

**Office of AIDS
Care and Treatment Program Update
HIV Care Branch and ADAP Section
March 2008**

HIV Care Branch

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Ryan White HIV/AIDS Treatment Modernization Act, Part B Funding

An application for Part B Base, ADAP Earmark and Part B Supplemental funding was submitted to HRSA in January. HRSA's Part B allocations are expected by the end of March, 2008, at which time individual OA has been informed by HRSA that funding will not be available in 2008 for Part B Supplemental funding.

Care Program Assessment

The HIV Care Branch has begun a program assessment to determine how to better administer the programs in a more streamlined, less administratively cumbersome manner. The assessment will also consider how well the existing program models address the local service delivery models throughout California. This process will take place through 2008 with assistance and input from OA program staff, CHPG, consumer groups, clinicians, project directors, program administrators and other stakeholders throughout California.

Minority AIDS Initiative (MAI) Continuation Grant Application

OA is finalizing an application for the second year of a three-year continuation grant for MAI funding. The two-part application is due to HRSA in late March, 2008. The MAI funding will continue and expand the Bridge Project, a successful outreach-to-care intervention to increase the number of HIV-positive persons of color who successfully access HIV medical care and ADAP. The target population is minority HIV-positive persons who have never received care, have been lost to care, or are marginally engaged in care.

AIDS Regional Information and Evaluation System (ARIES)

ARIES is an internet-based HIV/AIDS client case management system that assists providers in coordinating the care of their HIV clients while producing state and federal mandated HIV care reports. The statewide installation of ARIES was successfully launched on July 17, 2006, and more providers are being migrated to ARIES each month. The Office has transitioned approximately 50 percent of our contracted HIV care providers over to ARIES. An OA Local Implementation Committee works directly with providers to prepare them for migration to ARIES and continues to offer technical assistance and quality assurance activities post-implementation of ARIES. This Committee is currently working closely with the San Francisco EMA as they prepare for a spring 2008 implementation of ARIES; implementation discussions have started with the Orange County TGA.

A new release of ARIES is currently undergoing the approval process, and should be available to ARIES users by mid to late February. This release of ARIES contains the new HRSA Ryan White Data Report (RDR) and allows providers to directly upload their RDR data to HRSA/HAB's electronic handbook.

Staff is working with WebEx to develop a self-paced series of ARIES training modules. These will not replace the initial one-on-one trainings that providers receive as they first adopt ARIES, but will be useful for refresher trainings and new provider staff.

As of February 14, 2008, the ARIES system contains more than 21,000 unduplicated clients associated with over 880,000 services. There are currently 116 providers with almost 1,100 staff certified to use ARIES.

HRSA Client Level Data Reporting

Starting January 2009, HRSA is requiring all Ryan White funded providers to collect demographic and service data for all clients on an individual-level basis. In the past, HRSA has collected demographic and service data from all providers on an aggregate level (collected via the CADR and new RDR). Client identifiers will not be included in the data submission. HRSA's stated goals for moving to client level data (CLD) reporting are as follows:

- To obtain accurate counts of those individuals served by Ryan White (RW);
- To define performance measures and evaluate progress; and
- To increase grantee capacity to collect system- and client-level data, in order to improve their accountability in reporting.

Over the past year OA staff has participated in two interviews with HRSA to assess our ability to collect and report CLD, including possible training and resource needs. On February 4, 2008, along with other California Ryan White Part A-D Grantees, staff participated in a meeting with HRSA contract staff to "Vet the HAB Client-Level Data System" by seeking input from grantees regarding (a) the CLD data elements, (b) the data capture process, (c) an appropriate unique client identifier, and (d) data analysis and reporting needs.

Staff provided comments/concerns on the proposed CLD system to HRSA directly at the vetting meeting and followed up by entering comments in the online vetting tool. HRSA plans to submit the final CLD forms for federal OMB approval in April 2008, once the vetting process across the country has been completed. Once this submission occurs, HRSA suggests that grantees consider modifying their data systems to match these new forms.

HRSA has committed to not mandating that all grantees use one system to report RW CLD; the existing electronic handbook will be modified to allow the transfer of data from individual CLD systems. ARIES is a system that captures individual-level demographic and service data. Some modifications will be necessary to accommodate all the new reporting requirements, but these will be in place by January 2009 when the mandated CLD begins.

For further information, please contact the OA ARIES Project Lead, Susan Sabatier at Susan.Sabatier@cdph.ca.gov.

CARE Section

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HIV Care Consortia/Care Services Program (CSP)

CSP contract documents for fiscal years 2007-2010 are in the process of being executed with 90 percent fully executed. In addition to the original contracts for the next 3 year cycle, the CSP program processed 16 additional amendments to those contracts to disburse an augmentation of HRSA and General Fund dollars.

CSP is developing the application guidance for the 08-09 fiscal year. The guidance will provide specific assistance to contractors on transmission reduction efforts and prevention with positives activities and is anticipated release by mid-March 2008.

CSP is reviewing and updating the Care Services Administrative Manual to reflect the changes outlined within the reauthorization of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and other programmatic changes. The anticipated release date is by May 2008.

CSP Advisors are continuing to conduct on-site contract monitoring completing the monitoring of 20 sites this fiscal year. CSP Advisors are also working with the California Department of Health Care Services, Audits and Investigations Division to complete audits of selected fiscal agents. .

CSP is developing a survey in conjunction with the HOPWA program for all fiscal agents and the service providers to determine any technical assistance needs within the programs. The goal of the survey is to gather information to develop an outline for a conference that encompasses the needs expressed in the surveys. The expected release date is March 2008.

Housing Opportunities for Persons with AIDS Program (HOPWA)

HOPWA contracts for Fiscal Year 2007-2008 are still in process with almost 90 percent fully executed.

Staff is in the process of preparing the FY 2008-2009 HOPWA Consolidated Annual Plan which outlines for HUD how HOPWA funds will be allocated during the FY 08-09. HUD recently informed the State of a recent change in the eligible jurisdictions under the State HOPWA grant. Kern County is now eligible to receive HOPWA formula funding directly from HUD. The City of Bakersfield is the designated grantee and as such has requested that the OA continue administering the HOPWA funds for Kern County EMSA. OA is working with HUD and the City of Bakersfield on solidifying the process.

HUD has announced the FY 2008-09 HOPWA allocations, and the OA is in process of running the HOPWA formula for its 41-county area. The OA HOPWA grant was slightly higher than FY 2007-2008. The notice of funding and application for FY 08-09 funds will be sent to HOPWA contractors no later than April 15, 2008.

Staff continue to monitor its HOPWA contracts and should have all sites monitored by late summer.

HUD published revised reporting forms at the end of January 2008 which must be transmitted to all HOPWA contractors. Staff is in the process of transferring the forms to an excel format and sending out the forms. Staff will provide an overview of the form revisions by teleconference in April or May 2008.

In addition, the HOPWA Administrative Manual is being revised and will be distributed to all contractors in late summer with regional trainings to follow in the fall 2008. Actual dates and times will be determined within the next few weeks for the regional trainings.

Residential AIDS Licensed Facilities Program (RALF)

The RALF Program has completed the execution of all 17 RALF contracts for the contract period of July 1, 2007 to June 30, 2010 and is making preparations to begin monitoring the RALF facilities.

Community Based Care Section
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AIDS Medi-Cal Waiver Program (MCWP)

Under the terms of the Interagency Agreement (IA) between the Department of Health Care Services (DHCS) and the Department of Public Health (CDPH) mandates, DHCS has oversight authority over CDPH's operation and administration of the AIDS Waiver, including program compliance reviews. In January, DHCS staff participated collaboratively with CBC staff in a program compliance review.

Medi-Cal Billing Codes

The Office of HIPAA Compliance and DHCS Fiscal Intermediary and Contracts Oversight Division (FI-COD) have identified and selected national billing codes to replace the local billing codes currently being used by the AIDS Medi-Cal Waiver. Fiscal and system/operational impact assessments have been completed and submitted to initiate operational changes. Necessary Operational Instruction Letters have been submitted to FI-COD. Full implementation of the code conversion is scheduled for June 2010.

National Provider Identifier (NPI)

HIPAA mandates that providers use NPIs as part of Administrative Simplification. Full implementation of the NPI was completed on November 26, 2007. In order to receive reimbursement for claims for services, the NPI must be used. Use of the legacy Medi-Cal provider number is no longer permitted.

AIDS Case Management Program (CMP) Funding Augmentation

The \$3.5 million funding augmentation has been fully allocated to the 44 CMP providers. Amended budgets are currently being processed and amended contracts are being initiated. Once the contracts are fully executed, supplemental invoices can be submitted retroactively to July 1, 2007.

CMP/MCWP Annual Conference

Conference evaluations demonstrate that the 2007 fall conference held in San Diego was a success. Continuing Education Units were issued to 74 nurse case managers and 15 social work case managers. Due to budget restrictions, there will not be a statewide conference in 2008.

Early Intervention Section (EIS)

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Early Intervention Program (EIP)

All 36 EIP program clinics have submitted their amended Fiscal Year 2007-08 budgets for review and approval, reflecting the statewide program augmentation of \$4,145,883.

Early Intervention Section (EIS) staff visited the newest EIP sites in San Diego County – San Ysidro Health Center and the Vista Community Clinic – on December 11-12, 2007. In addition, an assessment of the Santa Clara County EIP project at the Ira Greene Pace Clinic is being conducted on February 13-15, 2008. Dr. Cynthia Carmichael of the Pacific AIDS Education and Training Center (PAETC) Chart Review and Targeted Education Project (CRaTE) project is participating in this assessment.

Planning continues for the 20th Anniversary EIP Conference which will be held at the Long Beach Westin on April 14-16, 2008. The theme of this conference is “Strengthened by Yesterday, Shaping Tomorrow.”

Bridge Project

A meeting of the Bridge Project administrators and Bridge Workers was held on December 6-7, 2007 in Sacramento. The California HIV/SYD Prevention Training Center conducted a training session on the relationship between HIV infection and domestic violence.

Positive Changes

A training session was held for Positive Changes Risk Reduction Specialists on November 27-28, 2007 in Burlingame. The training participants received an overview of the spiritual self-schema therapy by a presenter from Yale University.

Pathways

Letters of interest were received from 20 of the 36 EIP sites for new integrated substances use and mental health pilot called Pathways. Seventeen EIP sites have been awarded Pathways funding for a total of \$1.3 million. Neva Chaupette, Psy.D., met with OA staff on November 1, 2007 to review and discuss possible structured interventions for the new program model.

Therapeutic Monitoring Program (TMP)

Correspondence was provided to sites concerning: (1) the indefinite hold of providing the virtual phenotypic service under the TMP, (2) the importance of adequately conducting program eligibility, and (3) the completion of the monthly "Voucher Tracking and Usage Form". The letter also mentioned the revised federal guidelines recommending genotypic testing for all treatment naïve patients entering care, regardless of whether antiretroviral therapy is to be initiated.

AIDS Drug Assistance Program (ADAP) Section

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AIDS Drug Assistance Program Unit

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Medications Added to ADAP Formulary

Effective October 19, 2007, two medications were added to the ADAP formulary, the new antiretroviral (ARV) medication maraviroc, and benzathine penicillin G.

Maraviroc is a completely new class of ARV called a CCR5 inhibitor and will need to be used in combination with other ARV medications for effective treatment. This is the first medication approved in a new class of ARVs that prevents HIV from binding to the CCR5 co-receptor. Maraviroc will be used in combination with other ARV medications for effective treatment and will require a tropism assay before a client is approved to begin therapy to determine which clients will respond to the medication. ADAP will pay for the tropism assay for ADAP only clients.

Benzathine penicillin G is an injectable form of penicillin and is the treatment of choice for treating syphilis.

Effective November 21, 2007, raltegravir was added to the ADAP formulary. Raltegravir is a completely new class of ARV called an integrase inhibitor and will need to be used in combination with other ARV medications for effective treatment. This medication offers a significant treatment option to persons living with HIV/AIDS who have developed resistance to ARVs in other classes.

Etravirine

Etravirine, a new ARV in the existing class of medications known as Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI), is currently under consideration for addition to the ADAP formulary. This medication has a unique resistance profile which may offer potential benefits to clients with resistance to the currently available NNRTIs. This medication will be used in combination with other ARV agents.

ADAP continues to provide assistance to eligible clients with certain out-of-pocket costs associated with Medicare Part D for the 2008 plan year. ADAP recognizes that Medicare Part D can be confusing to clients since it is a complicated benefit and plans can change significantly each year requiring clients to review the materials carefully to ensure their prescription needs will be met.

CARE/HIPP UNIT

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Medicare Part D

The second year of the ADAP/Medicare Premium Payment Program is well underway. As of February 19, 2008, 1,619 clients have applied for premium payment assistance for 2008. Since the inception of the program, January 2007, over \$286,286 has been expended on Part D premiums for approximately 1,050 ADAP clients.

CARE/HIPP

To date: CARE/HIPP premiums have been paid for approximately 366 clients and approximately \$927,092 has been expended on premium payments for Fiscal Year 2007-08.