



California Department of Public Health, Office of AIDS Report to San Francisco HIV Community Planning Council October 2016

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

 California's Integrated HIV Surveillance, Prevention and Care Plan (Integrated Plan), and the accompanying California Needs Assessment for HIV (CNA), were successfully completed and submitted to the federal Health Resources and Services Administration and Centers for Disease Control and Prevention by the required deadline. Within these documents, the California Department of Public Health, Office of AIDS (OA) outlines a collective vision of Getting to Zero in California, including 4 Goals and 15 Strategies to lead the state in this direction, and 12 Main Objectives to be achieved by December 2021 to measure progress. Both documents can be found here:

www.cdph.ca.gov/programs/aids/Pages/GettingtoZeroCalifornia.aspx

- The OA would like to sincerely thank all who contributed time, knowledge, and dedication to this endeavor, including all members of local and state planning councils who reviewed drafts and signed letters of concurrence; people living with HIV, providers, and health department staff who participated in stakeholder meetings throughout the development of the plan; and all who provided feedback on draft versions of the plan. OA would also like to acknowledge staff from OA and from its co-author jurisdictions, the San Bernardino and Santa Clara County Public Health Departments and the Sacramento County Division of Public Health, who took time to thoughtfully write, review, and edit various pieces of the plan. OA also appreciates the invaluable input received from the California Department of Public Health, STD Control Branch; the California Department of Education; California Correctional Health Care Services; and the California Department of Health Care Services. OA would also like to thank Shelley Facente, from Facente Consulting, who pulled all of this input together into a comprehensive plan.
- Supplemental documents to the CNA pertaining to the topic areas of reengagement in care, linkage to care, retention in care, mental health services, substance use treatment services, case management and quality of care will be released in the coming months as each document is completed. Next steps for the Integrated Plan include developing the monitoring plan to track progress on the 12 objectives to meet California's specific goals. The Integrated Plan will be presented and discussed at the October meeting of the California Planning Group.

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

- ADAP continues to work diligently with the new Enrollment Benefits Manager (EBM) contractor to develop a work plan to resolve issues in a timely manner. ADAP is also working with ADAP enrollment workers to establish an effective training and communication plan. Enrollment workers were sent the Enrollment Worker Portal and Training Survey on September 9, 2016 and responses were due by September 30, 2016. This survey asked for feedback from enrollment workers on their experience with the portal functionality, the effectiveness of trainings, and preferred communicated method and frequency. Based on feedback from the ADAP Enrollment Worker Survey, we will revert to conducting the ADAP Enrollment Worker calls on a monthly basis instead of twice a month. In addition, we will communicate policy and enrollment portal updates via email, as email is the preferred communication method for the majority of enrollment workers who completed the survey.
- In an effort to reduce the application backlog in the ADAP portal, ADAP implemented an application processing schedule that designates the majority of ADAP Advisors to solely processing ADAP applications. The remaining ADAP Advisors are dedicated to responding to emails and phone calls. This allows for increased productivity and a quicker turnaround for application processing. Furthermore, ADAP is receiving support from CDPH staff outside of ADAP. These individuals have received ADAP training and are assisting in processing ADAP applications. ADAP cleared the majority of the backlog by September 30th. For the remaining applications that were not cleared ADAP extended eligibility through October 31st.
- The ADAP webpage has been updated to enhance communication efforts with enrollment workers and stakeholders during the transition. Stakeholders and enrollment workers can now access:
 - Statewide ADAP Enrollment Worker Call Summaries: <u>www.cdph.ca.gov/programs/aids/Pages/ADAPEWCallSummaries.aspx</u>.

The ADAP Enrollment Portal Development Cycle Plan:
www.cdph.ca.gov/programs/aids/Documents/ADAPEnrollmentPortalDevelCyc
lePlan.pdf. The October 5, 2016 plan outlines functionality that is anticipated to be released in October, November, and December.

 The ADAP Calendar which has been updated to include the dates and times for new enrollment portal trainings: <u>www.cdph.ca.gov/programs/aids/Documents/ADAPCalendar2016.pdf</u>.

RW Part B: HIV Care Program

 On October 20, 2016, OA will conduct an informational webinar for the public about the Health Resources and Services Administration (HRSA) requirement for spending under core medical service categories in Ryan White. OA will discuss the two HRSA grants for which OA will be applying for waivers from the core medical services requirement. The webinar is part of the OA's public process to allow consumers, providers and other stakeholders to learn more about the requirements and ask OA questions regarding the decision to apply. OA will welcome feedback from consumers and Ryan White providers until November 2, 2016. Feedback can be provided to local Planning Council/Group Chairs or directly to OA by sending an email to <u>marjorie.katz@cdph.ca.gov</u>.

Webinar Information

Date and Time: October 20, 2016, 11:00 a.m. – 12:00 p.m. Telephone Number: 1-888-363-4734 Access Code: 4452536 Webinar Link: <u>https://cdph.webex.com</u> Meeting Number: 743 616 573 Meeting Password: 123456

- OA was awarded Supplemental funding from HRSA for the fiscal period of September 30, 2016 – September 29, 2017. Care staff reviewed 25 requests for funding proposals and all 25 HIV Care Program (HCP) contractors will receive additional funding. All contractors have been notified of the amounts and provided instructions for submitting budgets. The total estimated amount of Supplemental funding that will be allocated to HCP contractors is \$5.9 million. OA will meet with funded HCP contractors later this month to discuss how to do invoicing, data reporting, and other administrative matters related to the Supplemental funding.
- On October 11, 2016, OA presented on the Housing Plus Program during the HRSA HIV/AIDS Bureau webinar, Ryan White HIV/AIDS Program (RWHAP) Housing Policy Update; Sneak Peek into RWHAP Housing Services. OA staff, Jessica Heskin and Marjorie Katz, joined staff from the Columbus and New Jersey Departments of Public Health on a panel to share innovative ways Ryan White funds have been used to support housing services.

Housing Opportunities for Persons with AIDS (HOPWA)

 On November 3, 2016, the Care Housing Unit will host an instructional webinar on the use of AIDS Regional Information and Evaluation System (ARIES) for HOPWA data. The webinar will be at 10:00 a.m. More information is available by contacting Jessica Heskin at jessica.heskin@cdph.ca.gov. On September 15, 2016, the Care Housing Unit submitted its Consolidated Annual Performance and Evaluation Report (CAPER) to the California Housing and Community Development (HCD) Department, and it has been submitted to the U.S. Department of Housing and Urban Development (HUD). HOPWA formula grantees, such as OA, submit the CAPER which provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support.

AIDS Medi-Cal Waiver Program (MCWP)

The 2017 – 2021 AIDS Waiver Renewal Application was submitted to the Centers for Medicare and Medicaid Services (CMS) for review and approval on September 29, 2016. CMS has 90 days to review and approve the Application. The new Waiver will go into effect January 1, 2017.

Summary of changes to the 2017 – 2021 AIDS Waiver Application:

- Waiver agency case managers' face-to-face client reassessment intervals changes from 90 days to 180 days, with a mandatory once a month face-to-face or telephonic contact with client
- Allows for all primary care providers (i.e. nurse practitioners and physician's assistants), and not just a primary care physician, to sign the HIV/AIDS diagnosis certificate of eligibility
- Requires active client involvement in service plan development and choice of service providers per new Federal Home and Community-Based Settings Final Rule that became effective March 17, 2014
- Federal spousal impoverishment provisions has been expanded to include AIDS Waiver

California Planning Group (CPG)

The CPG will have an in-person meeting on October 11-13, 2016, in Los Angeles. The meeting is open to the public and there will be an opportunity for public comment. Information about the meeting and the public comment opportunity will be available on the OA website at www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx.

For questions regarding this report, please contact: <u>liz.hall@cdph.ca.gov</u>.