



IPG Meeting Minutes

Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection
Integrated Planning Group (IPG)



FULL MEMBERSHIP MEETING

Date: November 20, 2013

Number of voting members present: 23

Number of others/non-voting members present: 10

Agenda Item/Topic	Key Themes in Discussion
<p>Announcements</p>	<ul style="list-style-type: none"> • New members were introduced. • The HIV Planning Council is looking for someone who is well versed in the ACA. • The director of housing support services has left CAP. After several months, this position is now done by two people. • A list of World AIDS Day events can be found on the World AIDS Day NW website. • EOCIL will have information available at World AIDS Day events in eastern Oregon. • Three institutions will be having World AIDS Day events this year. • There will be a Hepatitis B conference in Portland on December 7. The cost is \$25. Will talk about the new medications. • A World AIDS Day event will be held at Portland State University hosted by the African Students Association, Multnomah county health department, and A to the 6. 300 people are expected. Fashion models from the west coast will be there as well as an art show. This begins at 6:00pm. • Currently in the process of planning the 2014 Meaningful Care Conference. The LGBTQ Coalition of the Columbia / Willamette is organizing the conference. The conference will be an opportunity to build cultural competency among providers who serve the LGBTQ community. A Call for Proposals is out. An e-mail has been sent out with information. It will be on March 28 at the Doubletree Hotel. CME's and CEU's will be awarded to

	<p>providers. 400 providers attending the conference in 2012.</p> <ul style="list-style-type: none"> • Benjamin Gerritz was mentioned in POZ magazine as one of the 100 advocates around issues relating to HIV. • Now that the committee has a Strategic Plan and an Implementation Plan, Now the focus of the group will be more on monitoring and providing input.
<p>Cover Oregon Health Transformation</p>	<ul style="list-style-type: none"> • The CAREAssist program is currently insuring individuals with various types of insurance. • The model for insurance is not new to Oregon. • The Affordable Care Act has an income qualification of 400% of median family income (MFI). CAREAssist' income level was at 300% MFI. Starting on January 1, anyone within 400% MFI will be eligible for CAREAssist services. • At the beginning of every calendar year, CAREAssist identifies an annual amount that it will help pay related to medical services. Beginning in January, 2014, CAREAssist will pay a maximum of \$6,350.00. Once the bills are received, the clients' part of the bill will be paid for the service costs. • CAREAssist will support any Silver Plan the client can afford. The Silver Plan qualifies for federal help on premiums. There are approximately 900 people who will be transitioning to the expanded Medicaid Program. 550 clients have received letters of a fast-track process. This is due to them being identified based on them receiving food stamps. The patient needs to indicate an offer. It is not on a rollover basis. • The focus is on those who will be losing their insurance. Many will be enrolled into the Oregon Health Plan. 700 people will be moving to a different type of insurance. • There are some plans that are ending. In some cases Insurers are offering to enroll a person into an Affordable Care Act (ACA) insurance plan. Clients are being encouraged to accept the offer. • There is a good chance that some people will not have coverage on January 1. People must be enrolled by December 15 in order to be covered on January 1. • The Oregon Health Plan is perpetually open. • CAREAssist has a program called the Insurance Gap. During that time, medication will be provided upon their assignment. • HIV Alliance: Providing application assistance to those living with HIV, Hepatitis C, and those at high risk. A system has been developed to track which patient is getting what.

A challenge comes when there are changes in CoverOregon. Additional challenges include clients who are hard to reach. There is also beliefs and myths about what is currently happening. It is also a challenge to keep everyone up to date. Have made progress at first on those eligible for fast-track applications. Trying to figure out what CCO's and health plans will offer is a challenge.

- **Partnership Project:** One assister has been hired in collaboration with Cascade AIDS Project (CAP). All case managers have been trained. Services provided include medical case management. Trying to figure out who needs to be transferred over. Close to getting everyone transferred to the new system. Challenge is getting people to come in. Went through each plan in the metro area to determine which is good, accessible, and other factors. The website is changing every day. The collaboration in the community is amazing.
- **EOCIL:** A partnership with HIV Alliance has been developed for the twelve counties that are served. Deschutes, Crook, and Jefferson counties have been added. One assister has been hired. Final applications will be completed by this Friday. The Yellowhawk tribe is also collaborating as well.
- **CAP:** With funding from CoverOregon and CAREAssist, to work on outreach and enrollment. Two assisters have been hired and looking at volunteers. There is a hesitation in doing anything because so many changes are taking place. Time and energy has been spent making sure clients contacted their case managers. A challenge was getting clients through the first part of the process. An assister is also available at the HIV clinic. Met with different agencies to reach as many people as possible. Next step will be to reach out to those who are engaging in risky behavior. CAP staff are working with Clark County to learn their system as well. Challenges include communication and new information that comes very quickly.
- **Multnomah County:** All case managers and office staff are certified as assisters. Focus has been outreach to those who need to transition from programs that will be ending. Identified insurance companies that can help enroll undocumented persons. In collaboration with Partnership and CAP. Thank you to CAREAssist for keeping everyone up to date. Challenges include those suffering from mental health challenges who are afraid of what will happen. There are a couple of patients who do not want to enroll in Medicaid because they own their home.
- Open enrollment goes until March 31. The end of December is that some insurance

	<p>coverage. Each deadline missed is costly to the patient.</p> <ul style="list-style-type: none"> • Two things to understand: First, we need people to fill their prescription(s) during the month of December. Secondly, when possible, the client should try to move an expected appointment to the month of December. • The concern is about the acutely ill not having insurance after the first of the year. • Marion County: Flyers have been passed out as well as information being provided to anyone that comes into the health department.
<p>Addictions & Mental Health</p>	<ul style="list-style-type: none"> • Main role is working with policy and program development. Most are related to opiate providers. Also oversee state and federal statutes for opiate providers. It is unique in that there is a lot of federal oversight as well. • Work to advocate for people to have access to medication. Working on getting methadone services in the county jail system. • Work with CCO's on health transformation. • There is a high relapse rate in opiate use. It is important to be involved in policy. • One of the biggest issues currently is prescription drug use. This will cause a need for different kinds of treatment. • The website provides a lot of information on what services they provide. • Additional oversight includes gambling addiction, DUI diversion program, act as a liaison with the Division of the Division of Medical Assistance Programs (DMAP). • Community outreach is done on a regular basis. The focus is community awareness. • There is a major issue relating to people getting treatment outside of their county. CCO's may not know they are contractually to treat everyone in their service area.
<p>Ad-hoc Workgroup Discussion</p>	<ul style="list-style-type: none"> • In the first year of the IPG, committees were formed that were helpful in the development of the HIV Strategic Plan which lead to the IPG Implementation Plan. • While some committees are still actively meeting, others have not. Committees will be needed if the Plan needs to be revised. • With the Implementation Plan which contains goals and activities, opportunities have been suggested on very specific tasks. • Short-term ad-hoc workgroups can be convened. These groups and a supplement to the regular committees. • Smoking Cessation: This group will provide input on messages, materials, and strategies for helping people quit. This is from a study that found 75% of people living

	<p>with HIV who smoke want to quit.</p> <ul style="list-style-type: none"> • Education Materials Workgroup: The guidance on materials that are used in Oregon have not changed since 1992. We have a lot of access to a lot of materials from CDC. Although we have an Oregon Program Review Panel, we wanted to have more opportunities for input on additional educational materials that may exist that can be approved and made available. Materials can include those geared towards those with STI's and Viral Hepatitis. • MSM, PWID, and PLWH: Start by identifying efforts for these groups throughout the State. Talk about what has been developed and what recommendations have been given. Want to look at making recommendations that may be included in the next Plan. • Training on Risk Reduction Counseling: Want reviewers of this training an opportunity to make recommendations. • Training on HIV Essentials: This is a broad overview of HIV prevention that people should have.
Member Engagement Discussion	<ul style="list-style-type: none"> • Recording not available
New Member Recruitment	<ul style="list-style-type: none"> • Recording not available.