California Department of Public Health, Office of AIDS
Report to San Francisco EMA HIV Health Services Planning Council
April 2016

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

The Office of AIDS (OA) hosted a stakeholder meeting on April 11, 2016, to receive broad community input into the development of the *California Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan) which is due to OA's federal funders on September 30, 2016. OA will to use the Integrated Plan to lay a foundation for Getting to Zero in California. OA provided an overview of HIV in California and needs assessment data collected to date. Local jurisdictions shared information about the development of local Getting to Zero plans and OA facilitated small group discussion using the National HIV/AIDS Strategy (NHAS) goals to solicit measurable targets and strategies to meet targets for a statewide plan. About 90 people participated from local health departments, clinics, universities, community based organizations, local planning groups, and the statewide California Planning Group. OA will post slides from the meeting on the OA website at www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx. OA is planning two additional in person meetings to obtain broad input, one to be located in northern California and a second in southern California. Persons who would like to be added to an email list to receive updates on this project should contact OfficeofAIDS@cdph.ca.gov and include "Update on the Integrated Plan" in the subject line.

Office of AIDS Division/Cross Branch Issues

The OA successfully submitted the 2015 Annual Ryan White HIV/AIDS Program Services Reports (RSRs) by March 25, 2016 – three days early. OA appreciates the cooperation it received from all 92 providers in getting their reports created, approved, and submitted ahead of schedule.

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

- ADAP, in collaboration with the Department of General Services (DGS), Procurement Division / Pharmaceutical Acquisitions Section released a request for proposal (RFP) for Pharmacy Benefits Management (PBM) services, RFP #1503-001 on October 20, 2015. The purpose of this RFP was to select a contractor to administer the ADAP statewide pharmacy network and manage patient medication services for ADAP clients. ADAP's current PBM contract expires on June 30, 2016. Final proposals were scored on March 7, 2016 and DGS announced the solicitation awardee, Magellan Rx Management, on March

11, 2016. The new PBM contractor currently maintains a large pharmacy network in California ensuring a seamless transition for clients accessing their life-saving medications and also provides PBM services for two other state ADAP programs, New Hampshire and Idaho. Magellan Rx Management will begin providing PBM services throughout the state effective July 1, 2016.

- ADAP Management Memo 2016-01 was disseminated on March 15, 2016, to Local ADAP Coordinators and ADAP Enrollment Workers to inform them that effective March 14, 2016 ombitasvir/paritaprevir/ritonavir (Technivie™) has been added to the ADAP formulary. This drug is to be used in combination with ribavirin for treatment of patients infected with genotype 4 hepatitis C virus (HCV) who do not present with cirrhosis.

- ADAP Management Memo 2016-02 was disseminated on March 18, 2016, to inform ADAP Enrollment Workers about the ADAP Financial Hardship Co-Payment Reconsideration Request form. Per Health & Safety Code, ADAP clients who have a co-payment obligation may request a reconsideration of the co-payment amount if one or more of the following apply:
    1. The original co-payment determination was based on an incorrect calculation.
    2. There has been a substantial change in income since the previous eligibility determination that has resulted in a current income that is inadequate to meet the calculated payment obligation.
    3. Unavoidable family or medical expenses that reduce the disposable income and that result in current income that is inadequate to meet the payment obligation.
    4. Any other situation that imposes undue financial hardship on the client and would restrict his/her ability to meet the payment obligation.

  ADAP may exempt a client from his/her payment obligation if both of the following criteria are satisfied:
    1. One or more of the circumstances specified above exist.
    2. ADAP has determined that the payment obligation will impose an undue financial hardship on the client.

  The ADAP Financial Hardship Co-Payment Reconsideration Request form is located on the OA website at www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph8455.pdf. The client and Enrollment Worker would need to complete the form and submit it to their ADAP Advisor for determination. The ADAP Advisor may request supporting

documentation. Once a determination has been made, the enrollment worker will be notified and, if needed, the enrollment system will be updated.

- ADAP Management Memo 2016-03 was disseminated on March 18, 2016, to inform ADAP Enrollment Workers and Coordinators of the process for federal tax filing for individuals enrolled in OA-Health Insurance Premium Payment (OA-HIPP) Program and a Covered California health plan. This is an update to previous guidance regarding Advanced Payment Tax Credit (APTC) reconciliation which includes the following changes: the requirement for submission of IRS Form 1095-A to OA-HIPP, potential consequences for not filing federal taxes, and the new OA-HIPP policy regarding the payment of the Internal Revenue Service (IRS) tax liability related to APTC reconciliation.

- ADAP Management Memo 2016-04 was disseminated on March 30, 2016, to Local ADAP Coordinators and ADAP Enrollment Workers to inform them that effective March 30, 2016, emtricitabine 200 mg/rilpivirine 25 mg/tenofovir alafenamide 25 mg (R/F/TAF) (Odefsey®) has been added to the ADAP formulary. This three drug combination antiretroviral (ARV) medication was approved by the federal Food and Drug Administration (FDA) on March 1, 2016. With the addition of this ARV, the ADAP formulary consists of 197drugs, including those necessary to treat HIV in accordance with the federal treatment guidelines for HIV/AIDS and associated opportunistic infections.

- ADAP Management Memo 2016-05 was disseminated on April 1, 2016, to inform ADAP Enrollment Workers of the release of the ADAP Special Power of Attorney (POA) form. The ADAP Special POA is specifically designed to allow an ADAP client to authorize a designated agent to handle his/her ADAP-related affairs. The term “ADAP” refers to all California Department of Public Health (CDPH), OA ADAP programs including the medication program, OA’s Health Insurance Premium Payment (OA-HIPP) Program, and Medicare Part D Premium Payment Program. The ADAP Special POA provides an ADAP client with several options regarding the duration of the ADAP Special POA client may select their ADAP Special POA to be one of the following:
    - 1. A special durable power of attorney; to commence immediately upon signing and remain in effect for the client’s lifetime or until it is specifically canceled. This grant of authority will continue to be effective even if the client becomes disabled, incapacitated, or incompetent.
    - 2. A special limited power of attorney; to commence on a specific date and terminate on a specific date.

- 3. A special contingent power of attorney; to commence only upon a determination that the client is incapacitated and/or unable to handle his/her own ADAP affairs.
- 4. A special general power of attorney; to take effect immediately upon signing but shall terminate in its entirety if the client becomes incapacitated.

Disclaimer: ADAP clients are not obligated to execute an ADAP Special POA. Clients should always consult with an attorney before signing any legal document. Please contact your ADAP Advisor if you have questions.

- ADAP Management Memo 2016-06 was disseminated on April 6, 2016, to inform ADAP Enrollment Workers that effective April 5, 2016, a Creditable Coverage letter is no longer required for ADAP clients who are Medicare eligible and choose to keep private health insurance. The purpose of the Creditable Coverage letter was to document that the client's private insurance prescription benefit was equal to or better than Medicare Part D coverage.

  Due to the Affordable Care Act, California health plans, both inside and outside of the Covered California Marketplace, offer essential health benefits which includes access to medically necessary prescription drugs. Therefore, a Creditable Coverage letter is no longer necessary.

  These ADAP Management Memos are available on the OA website at www.cdph.ca.gov/programs/aids/Pages/OAADAPMM.aspx.

RW Part B: HIV Care Program

On March 24, 2016, the Office of AIDS (OA) released Management Memo 16-01 to inform contractors of a change in the due date of the final invoices for the HIV Care Program (HCP) and Minority AIDS Initiative (MAI) contracts. Specifically, all Fiscal Year 2015/16 HCP and MAI invoices and/or supplemental invoices for the billing period of April 1, 2015-March 31, 2016, must be submitted by Monday, May 16, 2016. The Management Memo is available on the OA website at www.cdph.ca.gov/programs/aids/Documents/HCP_MAI%20Mgt%20Memo%2016-01.pdf.

Housing Opportunities for Persons with AIDS (HOPWA)

- OA submitted the HOPWA Annual Plan to the State Department of Housing and Community Development (HCD) on February 25, 2016. The annual plan is HCD's application for Housing and Urban Development's (HUD) Community Planning and Development funds and describes the intended use of federal funds administered by the State for various housing programs, including

HOPWA. HCD will solicit public comment throughout April 2016 and will submit the final annual plan to HUD on May 16, 2016. The public comment opportunity is available on the HCD website at www.hcd.ca.gov/housing-policy-development/housing-resource-center/reports/fed/.

- On March 16, 2016, the OA's HOPWA program conducted a teleconference meeting for HOPWA contractors to discuss key points from the mid-year HOPWA Progress Report reviews, the invoicing process, and logistics for having regular teleconference meetings. The group decided to have quarterly meetings moving forward. Please contact Jessica Heskin at jessica.heskin@cdph.ca.gov for questions regarding the HOPWA teleconference meetings.

HIV Prevention

- **Data to care implementation**
  The HIV Surveillance Section and Prevention Branch have initiated a pilot project where lists of patients who are out of care based on surveillance data will be shared with five counties to initiate linkage to and re-engagement in care activities. The five pilot counties (San Diego, Alameda, Riverside, Orange, and Ventura) will provide feedback to OA on the process, leading to further refinement of the lists, and development of training materials, guidance documents, and best practices.

- **Syringe Exchange Programs**
  After years of debate in the U.S. Congress, the federal **ban on the use of federal funds to support syringe exchange programs was effectively lifted** by the budget act of 2016, which was signed into law by President Obama in December, 2015. States and their grantees will be allowed to fund syringe exchange programs with federal dollars following consultation with and approval from CDC. On March 30, the federal Department of Health and Human Services released its protocol for these consultations: state, local, tribal or territorial health departments may apply directly to CDC to provide evidence of demonstrated need for syringe services programs (SSPs). Evidence may include increases in HIV or HCV related to injection drug use, or potential for such an increase or outbreak. OA will be submitting a request for determination of need for the state of California by the end of July, in consultation with the California Office of Viral Hepatitis Prevention, the San Francisco Department of Public Health, and the Los Angeles Department of Public Health. Other California health departments that wish to contribute to the request and submit relevant data will be invited to do so; local health departments that wish to submit a separate request to CDC may also do so.

At this time there is no indication that additional funds will be made available to support SSPs from any federal source. However, once the request is approved, California health departments will be eligible to use CDC HIV prevention funding they may receive, as well as any funds from the Health Resources Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) as appropriate and in keeping with federal guidance.

Statewide Needs Assessment (NA) and Integrated Plan (IP)

Progress continues in completing the Resource Inventory and Statewide Needs Assessment. In March, OA hosted a teleconference with all eight of the Ryan White Part A areas to update each other on NA IP approaches and progress and share information regarding workforce capacity reports and assessments. Diem Tran and Kevin Sitter attended the Santa Clara County HIV Planning Council meeting. Santa Clara County is one of the co-authors of the NA and IP. Visits to the other co-authors' planning council meetings, Sacramento and Inland Empire, will take place in April and May, respectively.

California Planning Group (CPG)

An in-person CPG meeting was held in Sacramento on April 12, 2016. At the meeting, CPG members received updates on CPG business items and on OA activities from the HIV Care Branch, ADAP Branch, HIV Prevention Branch, and the Surveillance, Research and Evaluation Branch. Presentations were provided on the HIV outbreak in Indiana and the syphilis outbreak in Fresno County, which included updates and lessons learned. Presentation slides and meeting notes will be posted on the CPG webpage of the OA website at www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx.

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