

Community Planning Group – April 17, 2013

| Topic | Action |
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| | Present: Bob Harrington, Jodi Dumont, Richard Aleshire, Heather Hill, John Arvan, Karen Robinson, Sarah Fanucci, Debra Green, Leonard Jenkins, Keisha Davis, Maggie Kennedy, Lydia Guy-Ortiz DOH Staff: Cher Levenson |
| Introduction and Welcome | John Arvan welcomed the committee. CPPG members introduced themselves. |
| October 17, 2012 Minutes | John Arvan led a discussion of the minutes. CPPG approved the minutes |
| New Members | Karen Robinson introduced Lydia Guy-Ortiz, HIV Client Services' Community Planning and Part D Coordinator. John Arvan introduced Leonard Jenkins, who represents the east side of the state. |
| Programs & Planning Bodies Updates | <p>Note: Washington State has the following interrelated planning groups:</p> <ul style="list-style-type: none"> – Community Program Planning Group (CPPG) – Early Intervention Program Steering Committee (EIP Steering Committee) – HIV Prevention Planning Group (HPPG) – Governor's Advisory Council on HIV/AIDS (GACHA) – Seattle TGA has a Planning Council <hr/> <p>Richard Aleshire reported on EIP Steering Committee. The EIP Steering Committee holds quarterly meetings (February, May, August, and November). At the last meeting, the EIP Steering Committee discussed budget issues. It was noted that since EIP switched to using a Group Structure there has been considerable cost savings. The Group Structure is:</p> <ol style="list-style-type: none"> 1. Group 1 – Persons taking ARVs: EHIP pays insurance premiums, EIP pays co-pays, deductibles 2. Group 2 – Persons not taking ARVs: EIP pays for formulary (non-ARV) medications and limited HIV related medical visits and labs 3. Group 3 – Persons new to the program waiting to get on ARVs or EHIP <p>EIP Steering Committee has completed a Vision document that is the blueprint directing Steering Committee future actions.</p> <hr/> <p>Heather Hill reported on the HIV Prevention Planning Group (HPPG). HPPG meets monthly. HPPG divided the Washington into 3 catchment areas: Vancouver, Puget Sound Oval, and Spokane. Prevention program primarily directs funding to these catchment areas. Program decisions align with the National HIV Strategy Plan. HPPG themes, outcomes, and strategies, which heavily emphasize HIV positive persons, include:</p> <ol style="list-style-type: none"> 1. Suppressing viral loads 2. Decreasing gonorrhea, STD 3. Increasing pre-exposure prophylaxis 4. Increasing post-exposure prophylaxis 5. Increasing use of condoms 6. Increasing use of clean needles <hr/> <p>GACHA has not met since the last CPPG meeting.</p> |

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| | <p>Richard Aleshire reported on the Seattle Part A Planning Council. A site visit from HRSA has given the Seattle Part A Planning Council a new direction. The group is now more data driven. They have created two subcommittees:</p> <ol style="list-style-type: none"> 1. Priority setting & resource allocation 2. Services & needs assessment |
| <p>Combining Planning Groups</p> | <p>The release of the National HIV Strategy has shifted the focus of HIV prevention and care planning. The new HIV program paradigm is “Care is Prevention.” This means EIP Steering Committee, HPPG, and CPPG frequently overlap in the topics discussed. These three groups are advisory, look at the same surveillance and MMP data, and align with the National HIV Strategy and the Affordable Care Act.</p> <p>Richard Aleshire asked CPPG to consider merging these three planning groups into one planning body. While it would seem appropriate for Seattle Part A Planning Council also to merge with these groups, the Department of Health does not have authority over this group. The Department has put GACHA on hold until these groups have had a chance to decide on whether they will merge.</p> <p>After further discussion, CPPG voted to explore combining the EIP Steering Committee and CPPG. This combined CPPG/EIP Steering Committee Group would possible combine with HPPG at a future time. CPPG members expressed they would want the new group to meet quarterly and perhaps increase the meeting time from 3 hours to an all day meeting. CPPG suggested having subcommittees, e.g. a formulary and a consumer group, to discuss specific issues and then report to the larger group. (Motion made by Leonard, seconded by Keisha, passed unanimously: “Explore possibility of combining EIP Steering Committee and CPPG and HPPG with subcommittee work for specific issues (e.g. formulary and consumer group).”</p> <p>Richard Aleshire, Karen Robinson, Bob Harrington, Lydia Guy-Ortiz will meet with Beth Crutsinger-Perry (EIP Supervisor) and representatives from CPPG and EIP Steering Committee to discuss logistics of combining CPPG and EIP Steering Committee.</p> |
| <p>Grantee Update</p> | <p>Richard Aleshire gave Grantee Updates:</p> <p><i>State Budget</i></p> <p>The Governor, Senate, and House have each proposed budgets. The legislature must combine these budgets into one proposal, which they need to vote on by April 28, 2013. Failure to vote on one budget proposal will require them to go into special session.</p> <p>The dollars for HIV care services is the same in the three budgets. In 2014, the Affordable Care Act (ACA) will expand Medicaid to all non-Medicare eligible individuals under age 65 with incomes up to 133% (138%) Federal Poverty Limit (FPL). Persons meeting the income eligibility requirement will be eligible for Medicaid regardless of disability status. This means that fewer people will need to be using EIP to cover medical expenses. DOH estimates a cost savings of approximately five million dollars, which the three proposed budgets reflect. There may be an additional \$3.4 one-time cut to HIV Client Services because of a budget surplus generated by drug rebates.</p> |

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| | <p><i>Federal Budget</i> Congress passed the FFY2013 budget on October 1, 2012. The budget flat funded the Ryan White program. ADAP emergency relief funding (ERF) is not in the current budget. In 2012, Washington State received \$1.1 M in ERF, which it will not receive in 2013.</p> <p><i>Ryan White Reauthorization</i> Ryan White is due for reauthorization on September 30, 2013. HRSA and HIV advocates decided it is better not to push for reauthorization, but to let the program continue as is.</p> |
| New HIV Client Services Staff | <p><i>HIV Client Services New Staff</i></p> <ul style="list-style-type: none"> - Lydia Guy-Ortiz, Community Planning and Part D Coordinator - Katrina Bell, Coordination of Benefits - 2 vacancies: EIP Eligibility Specialist, EIP Data Coordinator |
| Co-Chair Election | <p>The CPPG elected Sarah Fanucci as the CPPG co-chair.</p> |
| Countdown to Affordable Care Act (ACA) |  <p>Richard Aleshire presented “The Affordable Care Act – Planning for 2014.”</p> <p><i>EIP</i> To prepare for 2014, HIV Client Services runs monthly data reports identifying the number of EIP clients expected to go into one of four ‘buckets’:</p> <ol style="list-style-type: none"> 1. Medicaid Expansion (income less than 138% of federal poverty limit (FPL)) <ol style="list-style-type: none"> a. No longer need EIP 2. Insurance Exchange (income between 138% and 400% of FPL) <ol style="list-style-type: none"> a. EIP will pay for insurance premiums, deductibles, co-pays 3. Unregistered persons <ol style="list-style-type: none"> a. No change in EIP services 4. Medicare <ol style="list-style-type: none"> a. No change in EIP services, however the ‘donut hole’ will shrink <p>DOH does not know which insurance policies will be available for clients to purchase. To be consistent with ACA, EIP will use Modified Adjusted Gross Income (MAGI) to determine income eligibility.</p> <p>Clients will apply for services using the Health Benefit Exchange Portal. The Portal will decide to which bucket the client goes and will suggest a policy. The client or his or her sponsor will pay the first month’s premium. In May, DOH will work with Health Care Authority (HCA) to ensure EHIP will be able to pay for clients’ premiums, including the first month, as a “sponsor.”</p> <p><i>Case Managers</i> DOH offered two webinars for case managers. The first was about the National Perspective of ACA, at the second the State perspective of ACA. DOH presented on</p> |

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| | <p>ACA at the Annual Community and Case Management Update in March. DOH will continue to provide ACA updates to case managers through webinars regularly scheduled webinars.</p> <p>In April, DOH added funds to case management contracts for outreach/non-medical case management services. Persons in these positions will help clients move from EIP to new coverage under the ACA. In July/August, EIP will send a list of EIP clients expected to move to Expanded Medicaid or Health Benefit Exchange. Clients will need to apply through the portal regardless of which group they may be eligible. In Sept/Oct., the Community Program Team will conduct agency “Meets and Greets” and include an ACA component.</p> <p><i>Providers</i> DOH has met with Health Care Authority (HCA) to discuss how to shepherd clients to Expanded Medicaid. EIP sent the EIP formulary and primary providers to HCA. HIV Community Programs met with HCA to define the role of targeted HIV Medicaid Case Management under Expanded Medicaid.</p> <p>DOH will be asking AETC to assist with education of providers about ACA. EIP will be following up with EIP providers not on the Health Benefit Exchange or Expanded Medicaid lists. DOH will provide webinars as needed.</p> <p><i>Clients</i> DOH sent clients general information about the ACA and added information to EIP’s web site regarding the impact of ACA on EIP. EIP also added ACA information to the letter sent to eligible clients.</p> <p>This summer DOH will hold an ACA Informational Tour Town Hall in six communities across Washington. The Town Hall will provide a mechanism whereby clients and providers can ask questions about ACA and its impact.</p> <p>The Washington health plan finder will open for enrollment from October 1, 2013 through March 31, 2014. The website is http://wahbexchange.org.</p> |
| Kaiser Report | <p>Karen Robinson presented a brief summary of the recently released Kaiser Report. The article is at http://kaiserfamilyfoundation.files.wordpress.com/2013/04/8431.pdf. The article provides a summary of key issues for the future of Ryan White HIV/AIDS Program:</p> <ul style="list-style-type: none"> • The HIV Treatment Cascade: Supporting people with HIV at each stage of the cascade, from diagnosis to viral suppression • Building HIV care networks in underserved communities • Integrating HIV care expertise into the mainstream health care system • Effectively and fairly allocating Ryan White resources |
| Next Meeting | <p>CPPG will hold its next meeting on July 17, 2013 at the Department of Health office in Kent, WA.</p> |