

**California State Office of AIDS**

**Report to San Francisco EMA HIV Health Services Planning Council  
October 2015**

**RW Part B AIDS Drug Assistance Program (ADAP)**

- On August 28, 2015, the federal Health Resources and Services Administration (HRSA) released proposed 340B Drug Pricing Program Omnibus Guidance in the Federal Register ([www.federalregister.gov/articles/2015/08/28/2015-21246/340b-drug-pricing-program-omnibus-guidance](http://www.federalregister.gov/articles/2015/08/28/2015-21246/340b-drug-pricing-program-omnibus-guidance)). The draft guidance limits ADAPs' authority to collect full rebates on partial pay claims, which are claims for which ADAP pays only a portion of the medication cost, such as a medication co-pay or deductible. An open public comment period has been established through October 27, 2015. If the guidance is finalized as written, it is expected to have a substantial adverse fiscal impact on California's ADAP, resulting in an estimated loss of significant rebate revenue annually starting in Fiscal Year (FY) 2017-18.
- The ADAP FY 2013-14 Annual Report can be found on the Office of AIDS (OA) website at [www.cdph.ca.gov/programs/aids/Documents/ADAPFinalFY13-14Report.pdf](http://www.cdph.ca.gov/programs/aids/Documents/ADAPFinalFY13-14Report.pdf). ADAP anticipates now posting fiscal year and calendar year reports annually. Starting with the FY 2014-15 report, data on the OA-Health Insurance Premium Payment (OA-HIPP) Program will also be included in the ADAP Annual Report.
- ADAP Management Memo 2015-16, dated September 23, 2015, was distributed to ADAP Enrollment Workers (EWs) to provide guidance to EWs on OA-HIPP application packet requirements for new and existing OA-HIPP clients. In addition, the fax cover sheet was updated to include a checklist of required documents for OA-HIPP enrollment and recertification.
- In early October, ADAP will mail a letter to all ADAP clients to inform them that the income eligibility criteria for ADAP has changed to individuals with a Modified Adjusted Gross Income that does not exceed 500 percent Federal Poverty Level per year based on family size and household income. The letter also informs clients that ADAP will be verifying income via a data match with the Franchise Tax Board. ADAP clients who listed Spanish as their preferred language on their ADAP application will receive the letter in Spanish. After the letters are mailed out, a management memo will be disseminated to alert ADAP enrollment workers of the client letter. The letter will be attached to the memo.
- In mid-October, ADAP will mail a letter to all ADAP-only clients and all OA-HIPP clients who are enrolled in a Covered California health plan to inform them of the

Covered California open enrollment period, Covered California enrollment and renewal process and OA-HIPP enrollment and renewal process. Spanish versions of the letter will be mailed to those clients who listed Spanish as their preferred language. A management memo, with both letters attached, will be disseminated to all ADAP enrollment workers for reference.

### **HIV Prevention**

- The Orange County Needle Exchange Program's (OCNEP) original application to the California Department of Public Health (CDPH) for Syringe Exchange Program (SEP) Certification was denied on June 26, 2015 for failure to demonstrate adequate funding for the services described in the application and for local objections to the proposed location from the representative of the local neighborhood association and from the Chief of the Santa Ana Police, Carlos Rojas. In response to the denial, OCNEP has sent in a new, revised application. Information regarding the new application will be posted on September 30, 2015 to the CDPH/OA website opening the 90 day public comment period, which will close on December 29, 2015. Within 30 business days from the close of the public comment period (February 11, 2016), CDPH shall issue a final decision to certify or not to certify the application.
- A Pre-exposure Prophylaxis (PrEP) Navigation Request for Applications (RFA) is under development and will be released early fall 2015. Local health jurisdictions (LHJs) and community-based agencies (CBOs) throughout California will be eligible to apply for funding to be used to develop PrEP Navigation programs. PrEP Navigation programs will identify a sufficient number of potential PrEP candidates, assist clients to access insurance or patient assistance programs to pay for PrEP treatment, provide client screening and referral to appropriate health care providers, and support clients successful adherence while on PrEP treatment. LHJs and CBOs without PrEP program resources and/or with demonstrated unmet need are encouraged to apply.
- On September 3, 2015, the OA Prevention Branch invited California organizations engaged in HIV and hepatitis C virus (HCV) prevention efforts to apply for a one-time allocation of a limited selection of prevention supplies. The opportunity is part of a larger project established by Senate Bill 870 (Chapter 40, Statutes of 2014) to develop innovative, evidence-based approaches to providing outreach, HIV and hepatitis C screenings, and linkage to, and retention in, health care for underserved individuals with a high risk for HIV infection.

OA received over 75 applications from community-based organizations and health departments for HIV and HCV test kits, and/or for syringe exchange

supplies. Of the programs that applied for test kits, 24 programs met the baseline requirements and have been preliminarily approved for an allotment of test kits; OA will consult with each program and make further information available when the final allocation decisions are made. On Friday, September 25, 2015, 27 SEPs were informed that they would receive syringe exchange supplies. These programs are:

- Berkeley NEED
- HIV Education and Prevention Project of Alameda County
- Tri-City Health Center (Contra Costa)
- Fresno Needle Exchange Program
- North Coast AIDS Project-Humboldt County DHHS Public Health
- Any Positive Change (Lake County)
- Asian American Drug Abuse Program, Inc. (Los Angeles)
- Bienestar (Los Angeles)
- Homeless Health Care Los Angeles
- LA CHP - Public Health Foundation Enterprises Inc.
- Tarzana Treatment Centers, Inc. (Los Angeles)
- Venice Family Clinic (Los Angeles)
- Marin AIDS Project
- Mendocino County AIDS/Viral Hepatitis Network
- Monterey County Health Department
- Harm Reduction Services (Sacramento)
- Safer Alternatives thru Networking & Education (Sacramento)
- Family Health Centers Safe Point San Diego
- San Francisco AIDS Foundation
- SLOSEP (San Luis Obispo)
- AIDS Community Research Consortium (San Mateo)
- Pacific Pride Foundation (Santa Barbara)
- Santa Clara County Public Health Department STD/HIV Prevention & Control
- Santa Cruz County Health Department
- Shasta County Public Health
- Center Point Drug Abuse Alternatives Center (Sonoma)
- Ventura County Health Department

OA will evaluate how the programs that receive these supplies can serve as locations to provide outreach, screening, linkage to care and retention in care services, either directly or through referral, with the goal of finding models that can be replicated and implemented throughout the state.

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

- After considerable thought, OA decided to adopt a surveillance-based model to generate the Unmet Need Estimate for the FY 2016 Ryan White grant application cycle. This change is driven by two factors: the maturity and completeness of the statewide Enhanced HIV/AIDS Reporting System (eHARS), and the need for more consistent reporting of statewide population data across our reports such as the Continuum of HIV Care in California and the Integrated Plan for HIV Surveillance, Prevention, Care, and Treatment in California. The OA HIV Surveillance Section provided the unmet need data using the new surveillance-based method to Part A jurisdictions on September 25, 2015.
- The Medical Monitoring Project (MMP) is a CDC-funded supplemental surveillance project that aims to collect detailed clinical and behavioral information through patient interviews and medical record abstraction on a representative sample of persons living with HIV (PLWH) in the United States and California. Originally started in 2007, MMP was structured to sample patients using a facility-based approach, where OA worked with CDC to select a sample of clinical facilities that provided routine HIV care to PLWH. OA then worked closely with these facilities to select a random sample of patients for the project. While MMP has provided extremely useful information to date about PLWH in care in the U.S. and California, this approach did not provide information about PLWH who were not in care. As a result, starting this year, MMP has changed to an HIV case surveillance-based approach where the sample of five hundred persons to be interviewed is now drawn from HIV surveillance data routinely collected by LHJs and forwarded to OA; this sample will include persons both in and out of care. This new approach will require additional coordination between OA and LHJs in order to locate PLWH. MMP staff have reached out to all LHJs to develop a plan for coordinating MMP activities in each jurisdiction. To date, MMP has interviewed 27 persons and completed eight medical record abstractions. OA's goal is to interview a minimum of 200 persons before April 30, 2016.

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

An in-person CPG meeting is scheduled for October 28-29, 2015 in San Diego. The meeting is open to the public and there will be an opportunity for public comment. Information about the public comment opportunity is available on the CPG webpage of the OA website at [www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx](http://www.cdph.ca.gov/programs/aids/Pages/OACPG.aspx). For additional questions regarding CPG, please contact Liz Hall at [liz.hall@cdph.ca.gov](mailto:liz.hall@cdph.ca.gov).

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