

***California Department of Public Health, Office of AIDS
Report to Santa Clara County HIV Planning Council for Prevention and Care
May 2016***

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

- Slides showing preliminary Needs Assessment data gathered to date and describing the overall approach to California's Integrated Plan were presented at the April 11th meeting in Sacramento designed to obtain broad community input into the development of the Plan. Presentation slides will be available on the Office of AIDS (OA) website at www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx. OA had a second meeting in Los Angeles, co-hosted by the Los Angeles County Commission on HIV on May 9th, to obtain input from southern California communities into the development of the Plan.
- Following the first All Part As teleconference in March, there was high interest in having a follow-up call. The second All Part As teleconference is planned for May 18th, where attendees will discuss the progress on their corresponding Needs Assessments (NAs) and Integrated Plans (IPs). The Part A NA/IP Coauthors invited OA to attend their local planning council meetings. OA completed travel to these meetings in the Inland Empire, Santa Clara and Sacramento counties in May.
- Shelley Facente recently joined the OA team as a contractor to write the Integrated Plan. OA staff are orienting Ms. Facente to the NA and IP activities to date.

Office of AIDS Division/Cross Branch Issues

- OA is currently implementing a reorganization to better enable OA to do its work and meet the needs of those it serves. The reorganization involves four of its five Branches (Prevention, Care, ADAP, and Support) and involves adding a new level of management above the level of the previous Branch Chiefs, which enables OA to add additional first and second level managers needed due to an increase in staff resulting from additional federal and state funding over the last several years.
- Steven Gibson will be joining OA on May 16th as the HIV Prevention Branch Chief. Steve earned his Masters in Social Work from St. Louis University where he specialized in community organizing and social justice. He has over 20 years of HIV prevention experience, starting with work at the STOP AIDS Project in San Francisco in the early 1990s as a community organizer and working his way up to several senior management roles. After leaving STOP AIDS, Steve became the

founder and director of Magnet in San Francisco. Magnet opened in 2003 and was conceived as a structural intervention designed to re-define gay men's relationship with HIV and AIDS in a post-AIDS crisis era. His leadership of Magnet continued through its 2007 merger with San Francisco AIDS Foundation and up until last month. Magnet's model has been replicated outside of the US including Peru, Spain, Australia and most recently, India.

- The federal department of Health and Human Services has issued guidance that will allow state, local and other grantees to use federal funds to support syringe services programs (SSPs). The protocol requires health departments to apply to the Centers for Disease Control and Prevention (CDC) and provide evidence of demonstrated need for 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 entire 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. California health departments that wish to submit separate requests to CDC may also do so. OA also invites any local health department or behavioral health department that would like to contribute to the request and submit relevant data, to contact OA. The Health Resources and Services Administration (HRSA) has also issued agency-specific guidance for funding SSPs with HRSA funds. The guidance, along with additional resources, is available at www.aids.gov.

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

- ADAP has contracted with A.J. Boggs & Company to provide Enrollment Benefits Management (EBM) services, and Magellan Rx Management to provide Pharmacy Benefits (PBM) services effective **July 1, 2016**. ADAP's current contract with Ramsell that includes both EBM and PBM services expires on June 30, 2016. The new enrollment system will be user friendly and streamlined to ease the burden on clients and enrollment workers. Clients will go to their enrollment site for annual re-enrollment and to establish a client profile. After a profile has been created at the enrollment site, clients will be able to provide and update eligibility information via a secure web portal. Clients and enrollment workers will also be able to send messages and upload eligibility verification documentation through this secure web portal.

The implementation timeline includes the following:

- In mid-May, ADAP will disseminate a management memo introducing the new contractors and informing ADAP Enrollment Workers of training dates on the new enrollment system that will occur in mid-June. This memo will also include a

copy of a letter that will be sent to all clients in early June notifying them of the change in contractors.

- In early June, ADAP and the ADAP Enrollment Worker Advisory Committee will test the new enrollment system and provide feedback to the contractor. ADAP will conduct two live webinars in mid-June for ADAP Enrollment Workers on the new enrollment system. This training will be recorded and disseminated to all ADAP Enrollment Workers. By the last week in June, all ADAP Enrollment Workers will have the opportunity to preview the system before the July 1, 2016, go-live date.
- After implementation, ADAP will continue to streamline and enhance the enrollment system such as including data from external data matches and displaying benefits and payments in the secure web portal by the end of the calendar year. In addition, ADAP will request feedback on the new enrollment system from ADAP Enrollment Workers on the monthly ADAP Enrollment Worker calls.
- **Effective April 22, 2016**, 9-valent human papillomavirus (HPV) vaccine has been added to the ADAP formulary. The addition of this vaccine supports client access to preventative vaccination as recommended in the Guidelines for the Prevention and Treatment of Opportunistic Infection in HIV-Infected Adults and Adolescents. 9-valent HPV vaccine will be accessible to ADAP clients between the ages of 18 to 26. On April 29, 2016, ADAP released Management Memo 2016-07 informing ADAP Enrollment Workers of this change to the formulary.
- **Effective May 3, 2016**, co-formulated emtricitabine 200 mg/tenofovir alafenamide 25 mg (F/TAF)(Descovy®), has been added to the ADAP formulary. F/TAF is a new combination antiretroviral (ARV) for the treatment of HIV-1 infected patients that was approved by the federal Food and Drug Administration (FDA) on April 4, 2016. On May 3, 2016, ADAP released Management Memo 2016-08 informing ADAP Enrollment Workers of this change to the formulary.

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

New HIV Care Program (HCP) and Minority AIDS Initiative (MAI) Fiscal Year 16-19 cooperative agreements, for contractors who have submitted approved budgets, are currently undergoing final review at the California Department of Public Health. Starting May 13, 2016, approved contracts will be delivered to sub-grantees for signature.

AIDS Medi-Cal Waiver Program (MCWP)

The MCWP is authorized by the Centers for Medicare and Medicaid Services (CMS) as a 1915(c) Home- and Community- Based Waiver for Medi-Cal recipients under Title XIX of the Social Security Act. MCWP provides comprehensive case management and direct care services at no cost to persons with HIV disease or AIDS as an alternative to nursing facility care or hospitalization. The MCWP has completed the draft of the 2017 – 2021 AIDS Waiver Renewal Application (Application), which is due to CMS 90 days prior to December 31, 2016. The Application will be available for public review and comment from May 16th through June 16th, 2016, and all stakeholders and members of the public are encouraged to participate. The Application and a public comment email inbox will be available on the CDPH Office of AIDS MCWP website at www.cdph.ca.gov/programs/aids/Pages/tOAMCWPsp.aspx. Additionally, information on how to obtain hard copies of the Application and contact information for non-electronic comment submission will be available in the California Register.

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