

Office of AIDS
November 2007 – Branch Updates

Care and Treatment Program
HIV Care Branch and ADAP Section

HIV Care Branch

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Funding

Due to ADAP efficiencies and HIV Care Branch efforts:

- a) A one-time redirection of general fund dollars will be allocated to a number of programs and activities, to include the following:

\$1.8 million	Backfill EMA/TGAs to 2006 funding levels
\$2.0 million	HIV Surveillance
\$1.5 million	ARIES
\$500,000	Capacity building
\$4.0 million	Therapeutic Monitoring Program

- b) \$10.53 million of the Ryan White Part B Base funds were made available on an on-going basis which will be allocated through a number of HIV Care Branch programs, with an emphasis on stepping-up efforts for prevention with positives, transmission reduction, and care/prevention integration.

\$2.3 million	Care Services Program
\$4.3 million	Early Intervention Program
\$3.5 million	Case Management Program
\$430,000	Capacity Building

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 50 percent fully executed.

CSP Advisors are continuing to conduct on-site contract monitoring completing four more sites. 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 will augment funding on a onetime basis for the Transitional Grant Areas (TGA's) with an additional 1.8 million dollars total. The additional funds are to help with the

Office of AIDS
November 2007 – Branch Updates

reductions in funding when the Ryan White HIV/AIDS Treatment Modernization Act of 2006 was reauthorized.

CSP will also be augmenting funding by an additional \$2.3 million dollars total, annually. A key component of this augmentation is that these funds are to be focused on transmission reduction efforts and working in collaboration with “prevention with positives” activities.

Housing Opportunities for Persons with AIDS Program (HOPWA)

The HOPWA program allocated funds to 18 health departments and 8 CBO's. Total allocation is \$3,185,772 which consists of \$2,685,772 from the 07-08 HUD HOPWA grant and \$500,000 from previous-year unspent funds. The HOPWA program year begins July 1 and ends June 30. Contracts are being processed as quickly as possible. HOPWA staff is in the process of preparing the HUD Consolidated Annual Performance and Evaluation Report which is prepared for submittal to HUD in conjunction with the State Department of Housing and Community Development. The report is due to HUD no later than September 30, 2007 and submittal is on target. Staff is continuing to work with the ARIES team to develop the HOPWA component of the data system. HOPWA Staff have begun an aggressive monitoring schedule to ensure all contractors have been monitored before June 30, 2008.

Residential AIDS Licensed Facilities Program (RALF)

The RALF Program is working with the Contracts Management Unit to prepare new contracts for the FY 2007-2008 allocation with the contract period of July 1, 2007 through June 30, 2010.

Staff will begin site monitoring of the RALF facilities by July 2007, and continue monthly thereafter.

Community Based Care Section

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AIDS Medi-Cal Waiver Program (MCWP)

An Interagency Agreement (IA) between the Department of Health Care Services (DHCS) and the California Department of Public Health (CDPH) has been fully executed, effective July 1, 2007. Under the terms of the IA, DHCS, as the Medicaid single state agency, authorizes CDPH to operate and administer the MCWP. DHCS will provide solely pass through funding of federal financial participation (FFP) to CDPH for State Operations/Other Administrative expenses pertaining to its operation and administration of the AIDS Waiver. CDPH will provide state matching funds for State Operation/Other Administrative services.

Office of AIDS
November 2007 – Branch Updates

Medi-Cal Billing Codes

The Office of HIPAA Compliance is working with DHS Payment Systems Division to identify selected codes currently being used by Medi-Cal. Fiscal and system/operational impact assessments have been completed and submitted to initiate operational changes. Necessary Operational Instruction Letters have been submitted to Payment Systems Division (PSD).

National Provider Identifier (NPI)

HIPSS mandates that providers use NPIs as part of Administrative Simplification. Full implementation of the NPI will be on November 26, 2007. On that date, AIDS Waiver providers must use the NPI when billing for waiver services instead of the Medi-Cal Provider Number. AIDS Waiver providers have until November 25th to register for the NPI. OA staff has been working with the Fiscal Intermediary, EDS, to test claims processing with the NPI on the new UB-04 claim forms. The testing will run through October to ensure a smooth transition to the use of the NPI.

AIDS Case Management Program (CMP) Funding Augmentation

We will be increasing funding for the CMP by a total of \$3.5 million dollars to provide in-home medical case management, transmission reduction and other supportive services to clients with high need. A key component of this augmentation is that these funds are to be focused on, among other things, transmission reduction efforts and working in collaboration with “prevention with positives” activities. Programs will be asked to present proposals that focus these new dollars on efforts aimed at reducing transmission and promoting prevention programs. CBC staff will be working with sites to better identify those activities, provide technical assistance, and necessary support. This funding increase is the result of dollars being made available by our AIDS Drug Assistance Program (ADAP) and is a permanent transfer to our program base.

CBC staff has been meeting to discuss how to allocate these additional funds equitably. Final decisions are being made in early October and amended contracts will be prepared. Projects will be required to submit amended budgets that will be reviewed and approved by OA staff.

CMP/MCWP Annual Conference

Final preparations are being made for the 2007 Statewide Conference. This year, the annual conference will be held in San Diego, California. The dates are October 23rd - 25th, 2007. Attendees include Project Directors, Nurse and Social Work Case Managers, Case Aides, and other OA staff. The conference steering committee, made up of various CMP/MCWP staff from projects around the state and CBC staff have finalized workshop and plenary sessions.

Office of AIDS
November 2007 – Branch Updates

Early Intervention Section (EIS)

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Early Intervention Program

Early Intervention Program (EIP) projects are receiving a funding augmentation of \$4,145,883, which increases the overall statewide budget for EIP, the Treatment Educator program, the Bridge Project and Positive Changes from \$11,379,650 to \$15,525,533. The EIP project sites have been informed of the augmentations and are currently revising their budgets.

EIP projects have been sent a Request for Letters of Interest for a new EIP pilot project offering integrated substance abuse and mental health services. The pilot project will support a full- or half-time position at each site selected, as well as ongoing training and consultation for that staff person. The pilot will be directed toward multiply-diagnosed EIP clients (those who have HIV disease accompanied by substance abuse and/or a mental health disorder) and will be implemented at each site by a licensed mental health professional functioning as part of the EIP care team.

The initial Letter of Interest for this pilot program must be submitted by the close of business on Friday, October 19, 2007. This new program will be supported by redirected funding made available in the fiscal year 2007-08 Governor's Budget.

Planning continues for the 20th Annual EIP Training Conference which will be held in Long Beach on April 14, 2008 through April 16, 2008.

Bridge Project

A training meeting was held for Bridge Project workers on the week of August 6, 2007 in Newport Beach.

Therapeutic Monitoring Program (TMP)

The Therapeutic Monitoring Program received a \$4 million one-time-only augmentation of State General Fund dollars and this was used to distribute over 40,000 additional viral load and resistance testing vouchers to local clinics. The additional vouchers were distributed via overnight mail on Friday, October 5, 2007.

Office of AIDS
November 2007 – Branch Updates

AIDS Drug Assistance Program (ADAP) Section

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AIDS Drug Assistance Program Unit

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Medications for Treatment of Tuberculosis Added to ADAP Formulary

Effective May 29, 2007, six medications were added to the ADAP formulary for the treatment of multi-drug resistant tuberculosis (MDR-TB) or extensively drug resistant tuberculosis (XDR-TB). Additionally, two existing medications on the formulary had their accepted use expanded to allow for use in treating either MDR-TB or XDR-TB.

Maraviroc and Tropism Assay

Maraviroc, the new CCR5 inhibitor, is currently under consideration for addition to the ADAP formulary. This medication will require a tropism assay to determine which clients will respond to the medication. If the medication is added to the formulary, ADAP will pay for the tropism assay for ADAP only clients. These are clients that have no other insurance coverage.

Benefits Counseling Services

ADAP met with an advisory group to discuss increasing benefit counseling capabilities. As a result, ADAP is in the process of drafting a Request for Application. It is still anticipated the implementation of the services will take place in fiscal year 2007-2008.

ADAP is gearing up for the open enrollment period for Medicare Part D. Open enrollment is from November 15, 2007 until December 31, 2007. This can be a confusing time for clients because of changes in plan coverage or the complete elimination of some Part D plans.

CARE/HIPP Unit

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CARE/HIPP and Medicare Part D

ADAP Medicare Part D premiums have been paid for approximately 907 clients and approximately \$218,139.86 has been expended on premium payments.

To date: CARE/HIPP premiums have been paid for approximately 346 clients and approximately \$439,314.42 has been expended on premium payments.