

**California Department of Public Health, Office of AIDS  
Monthly Report  
April 2017**

**Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan**

Work is continuing within the California Department of Public Health (CDPH), Office of AIDS (OA) coordinating the tasks associated with the 12 objectives within the *Laying the Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Plan). At the April California Planning Group meeting, members were:

- Updated on the Plan and provided input regarding objectives and strategies.
- Provided a description of the Needs Assessment effort to-date. Preliminary results from two, forthcoming briefs—Partner Services and Housing—along with the findings of the briefs already submitted to federal agencies were discussed.

**Office of AIDS Division/Cross Branch Issues**

HIV Affinity Group: OA is collaborating with the Department of Health Care Services (DHCS) to improve data sharing and analysis of data on Medi-Cal beneficiaries living with HIV in order to improve viral suppression. An initial analysis identified that in calendar year 2014, there were 45,033 Medi-Cal beneficiaries identified by DHCS as being HIV infected and confirmed through a match with California HIV surveillance data as being HIV infected. Analysis of viral suppression in this population is on-going.

**Ryan White (RW) Part B: AIDS Drug Assistance Program (ADAP)**

**Staffing Update**

- OA is pleased to announce the hire of a permanent ADAP Branch Chief, Sandra Robinson, who will be starting on Monday, April 17<sup>th</sup>. Sandra has extensive experience in public health and in the health care delivery system, both of which will be helpful in her work with ADAP. Most recently, Sandra served as the Chief of Healthy Aging Programs with the Chronic Disease Control Branch at CDPH, overseeing the Colon Cancer Control Program, the California Arthritis Partnership Program, the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program, and the Alzheimer's Disease Program; previously she was the Program Director of the Colon Cancer Control Program within CDPH. Prior to her service with the state, she served as Vice President of Programs with the California Medical Association Foundation and as Statewide Director of Health Systems with the American Cancer Society. Sandra's previous managed care healthcare delivery system work included managing a network of physicians while working for the largest Independent Practice Association in Northern California, Hill Physicians Medical Group; she

has also spent time in pharmaceutical sales and business development with a large Healthcare Hospital system. Sandra holds a Master of Business Administration degree and a Bachelor of Science degree in Business Administration, with a Concentration in Strategic Management.

- OA would like to thank Majel Arnold, OA's Care Branch Chief and Project Director for OA's Ryan White Part B funding, for temporarily serve as Acting ADAP Branch Chief during the last 3 and a half months. Majel will return to her usual job as Care Branch Chief on April 17<sup>th</sup>.

### **Breach of ADAP Client Information**

- CDPH has currently identified 93 ADAP clients whose information in the A.J. Boggs portal was likely inappropriately accessed by an unknown individual (or individuals) who were not authorized to access the information between July and November 2016.
- CDPH became aware of this on February 7, 2017, mailed breach notification letters to these clients on April 6, 2017, and is providing one year of credit monitoring for these individuals.
- Affected clients can contact the ADAP Call Center (844-421-7050) for more information and how to activate and use the free credit monitoring services.
- ADAP enrollment workers or other staff who are contacted by an affected client regarding this matter should refer the client to the ADAP Call Center.
- ADAP has identified the date(s) that information was accessed and the computer (internet protocol or IP) addresses used to access the information, but there is no way for CDPH to link the computer IP address to an individual (or individuals) who may have viewed the information.
- This breach is disappointing for CDPH and OA, as the protection of confidential public health information is one of CDPH's and OA's top priorities and strongest values.

### **ADAP Transition**

- ADAP Enrollment System Training  
ADAP enrollment workers have been informed that by May 5, 2017, all ADAP enrollment workers must complete the 1.5 hour WebEx training and self-paced eLearning course, receive their username and password, and log into the ADAP Enrollment System. Any enrollment worker with an extenuating circumstance that may prevent meeting this requirement should contact their ADAP Advisor by April 28<sup>th</sup>.
- Communications  
Clients were sent a letter in English and Spanish from Magellan Rx Management informing them of this transition and letting them know that there is no required action for clients at this time. The letter was dated March 22, 2017, and mailed

on March 31, 2017. A sample client letter was shared with Enrollment Workers for their reference and is also included with this communication. Clients will also receive a new Magellan Rx Management card with the CDPH phone number for eligibility questions. Clients enrolled in the OA-Health Insurance Premium Payment (OA-HIPP) program were mailed a letter from Pool Administrators Inc. (PAI) on April 3, 2017, informing them of the medical out-of-pocket claims submission process, and is also included with this communication. PAI will also issue new client ID cards.

In addition, on March 3<sup>rd</sup> and March 6<sup>th</sup>, Magellan notified all pharmacies via fax of the change in ADAP contractors. Pharmacies should not be impacted by this transition.

### **Contractor Update**

Magellan will continue to provide real-time, 24/7 access to medications, including a 30-day supply for existing ADAP clients who experience access issues at the pharmacy.

The PAI contract has been modified to include a full-time employee to oversee and manage Medical Out-of-Pocket Claim forms and supporting documentation for eligible OA-HIPP clients. Effective March 6, 2017, Medical Out-of-Pocket Claim forms and supporting documentation must be submitted directly to PAI.

### **Updated ADAP Forms**

Updated ADAP forms that contain the ADAP call center phone number and new fax number have been posted to the ADAP webpage. The ADAP application has been shortened and modified so it aligns with the new ADAP enrollment system. The ADAP application is available in English and Spanish. OA has also developed a “Job Aid” document to guide enrollment workers in completing the newly modified ADAP application. ADAP forms can be found on the OA website at [www.cdph.ca.gov/programs/aids/Pages/ADAPForms.aspx](http://www.cdph.ca.gov/programs/aids/Pages/ADAPForms.aspx)

### **RW Part B: HIV Care Program (HCP)**

- OA is applying for RW Part B Supplemental X08 funding. The application is due to Health Resources and Services Administration (HRSA) on May 15, 2017. Last year OA received an award of \$18.7 million, Care received \$5.965 million which was distributed amongst 24 HCP contractors, ADAP received \$10 million, and \$2.735 million was used for program support.
- The Care Operations Unit has completed monitoring site visits to all 42 HCP contractors. Contractors were monitored for the contract period of April 1, 2015, through March 31, 2016.

- Sean Abucay has joined the Care Operations Unit as the new Fiscal Analyst.

### **AIDS Medi-Cal Waiver Program (MCWP)**

On March 27, 2017, the Centers for Medicare & Medicaid Services approved the §1915(c) Home and Community-Based Services Waiver Application (AIDS Waiver). The AIDS Waiver is effective January 1, 2017, through December 31, 2021. On April 12, 2017, MCWP staff will provide an overview of the AIDS Waiver changes to the Project Directors on their monthly teleconference.

### **HIV Prevention**

HIV Prevention Branch subject matter experts contributed to the development of a new non-competitive Request for Applications (RFA) released by the CDPH, Safe and Active Communities Branch on March 27, 2017. The RFA offers grants of naloxone product (Narcan nasal spray) and funding to all 61 local health departments (LHDs) to conduct Naloxone Distribution Projects. LHDs will provide Narcan to local programs, agencies and community-based organizations within their jurisdictions that have naloxone distribution systems and are in the best position to save lives from opioid overdose. Opiate overdose is one of the most common causes of non-AIDS death among people with HIV and is the leading cause of death for people who inject drugs (PWID). “Encouraging naloxone programs throughout the state” is one of the key activities put forth in California’s *Laying the Foundation for Getting to Zero* OA’s Plan to increase and improve HIV prevention and support services for PWID.

Information about the RFA is available on the CDPH, Safe and active Communities website at [www.cdph.ca.gov/programs/SACB/Pages/NaloxoneGrantProgram.aspx](http://www.cdph.ca.gov/programs/SACB/Pages/NaloxoneGrantProgram.aspx).

### **Surveillance, Research, and Evaluation**

The Surveillance, Research, and Evaluation Branch, Electronic Laboratory Records (ELR) team has been awarded a 2017 CDPH Public Health Acknowledging My Efforts (PHAME) award in the Quality Improvement category. The ELR team successfully implemented a complex system that has yielded substantial efficiencies in the reporting of laboratory data and improvements to the continuum of HIV care. The team was honored in a CDPH-wide ceremony on April 4<sup>th</sup>.

### **California Planning Group (CPG)**

An in-person CPG meeting was held on April 4-6, 2017, in Sacramento, which was the first meeting of the new CPG membership. All members attended, as well as seven subject matter experts. The meeting allowed for CPG members to become more familiar with each other, their CPG roles and responsibilities, how OA is addressing the epidemic, and resources and technical assistance available throughout the state. Two

CPG members were elected to be the Community Co-Chairs: Robyn Learned, who works for the Sacramento Gender Health Clinic, and Tony Viramontes, who works for the Lesbian, Gay, Bisexual, and Transgender Center, Orange County. Presentation slides and meeting notes from the meeting will be posted on the OA website at [www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx](http://www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx).

For questions regarding this report, please contact: [michael.foster@cdph.ca.gov](mailto:michael.foster@cdph.ca.gov).