Office of AIDS Division/Cross Branch Issues

- On Thursday, May 11, 2017, Governor Edmund G. Grown Jr. will release his revised 2017-18 state budget proposal. The California Department of Public Health (CDPH), Office of AIDS (OA) will provide a summary of the OA specific items on its website at www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx, as soon as possible after the budget proposal is released.

- In April 2017, CDPH launched a new website layout and look. The changes are designed to maximize user friendliness, enhance search capability, and to ensure compliance with the Americans with Disabilities Act. The new website is accessible at www.cdph.ca.gov/ and CDPH’s old website is still accessible at https://archive.cdph.ca.gov/Pages/DEFAULT.aspx. Documents will be migrated to the new website over time, and most OA forms and documents will not be migrated from the old to the new website until sometime after the launch of the new site. In the meantime, OA forms and documents can be accessed on the archived OA site at https://archive.cdph.ca.gov/programs/aids/Pages/Default.aspx.

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

- During this first quarter of the Plan’s implementation, OA has identified which branch will take the lead for each strategy and activity. An approach to measure progress toward reaching each objective has been developed and baseline data are being assembled. A template for annual reporting to stakeholders is also being developed. Questions or comments about the Plan activities may be directed to the Integrated Plan Implementation Specialist, Kevin Sitter at kevin.sitter@cdph.ca.gov.

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

Staffing Update

- Anissa Hussman started on May 1st as the new manager of the ADAP Call Center Data Processing and Eligibility Section. Anissa has over 20 years of management experience, including prior experience managing call centers and data processing centers.
ADAP Enrollment Site Payment Allocation

- As part of ADAP’s enrollment site contracts with CDPH, sites were to be paid based on the number of ADAP services performed. Due to issues with the A.J. Boggs enrollment site portal, ADAP has not been able to obtain the appropriate report needed to determine payment. The interim solution for this fiscal year is for ADAP to pay sites according to A.J. Boggs’ data pulled in January 2017 displaying total ADAP caseload at each site.

- Starting April 20th, CDPH mailed a letter to each site outlining their allocated payment amount. The allocations are also posted on the ADAP webpage of the archived OA site at https://archive.cdph.ca.gov/programs/aids/Documents/FINAL%20-Site%20Allocations%204-19-17.pdf.

Eligibility Data Transfers

- Effective April 20th, the transfer of client eligibility data from the ADAP Enrollment System to ADAP’s Pharmacy Benefits Manager (Magellan) occurs every 15 minutes between the hours of 8 a.m. and 6 p.m. Pacific Standard Time, Monday through Friday. If an enrollment worker submits an ADAP application via the ADAP Enrollment System anytime between 8 a.m. and 6 p.m. Monday through Friday, the client will have access to their ADAP formulary prescriptions at the pharmacy in 15 minutes.

Magellan Client ID Cards

- Starting on May 5, Magellan began mailing new client ID cards to all ADAP clients. The cards include the ADAP Call Center phone number instead of the A.J. Boggs Customer Service phone number (which is currently being forwarded to the ADAP Call Center phone number). Magellan will mail the cards in weekly batches, by client last name. The anticipated project completion date is July 20th.

ADAP Enrollment System

- The ADAP Enrollment System was initially developed with the minimum functionality needed to ensure clients had ongoing access to medications and health insurance. OA is continuing to ensure that the ADAP Enrollment System can meet the full range of needs. Current efforts are aimed at ensuring that the ADAP Enrollment System can support efficient and timely collection and management of client eligibility, medication assistance, and insurance coverage information. Ultimately, ADAP also needs a system that can support ongoing monitoring, evaluation, and improvement of its programs.
The ADAP Enrollment System is being developed in stages, with releases of features and improvements every four weeks to support eligibility management, system navigation, data exchange, reporting, quality assurance, and data security. ADAP coordinates each release with training and outreach to ensure enrollment workers and other users are aware of changes and can correctly use any new features.

**RW Part B: HIV Care Program (HCP)**

- All Fiscal Year 2016/17 HCP and Minority AIDS Initiative (MAI) invoices and/or supplemental invoices for the billing period of April 1, 2016, through March 31, 2017, must be submitted to OA by Monday, May 15, 2017.

- The Ryan White Part B HCP and MAI Year-End Report is due to Care Operations Advisors by May 31, 2017. The reporting period is from April 1, 2016, to March 31, 2017.

- The HIV Care Branch is pleased to announce that Jessica Heskin was promoted to Chief, Care Housing Unit and Denise Absher has joined the Care Housing Unit as the newest housing specialist. They will provide oversight and support to the Housing Opportunities for Persons With AIDS (HOPWA) Program, the HCP Housing Plus Project, and other housing services.

**RW Part B: Clinical Quality Management Program**

- OA’s Clinical Quality Management (CQM) committee continues to meet on a monthly basis to ensure that the State continues to have a CQM program that matches the scope of RW Part B funding and services.

- The CQM staff has been participating in the National Quality Center’s end+ disparities Learning Exchange. By using tools from this 9-month national initiative, the CQM committee has prioritized viral load suppression in youth (ages 13-24) as the initial focus for statewide RW Part B quality improvement interventions. To prepare, HCP contractors have been asked to quality check their ARIES data for this population.

- OA’s CQM program in conjunction with the University of California, San Francisco is implementing a pilot project to increase extragenital gonorrhea/chlamydia screening in two RW Part B clinical settings (Ampla Health and Orange County Health Care Agency) to improve STD screening for men who have sex with men who are living with HIV.
  - On Tuesday, May 16, 2017, 11:00 am to noon, OA in collaboration with California Prevention Training Center, will host a webinar titled
Improving STD Screening in HIV Care, by Dr. Julie Stoltey. This webinar is open to all healthcare professionals providing HIV prevention and care services. Additional information is available in the two attachments (Improving STD Screening in HIV Care Webinar Flier and Instructions for Participating).

AIDS Medi-Cal Waiver Program (MCWP)
MCWP staff are conducting onsite Program Compliance Reviews and follow up technical assistance to Waiver Agencies. Twelve Waiver Agencies are scheduled for a Program Compliance Review and/or follow up technical assistance in 2017. Project Directors will be contacted a month prior to their site visit with further instructions.

HIV Prevention
The California Syringe Exchange Supply Clearinghouse will expand availability of naloxone, the lifesaving overdose-reversal medication. Syringe Exchange Programs (SEPs) with established naloxone distribution programs and that are operated by non-profit organizations will be able to participate immediately. SEPs that want to establish naloxone distribution programs or that are not operated by 501(c)(3) organizations will be provided with capacity-building and technical assistance in the second phase of the project. This initiative aligns with California's comprehensive strategy for addressing the opioid epidemic, which includes naloxone distribution as one of its five main priorities.

Surveillance, Research, and Evaluation
Deanna Sykes, PhD, recently joined the OA HIV Surveillance Section as the Section Chief. Deanna most recently served as the interim Surveillance Chief as OA worked to fill the position, and she has a long history and breadth of knowledge about HIV and the work of OA. With her history in prevention research, Deanna will be an excellent resource as OA seeks to increase collaboration and coordination between prevention and surveillance and move forward with implementing data to care.

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