

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

Office of AIDS Division/Cross Branch Issues

On May 11, 2017, Governor Brown released his May Revision budget proposal. Under this proposal, the two California Department of Public Health (CDPH), Office of AIDS (OA) programs that receive state General Fund for local assistance are the HIV Surveillance and Prevention programs. The \$6.65 million in General Fund local assistance for the Surveillance program in the Current Year (Fiscal Year (FY) 2016-17) and the Budget Year (FY 2017-18) remain unchanged from the 2017 Governor's Budget. The \$8 million in General Fund local assistance for the Prevention program in the Current Year (FY 2016-17) and the \$7.5 million in the Budget Year (FY 2017-18) also remain unchanged from the 2017 Governor's Budget.

There are two new AIDS Drug Assistance Program (ADAP) policy changes included in the revised budget:

1. **Pre-Exposure Prophylaxis (PrEP) Assistance Program** – CDPH is proposing Trailer Bill Language to modify California Health and Safety Code to clarify that the PrEP Assistance Program will pay for: 1) PrEP-related medical costs for uninsured clients; and 2) PrEP-related medical co-pays, co-insurance, deductibles, and drug costs not covered by a client's health insurance plan or the manufacturer's co-payment assistance program for insured clients. With this change, uninsured clients who meet the drug manufacturer's income criteria of being at or below 500 percent of Federal Poverty Level can get free drugs from the manufacturer's Patient Assistance Program until they can be navigated to more comprehensive health care coverage. Eligible uninsured clients will also be able to obtain assistance with PrEP-related medical costs through the CDPH PrEP Assistance Program. OA expects to begin implementing this program in January 2018.
2. **Termination of the Enrollment Benefits Manager (EBM) Contract** – The contract with the new EBM, A.J. Boggs & Company, was terminated effective March 31, 2017, for material breaches of contract. OA's ADAP worked with a consulting firm to create a new ADAP enrollment system and has taken eligibility and enrollment functions in-house, including implementing a call center and a data processing center comprised of CDPH staff. Termination of the EBM contract will result in local assistance cost-savings of \$550,000 in FY 2016-17 and \$2.2 million in FY 2017-18. Support costs are not included in the ADAP

Estimate. However, OA expects an increase in Support expenditures related to insourcing eligibility and enrollment functions of \$3.5 million in FY 2016-17 and \$4.2 million in FY 2017-18. These support costs will be covered by the ADAP Special Fund.

More information is available at

www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx.

Ryan White (RW) Part B: ADAP

- **Client Eligibility**

OA has reminded enrollment workers that ADAP clients who are due for a recertification or re-enrollment in May and June have already had their eligibility extended to their next re-enrollment or recertification date (whichever comes first). No client's eligibility should expire before July 1, 2017. However, due to the delay in mailing the self-verification forms (SVFs) and postcards, some clients may receive notice that recertification or re-enrollment should be completed by an earlier date. These clients are not in jeopardy of losing eligibility since their end dates have already been extended.

Enrollment workers were reminded to be sure to re-enroll and recertify clients in a timely manner so their eligibility is extended. **Clients whose birthday or half-birthday is in July will have eligibility that expires in July 2017. As of late May, the ADAP Enrollment System has a new feature that allows enrollment workers to see a list of their active clients and their clients' eligibility end dates as well as a list of their clients whose eligibility had expired in the last 30 days. OA is encouraging enrollment workers to use this new feature in June to assist all of their clients with July birthdays or half-birthdays to re-certify timely.**

- **Self-Verification Forms and Annual Re-Enrollment Postcards**

OA mailed SVFs to clients with half birthdays in May and July. OA mailed annual re-enrollment postcards to clients whose birthday is in May and July reminding them to meet with their enrollment worker before their birthday. CDPH is currently working on sending out the SVF and Re-Enrollment Postcards to clients with half-birthdays and birthdays in June. Each client will receive an English and Spanish version of the SVF and cover letter. Sample documents were provided to enrollment workers for their reference.

- **Document Submission Requirements**

Enrollment workers have been informed that effective June 1st, all enrollment workers must submit ADAP applications and all supporting documentation for

ADAP enrollment, re-enrollment, recertification, and updates via the ADAP Enrollment System. The fax system will remain in place as a backup for technological emergencies and for those who do not yet have access to the system.

- **Enrollment Worker Onboarding**

ADAP is continuing to work with enrollment workers to ensure they complete the ADAP enrollment system onboarding requirements, receive their usernames and passwords, and log into the ADAP Enrollment System. As of June 5th, 12 percent of ADAP enrollment workers have not completed the required system training. An email was sent to the enrollment site contacts alerting them of the enrollment workers at their site who have not begun the ADAP Enrollment System onboarding work. The intent of the email is to determine if the enrollment workers still work in the ADAP enrollment worker capacity and to inform them that they must complete the onboarding requirements.

- **ADAP Enrollment System Question & Answer Session**

Starting on May 23rd, ADAP will conduct a monthly optional ADAP Enrollment System Question and Answer session via WebEx. The sessions will provide an opportunity for enrollment workers to ask questions regarding recent enhancements to the ADAP Enrollment System. Although the sessions are optional, it is highly recommended that all enrollment workers attend so they are aware of system updates and can correctly and efficiently navigate the system. OA will notify enrollment workers a month in advance of each Question and Answer session.

RW Part B: HIV Care Program

The OA, HIV Care Branch is proud to present the *Building the Care Continuum: Comprehensive Approaches to HIV Care in California* statewide meeting on August 28-30, 2017, in Los Angeles. This meeting is for OA's HIV Care Program (HCP) and Housing Opportunities for People Living With AIDS (HOPWA) program contractors and subcontractors, by invite only. At this meeting, contractors will learn about (and prepare for) the changing federal landscape with respect to ACA, future of HIV programs, share best practices that can realistically be replicated, determine how to implement California's *Laying a Foundation for Getting to Zero Plan*, and learn HCP basics.

RW Part B: Clinical Quality Management Program

In May, OA Care Branch in collaboration with California Prevention Training Center (CAPTC) hosted a webinar titled *Enhancing STI Screening in HIV Care*, by Dr. Julie Stoltey.

- The webinar is available to watch for free on the CAPTC website at <http://californiapctc.com/2017/05/30/webinar-enhancing-sti-screening-hiv-care/>
- Dr. Stoltey's presentation slides are available at <http://files.constantcontact.com/a8dd3bef201/fa1c5d5b-6b65-46f6-8d0e-cf8b325064ff.pdf>

AIDS Medi-Cal Waiver Program (MCWP)

On May 5, 2017, the MCWP released All Project Director's Letter 17-02, to inform MCWP Project Directors about the increase in annual individual client cost limit for MCWP services to \$25,727 per year effective January 1, 2017. The annual individual cost limit increase was granted in the 2017-2021 §1915(c) Home and Community-Based Services AIDS Waiver, which was approved by the Centers for Medicare and Medicaid Services.

Surveillance, Research, and Evaluation

- Dr. Juliana Grant, OA's Surveillance, Research, and Evaluation Branch Chief, will be leaving OA on July 7, 2017. Please join OA in thanking Dr. Grant for the enormous achievements of her Branch over the last four years, including but not limited to the following:
 - Implementation of Electronic Laboratory Reporting for HIV, which has decreased lab data entry burden by local health jurisdiction (LHJ) staff, increased timeliness, accuracy, and completeness of HIV surveillance data, and allowed OA to create accurate HIV care continuums and out-of-care lists at the statewide and local health jurisdiction level and do data-to-care work, which will help California Get to Zero;
 - Leading the development of the California Needs Assessment for HIV, including the assessment of PrEP use and need throughout California;
 - Leading the creation of the new California HIV Surveillance Report to support OA and local partners in identifying people living with HIV who are in need of services;
 - Leading the HIV Affinity Group collaboration with the Department of Health Care Services, another key Getting to Zero activity that will help both Departments monitor and improve the HIV care and prevention needs of the one-third of Californians covered by Medi-Cal;
 - Overseeing development of new fiscal forecasting methods and a new approach to displaying data for the ADAP Estimate Package; and
 - Leading a team of managers and staff who worked 60+ hours a week from mid-2016 through March 2017 to insure that thousands of ADAP clients did not lose access to their health insurance and/or medications. This

team continues to work 60+ hours a week to develop and improve the new ADAP Enrollment System and build in new functionality, including that which will allow implementation of the PrEP Assistance Program and the ability of eligible ADAP clients with employer-based health insurance to enroll in the OA-HIPP program.

OA will miss Dr. Grant's broad public health knowledge and experience, her humor and commitment to social justice, and her dedication to the populations that OA serves.

- **Data-to-care**

The OA HIV Surveillance Section released to all LHJs spreadsheets of persons newly diagnosed with HIV during the prior 12 months, classified by whether they were linked to and retained in care. This is one of many activities to routinely implement data-to-care activities in California as part of overall efforts to Get to Zero.

- **National HIV Behavioral Surveillance (NHBS)**

Data collection for the Centers for Disease Control and Prevention (CDC)-funded NHBS project in San Diego will get underway at the end of June. This year, OA's contractor Chicano Federation will be interviewing and conducting HIV testing among over 500 men who have sex with men (MSM) living in San Diego County. Interviews will cover sexual behavior, HIV testing, PrEP, stigma, housing, and many other key topics. San Francisco and Los Angeles also run NHBS projects.

- **Medical Monitoring Project (MMP)**

MMP is a CDC-funded surveillance project that collects detailed clinical and behavioral information from people living and diagnosed with HIV. The California MMP, which includes all areas outside of Los Angeles and San Francisco, met all benchmarks for the 2016-2017 cycle. The new MMP cycle begins in June 2017; OA MMP staff will be reaching out to LHJs for assistance updating contact information for sampled persons.

For questions regarding this report, please contact: michael.foster@cdph.ca.gov.