enrolled clients. These payments will be made until Dec 1<sup>st</sup>. Retroactive to April 1, 2016. There is no stipulation on how contractors can use the reimbursement, as long as it goes back to the RWP. \$20 per each self-attestation and \$40 for full recertification.

Updating E2Virginia

Survey monkey option to submit attestations – available in about 9 weeks

Hotline extended hours Mon and Wed until 6pm

#### Hep C/HIV treatment

- 60 clients have accessed Hep C treatment through ADAP. 35 completed treatment and 25 are undergoing treatment.

#### ACA enrollment

- 2017 open enrollment - Nov 1, 2016 - Jan 1, 2017

#### MPAP enrollment

- Oct 15, 2016 - Dec 7, 2016

- Medication Eligibility Hotline – 1-855-362-0658

## **VIRGINIA INTEGRATED CARE AND PREVENTION STRATEGIC PLAN – RENATE NNOKO, HIV CARE SERVICES PLANNER**

- Focus groups and surveys – identified lack of transportation and lack of providers in areas as barriers to care
- Latinos reported intimate partner violence and a lack of education about HIV as issues in accessing HIV care and treatment. They would like VDH providers to come into the community.
- Be more integrated to present findings of focus groups
- African Americans noted a need for more support services, housing, food assistance, and oral health care
- Providers thought the cultural competency training they received was inadequate or not sufficient; they need refresher courses and more robust training
- 123 providers responded to survey monkey

## **KATRINA FONTENLA – HIV CARE SERVICES COORDINATOR - HIV CARE SERVICES**

2016 Sub-recipient Guidelines are now available on the HCS webpage. A “Sub-recipients,” formerly known as a “subcontractor” has a direct contract with VDH. Sub-contractors are defined as an agency that has a contract with a subrecipient.

Each contract/MOA has a Summary Table of Document Deliverables to VDH. Items listed on this table are now overdue.

Quality Improvement Projects (QIPs) – The 1<sup>st</sup> quarterly QIP progress report was due on July 1<sup>st</sup>.

Please submit your monthly invoices and reports together

The Monthly progress report form is located on the VDH website.

HIV Care Services Service Unit Definitions update

- Effective 8/8/16, the service definitions for Outreach and Health Education/Risk Reduction changed.
  - Outreach – one 15 min outreach encounter = 1 unit
  - Health Education/Risk Reduction – one 15 min encounter = 1 unit

VDH Fee for Service Policy

- Outpatient ambulatory HIV medical care office visit reimbursement
- Reimbursement rates based on Virginia non-facility 2016 Medicare rates
- Allowable fee for service rate is associated with a code that has an established definition

Subrecipients must submit the following information for reimbursement:

- ✓ Provider information including provider name, address, phone number, and federal tax identification number
- ✓ Patient information including complete name, address, date of birth, and telephone number
- ✓ Patient Ryan White I.D. Number

- ✓ Date of Service
- ✓ Virginia Ryan White Fee-for-Service Code (CPT Code)
- ✓ Virginia Ryan White Fee-for-Service Reimbursement Rate requested

Subrecipient may submit a completed standard claim for CMS-1500 including the information above or in a format approved by VDH.

### Budget Reallocation Request

When to submit a Budget Reallocation Request?

- Unanticipated increase in cost for a service
- Identified gap (s) in service
- Overestimated need for service
- No later than 30 days prior to the end of the contract period

A revised reallocation table must be submitted with each budget reallocation request.

## **JERMAINE CONNOR – HIV CARE SERVICES GRANT MANAGER**

### FY 2015 Annual Progress Report Overview

Purpose:

- To showcase the progress made at the end of the reporting year
- To identify accomplishments and challenges in meeting established goals and objectives
- To help identify recipients needs for technical assistance
- To meeting the goals aligned with the National HIV/AIDS Strategy

To meet the goals aligned with the National HIV/AIDS Strategy

- Preventing new infections
- Increasing access to care and

Purpose:

- Address local needs through collaborative planning
- Reflect on our community's vision and values regarding how best to deliver HIV prevention and Care services

Outcome:

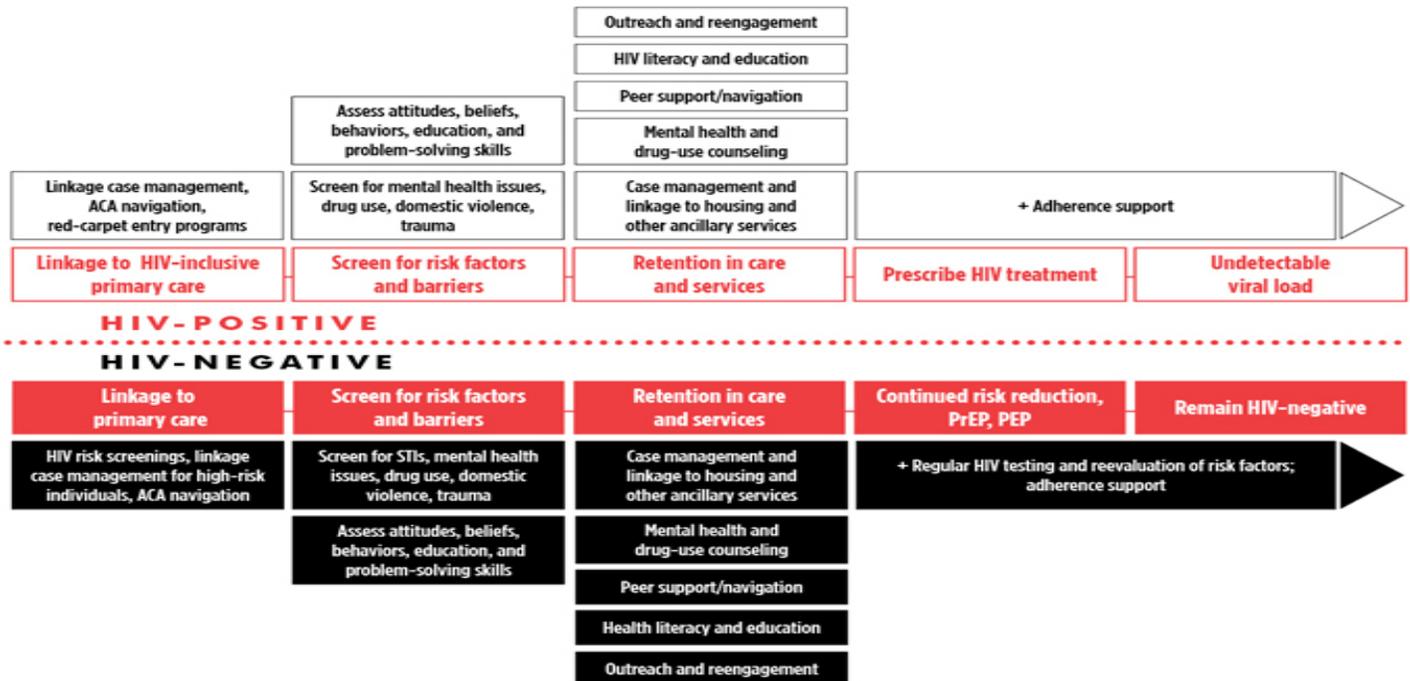
- Streamline our work across the Division of Disease Prevention and VDH
- Promotes coordination and collaboration
- Increase Quality Improvement efforts

### Met Measures

- **Mental Health Services**  
Goal: 70% Benchmark: 90%
- **Substance Abuse Services – Outpatient**  
Goal: 85% Benchmark: 90%
- **Medical Transportation Services**  
Goal: 85% Benchmark: 86%
- **Emergency Financial Assistance**  
Goal: 85% Benchmark: 90%
- **Health Education/Risk Reduction**  
Goal: 85% Benchmark: 86%
- **Food Bank/Home Delivered Meals**  
Goal: 85% Benchmark: 87%
- **ADAP**  
Goal: 80% Benchmark: 70%

### Unmet Measures

- **Outpatient/Ambulatory Services**  
Goal: 80% Benchmark: 77%
- **Oral Health Care**  
Goal: 90% Benchmark: 88%
- **Non-Medical Case Management** Goal: 85% Benchmark: 81%
- **Medical Case Management including treatment adherence**  
Goal: 90% Benchmark: 77%
- **Outreach Services**  
Goal: 85% Benchmark: 74%
- **Outreach**  
Goal: 90% Benchmark: 57%
- **Education**  
Goal: 90% Benchmark: 69%



- Maintaining and exceeding care retention and viral suppression goals
- Increasing Access and Improving Outcomes
- Assessments of Adherence
- Consistent Provider Visits
- Decreasing No Show Rates (\* May vary based on various contractors definition)
- Increasing ACA enrollment of eligible clients
- Improving accurate Data Sharing
- Increasing Client Referrals and Linkage to Care
- Increasing communication with pertinent stakeholders
- Reducing Health Disparities
- Counseling
- Expanding Outreach and HIV testing for those who engage in high-risk behavior
- Expanding service hours
- Designing and piloting programs that leverage use of social media and new technologies
- Adapting and scaling up successful programs and best practices
- Addressing service gaps
- Establish a culturally-diverse and competent HIV workforce at the central and local provider levels
- Increasing the Provision of Technical Assistance and Improving Quality Care
- HRSA>>>VDH
- VDH>>>>Sub-recipients

12 service categories – 6 categories measures were met and 6 categories were unmet

Outpatient and ambulatory – high enrollment in ACA

Missed appointments

Transportation issues

Medical case management – gaps in medical visits

Streamlining Health Care Systems

- Maintain and exceed care retention and viral suppression goals
- Increasing Access and Improving Outcomes
- Reducing Health Disparities
- Increasing the Provision of Technical Assistance and Improving Quality Care

### **MISC DISCUSSION**

- Telemedicine – Michelle - Leniwisko UVA started a telemedicine project. Launched in late June 2016. One client at the startup. Client and practitioner interaction went very well.
- Family planning services
- Advanced care
- Psychiatric care
- Hep C consults
- Through RW funding were able to obtain peripheral equipment.

- Clients out of care we hope to get enrolled.
- Telemedicine Service is not advertised to the general public. Referrals come from providers or people seeking care. No stigma.
- Next clinic – September 2016
- Language line services
- Southwest regions has received funding for telemedicine (USDA funding)

## **BREAKOUT SESSIONS - HUNTER ROBERTSON – VDH**

### A. VDH Housing Pilot Project

- What does the housing landscape for HIV-positive clients look like in your region currently?
- What do you feel is the optimal package of services (RW-funded and other sources or partnerships) to make housing successful?

### B. Centralizing Ryan White Eligibility

- Pros and Cons?
- What should be considered when merging ADAP and service agency eligibility systems?
- What are some of the agency needs if we centralize eligibility? (staffing, equipment, training, broadband connection, etc.)

### C. General Questions

- What are the recurring issues that need to be addressed in your region? How are you resolving identified issues at an agency level and with other agencies (Ryan White and non-Ryan White) in the region?
- What additional resources/assistance can VDH provide to help coordinate service delivery in your region?

## **2016 HCS SUBREPIENT GUIDELINES – FISCAL REQUIREMENTS OF YOUR RW PART B AWARD –**

Linda Adkins, HIV Care Services Medicaid Back Billing Supervisor and Donna Johnson, Fiscal Technician

- No longer accepting mailed or unsecured emailed invoices

### **Travel:**

- Documentation must be provided to show proof of payment of the travel reimbursement (a copy of the reimbursement voucher, itemized hotel bills obtained at the time of checkout, rental car receipts, meal receipts and gas receipts if applicable). If hotel rooms are obtained through internet providers (Priceline, Expedia, Orbitz, Travelocity, etc.) the traveler must submit a copy of the final page from the Internet site that shows total costs and confirmed services. Mileage may be reimbursed at the Commonwealth of Virginia rate which is 54.0 cents per mile (for first 15,000 miles) effective January 1, 2016 for business travel. An analysis must be conducted to determine the most cost effective mode of transportation (rental car or personal mileage) for each trip that exceeds 100 miles. The analysis must be submitted with the invoice. Receipts are required for parking and toll expenses that exceed \$20.00.

- The purpose of the trip must be documented on the travel voucher and clearly identify which portion of the travel is related to the RWB program. Any unusual charges on the travel voucher must be fully documented. The travel voucher must contain the number of miles traveled point to point. A MapQuest printout will be required if the miles requested for reimbursement exceed 100 miles per day.
- If reimbursement is requested for VDH pre-approved training or meeting attendance, an agenda must be submitted including information about any meals that were provided or included in the registration fee, the location and the purpose should be clearly documented.
- Taxi fare for staff travel will not be reimbursed except for some situations concerning out of town travel (such as travel from an airport to a hotel). Justification for use of taxis out of town must be submitted with your invoice.
- If business is conducted over a meal, the subrecipient can submit a business meal reimbursement. Subrecipients will need to provide documentation that includes an original, itemized receipt of meal (which can include tip and delivery costs if applicable), list of people present at the meal, and reason for the meal (for example, what business topics were discussed), and approval by their Agency head or designee. Subrecipients can be reimbursed for actual expenses up to the amount shown for the applicable meal in the M&IE Rate Table, excluding the incidental allowance.
- Any travel expenses will be reimbursed as per the current, state approved travel regulations available in the Commonwealth Accounting Policies and Procedures (CAPP) Manual, Travel Regulations, General Accounting section, by clicking on the link:
- [http://www.doa.virginia.gov/Admin\\_Services/CAPP/CAPP\\_Main.cfm](http://www.doa.virginia.gov/Admin_Services/CAPP/CAPP_Main.cfm) (Topic #20335).

## **HIV PREVENTION SERVICES – CHRIS BARNETT SOCIAL MEDIA COORDINATOR**

- PrEP Update (Project Bridges 757 and project PrIDE)
- 1509 – July 21 project team met with Tidewater agencies to make sure they were invited to kickoff event August 2<sup>nd</sup>.
- RFP panel July 25<sup>th</sup> reconvened
- Universal screening tool
- 1509 Site Visit

### **1506/Project PrIDE Updates:**

Three Rivers Health Department has agreed to become a PrEP provider. It is the first HD in the 1506 grant area to have an executed MOA. PrEP will be provided through its Family Planning and STI clinic. Three Rivers will accept PrEP patients who live anywhere in Virginia. Petersburg is in the process of the setting up a PrEP clinic for patients at its Men’s Sexual Health Clinic. Hopes are it will be operational by mid-August. Plans are also being discussed for a regional PrEP clinic in the southwest – it would serve Lenowisco, Cumberland Plateau and Mount Rogers health districts.

Virginia is making Truvada available for free to any state resident who wants it, meets the medical requirements and seeks care at a participating local health department. The PrEP team is also working to make it available to uninsured patients through partnerships with: UVA, Inova, EVMS and MCV.

Anyone wanting information on PrEP programming or the 1506/Project PrIDE grant may contact Eric Mayes, PrEP Coordinator, at [eric.mayes@vdh.virginia.gov](mailto:eric.mayes@vdh.virginia.gov) or (804) 864-7335.

### 1509/Bridges 757 - Updates

- On July 21, the Bridges 757 project team met with **Health District Directors** from Chesapeake, Hampton, Norfolk, Newport News, Portsmouth, Three Rivers, and Virginia Beach to discuss the launch of both Bridges and Project PrIDE, and made certain that all Health Districts were aware of and invited to August 2 Kick-off event for both CDC-funded projects.
- The **RFP review panel** convened on July 25 to discuss applicants and proposals received for both 1506 and 1509 projects. Awards will be made in the coming weeks.
- The **1506/1509 Kick-off** occurred on August 2 at the Holiday Inn Virginia Beach-Norfolk Hotel and Conference Center. Both projects were unveiled at this meeting and the **Bridges 757 Collaborative** began to take shape, as participants signed up for sub-committees and learned about project objectives, protocols and expectations of Collaborative members. Attendees included consumers, Health District nurse managers and DIS staff, medical doctors, faith leaders, CBO staff, ID clinic personnel, and other allies and community partners.
- **HealthHIV** has provided Bridges 757 team with a draft of the **universal screening tool**, which will be used by all Collaborative agencies in efforts to identify service needs and improve client navigation services for gay and bisexual men of color. The tool was introduced at the August 2 Kick-off meeting and will be assessed and modified through a PDSA process by members of the Collaborative. One of the advantages of utilizing a universal screening tool across Collaborative agencies is that it allows for uniform assessment data collection.
- The 1509 **CDC site visit** will take place in Norfolk on August 8-9. During the visit, the Bridges 757 team provided CDC counterparts with a tour of an EVMS PrEP clinic; visited an HIV prevention and care-focused CBO, ACCESS AIDS Care; and hosted a panel discussion with members of the Greater Hampton Roads HIV Health Services Planning Council.
- The next Collaborative **meeting** has been scheduled for September 21, 2016, at which time the group will delve further into the PDSA process.
- For more information on the Bridges 757 Collaborative, please contact Kristen Petros de Guex at [kristen.petrosdeguex@vdh.virginia.gov](mailto:kristen.petrosdeguex@vdh.virginia.gov) or (804) 864-7877.

### Trina Scott and Daisy Dance - Kaiser Family Foundation & HIV Treatment Works – ndp

- A leader in health policy analysis and communication, the Kaiser fam found is a non-profit private operating foundation. Headquarters in Menlo Park, CA. The layers are:
    - National media
    - Corporate/Private Partners
    - National Leadership Groups
- How can you make your community greater than AIDS?
- Media Ready assets
  - Digital resources
  - Outreach material

- Real stories

Treatment cascade:

1. Know – get the facts about HIV>AIDS
2. Talk – start the conversation
3. Protect – for you and those you love
4. Test – know your status
- 5 Treat

Understanding our audiences:

- Public opinion surveys
- Focus groups
- In depth interviews
- Ambassador network
- Social media network
- On-the-ground partnerships

- Partnering with VDH since 2013 – Deciding moments
- I got tested - what's next? (Campaign)
- Normalize and promote HIV testing
- #Askthehivdoc (campaign)
- We Are Family (campaign) emphasizes the role of loved ones and their impact on people with HIV
- Virginia.greater.org – portal – one stop shop
- Somos familia - the support of our loved ones saves lives
  - Latino community - 2<sup>nd</sup> highest in 2010 – The stigma is deep within the Latino community

#### **Shaun Hermann - NDP – VDH and HIV Treatment Works**

Working with VDH since 2014. Ad agency that focuses on health care

- Targeting HIV positive adults in the state of VA ages 40 – 59
- Men who have sex with men – 18 and over
- Get in Care, Stay in care, Live well
- The campaign is based around testimonials
- September 2016 next campaign – Richmond/Central VA

### **QUALITY MANAGEMENT UPDATES - SAFERE DIAWARA, HIV CARE SERVICES QUALITY MANAGEMENT COORDINATOR**

Virginia Department of Health's Quality Management (QM) Program included:

- 1) QM infrastructure (QM Advisory Committee-QMAC, QM Leadership Team, Peer Review, e2virginia, direct contracts, consortia)
- 2) Performance measurement (HIV continuum of care measures)
- 3) Quality improvement activities (Quality Improvement Project, trainings, conferences, Plan, Do, Study, and Act).

For agency ongoing internal quality monitoring, 100% of sub recipients have submitted to Virginia Department of Health their required QM Plans and Quality Improvement Projects.

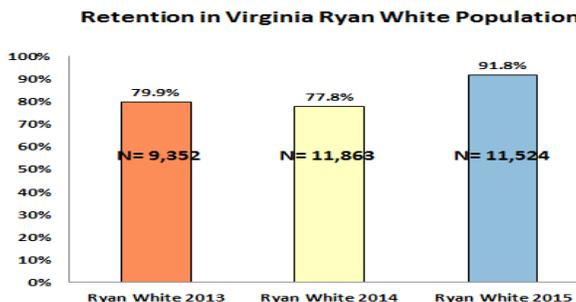
The QM Advisory Committee comprises 35 members including 12 consumers.

**Accomplishments:**

- Virginia Department of Health developed Standards of Care for 19 funded services offered within the RWHAP Part B. Developed standards were effective May 1, 2015. Located at: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/>
- On October 1, 2015, Virginia Department of Health RWHAP Part B Case Management Standards went into effect. Located at: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/CaseManagement.htm>
- Training of case management trainers (TOT) was held on October 2015 and they have facilitated six regional trainings with 86 participants that included 49 medical and 37 non-medical case managers.
- Two-day Case Management Retreat called “Leading the Right Path” which was held on March 18-19, 2016 in Richmond, VA. A total of 78 individuals attended the retreat, representing all five-health regions.
- Four consultants are financially supported by Virginia Department of Health to provide assistance to provide a higher quality of case management services.
- A 2015 QM Summit - “Building Improvement” was held August 11, 2015 in Richmond, VA. The Summit was attended by a combined 70 participants from VA’s five health regions.
- Award Ceremony for leadership in quality-A group of seven quality leaders were recognized by the QM Advisory Committee and Virginia Department of Health as “Quality Champions” in August 2015.
- Quality Retreat called “Quality Management 101 and 201” held February 26-27, 2016 in Richmond, VA. A total of 90 people attended the event.
- Consumer Training in Quality Management (CTQ) and Public hearings was held in June 2016 for PLWH and a total of 108 consumers attended the event.

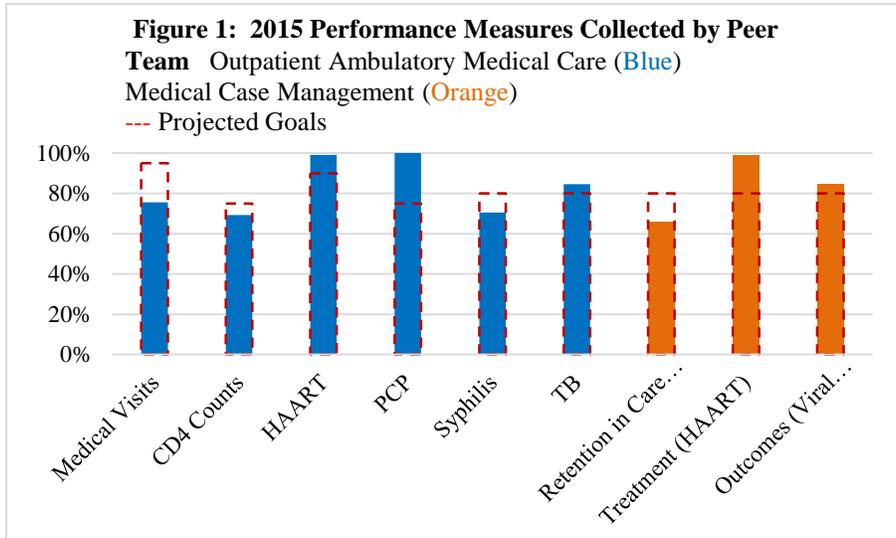
**Quality Improvement Project:**

HIV Treatment and Medication Adherence was the emphasis of the Cross-Parts Collaborative QIP. Continuous QI methodologies used encompassed the model for improvement (Plan, Do, Study, and Act). The chart below shows the impact of the Cross-Parts QIPs along with other improvement activities on the HIV Retention in Care rates.



**Peer Review:**

Statewide PR Team monitors sub-recipients receiving RWHAP B funding, for the quality of care provided to their HIV patients. In FY 2015, eight sites were selected for review and each site visit entailed a two-day on site review with several pre- and post-visit activities. Performance Measures were collected for Outpatient Ambulatory Medical Care and Medical Case Management (see Figure 1).



Data current as of May 11, 2016; Accessed June 2016; Virginia Department of Health, Division of Disease Prevention.

**Planned Activities:**

- PR visits, scheduled to begin in July 2016 and continue through March 2017.

Daily Planet	Virginia commonwealth Virginia Infectious Disease Clinic (VCU ID)
AIDS Response Effort	Three Rivers Health District ( TRHD)
Carilion Infectious Disease Clinic	Cross Over Health Ministry
Fredericksburg Area HIV/AIDS Support Services(FAHASS)	Inova Health System Services
Vernon J Harris/Capital Area Health Network(VJH)	Council of Community Services (Direct Services- TA site visit)

- A statewide RW Cross-Parts Quality Improvement Project will continue to be implemented by sub recipients to enhance HIV Medication and Treatment Adherence with the goal of bringing and keeping more HIV-infected people into care.
- Virginia Department of Health will conduct a QM Summit in October 2016 to build capacity for Quality Improvement among RW Cross-Parts Collaborative HIV providers and PLWH.
- HIV performance measures will be monitored and findings share at the QMAC meetings and through other communication paths with stakeholders.
- A statewide Case Management Retreat will again be held in March 2017 to give an opportunity to discuss issues, best practices, and network with colleagues from other parts of the state.

