

# HIV Client Services Update

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November 2011

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## From the Program Manager



Richard Aleshire, MSW  
HIV Client Services Program Manager

### HIV Client Services' Budget Reduction Options for 2012-13

We continue to see a lackluster economy. As a result, the state's revenues are down which means less funds for state programs.

The September forecast dropped the projected state revenues by \$1.4 billion. The Governor is preparing for \$2 billion in cuts to assure that we have a reserve (essential in these times) in the event of further bad news. The next forecast will be released November 17. That forecast, according to the state economist, is four times more likely to be negative than positive. A special session of the legislature convenes November 28. Reductions to state agency budgets will be discussed.

Nearly 64 percent of the General Fund budget is protected by federal and state law and other considerations. For the remainder of this biennium, the

State has a baseline of \$8.7 billion from which to cut \$2 billion. In other words, the State has to cut 23 percent.

The Governor asked state agency directors to submit [budget options to reduce state general fund](#) spending by up to 10 percent. Our secretary, Mary Selecky, submitted a list of items for consideration.

We (in HIV Client Services) prepared our budget reduction options after reviewing the work of our Advisory Board, the Early Intervention Program (EIP) Steering Committee, over the last three plus years. We also had some general premises that we followed:

- We work to get low-income, HIV positive people access to medical services and antiretroviral medications (ARV). The most cost-effective way to get people access to ARV medications is to buy them health insurance.
- Getting people access to antiretroviral medications serves an important public health function by lowering the amount of virus in people who are infected, making them less likely to transmit disease. The medications also keep them healthier.
- Reductions will limit payment of insurance for HIV+ clients to the one policy that covers their ARV medications. Affected clients have already been told this.
- In the current budget situation, we continue to work to maintain our focus on activities that contribute to population-level health, which is the mission of public health.

How do these cuts specifically affect HIV Client Services?  
These are the proposed cuts:

- 1) We would cancel a contract with Tacoma-Pierce County Health Department for outreach. This will eliminate case finding and outreach to those never in care or lost to care in Pierce County. It may contribute to wider spread of disease. At

this time, the HIV prevention and care program staff at DOH are working to find ways to do this type of follow-up with clients in a more centralized, productive way.

- 2) We will review clients with a Washington State Health Insurance Pool (WSHIP) Basic Plus policy and Medicare Part D coverage and only pay for their Medicare Part D premium.  
This affects approximately 77 clients. Some clients may not be able to pay their medical co-pays and may lose services. Our focus is on access to antiretroviral medications. These clients and their case managers have already been notified.
- 3) We will stop paying for Medicare Advantage Prescription Drug Plans (MA-PD) (covers outpatient care and medications) and Medicare Part B premiums (covers outpatient medical care). This affects approximately 350 clients with MA-PDs and 7 clients with Medicare Part B. Once these reductions are made, the program will only pay for Medicare Part D plans, which covers prescription drugs only. These clients and their case managers have already been notified.
- 4) We would eliminate a contracted DOC position. DOC will lose a contract with DOH that supports one funded individual to connect prisoners to community services upon release. These individuals could be lost to care without this assistance.
- 5) We would eliminate dental services provided through EIP.  
All clients would lose dental coverage. Often, people with HIV have additional dental care needs.
- 6) We would eliminate all community services in Ryan White Part B agencies except Medical Case

Management. Eliminated services would include substance abuse outpatient care, medical nutrition therapy, food bank/home delivered meals, and medical transportation. Other services were previously eliminated. Funded case management services would focus on clients gaining access to and staying adherent to antiretroviral medications. Clients would lose the social and ancillary case management services to which they are accustomed.

- 7) We would decrease medical case management by 11 percent. This would result in a general reduction of services available. Community case management agencies will have to decide if they continue to provide ancillary services for clients such as food, transportation to medical appointments, and care for substance abuse and mental health issues from other funding. This 11 percent cut to agencies follows a 10 percent cut taken over the last two years. Agencies will probably not be able to provide services and other community agencies are already overwhelmed or unable to take clients.
- 8) We would stop paying co-pays on clients' medical appointments and lab work. We would continue to pay co-pays for medications on our formulary for Group 1 clients. Early Intervention Program clients will lose services in an effort to pare back to the essential service of paying for antiretroviral medications. They will have to start paying their co-pays on medical and lab visits. Some clients may be unable to afford the cost of their co-pays and may stop some or all of their medical care as a result.
- 9) We would eliminate paying for any medications for clients in Group 2. These clients are not on ARVs, but we would still continue to pay for limited

medical services and labs. This affects about 350 clients.

These are the items proposed to the Governor. She will provide her budget to the Legislature in mid-November. The Legislature will make decisions regarding which programs to cut and by how much during the special session beginning November 28<sup>th</sup>. We will let you know which cuts are enacted and how it affects our clients in the next edition of our Quarterly Update.

If you have thoughts about any of our programs and services we'd love to hear your ideas. Feel free to contact me at 360-236-3477 or [richard.aleshire@doh.wa.gov](mailto:richard.aleshire@doh.wa.gov).

Until next time, good health!

## The Early Intervention Program (EIP)

### EIP Changes

Submitted by Teri Eyster  
EIP Eligibility Supervisor

### Eligibility Start Date Changes

As of September 1, 2011, a client is eligible for EIP on the first day of the month in which we receive a **complete** application. For eligible clients for example:

- If EIP receives a complete application on November 15, 2011, the client is eligible for EIP beginning November 1, 2011.
- If EIP receives an incomplete application on November 15, 2011, we will ask that you or your client send the needed information.
- If EIP receives the information on November 28, 2011, the client is eligible for EIP beginning November 1, 2011.
- If EIP receives the information on December 2, 2011, the client is eligible for EIP beginning on December 1, 2011. Then the client will not be eligible for EIP in November.

## **EIP Procedure Changes**

Our goal is to give you the best possible service. To reach this goal, HIV Client Service's Early Intervention Program (EIP) has made the following changes.

**Client Service Representatives (CSRs)** - EIP will no longer assign a client's case to a specific CSR. Instead, each CSR does different tasks in the application approval process. This change means that EIP is able to review client applications and answer questions more quickly. The various tasks are rotated among staff, including responding to phone calls and emails. You can still call us at our toll free number 877-376-9316 and our front office staff can assist you or transfer you to the CSR handling calls that day. For emails, we are using a central email address, and then whichever CSR is handling emails for that day will be responding to emails that come in. That email is: [Ask.EIP@doh.wa.gov](mailto:Ask.EIP@doh.wa.gov). **Please remember our email is NOT encrypted**, and no client names, addresses or phone numbers should be sent to EIP via email.

**Application Processing Timelines** - Our goal is to review EIP applications for completeness within two business days and to process completed applications within ten business days.

### **Co-Pays and Cost Share**

Clients need to pay the co-pays on medications not covered on EIP's formulary. If all medications are on our formulary, then the only expense to pay is the EIP Cost Share. A Cost Share is a monthly amount EIP clients pay at their pharmacy. EIP includes the amount of the required Cost Share in each client's eligibility letter. Cost Share amounts are specific for each client.

If the pharmacy asks for a co-pay, the client should follow these steps:

- Ask if the pharmacy has submitted the bill to EIP through Ramsell Public Health Rx.
- If Ramsell rejected the billing, ask why
- If the medication is not covered by EIP, pay the co-pay
- If client EIP eligibility is not current, call EIP at 877-376-9316.

### **Six-Month Re-authorization (recertification)**

Federal Ryan White funding requires AIDS Drug Assistance Programs like EIP, to recertify clients' eligibility for program eligibility every six months. EIP will still award EIP eligibility for up to one-year at a time. However, in late October 2011 we will begin the process to gather updated client documentation. The three required pieces of documentation include income, Washington State residency and health insurance coverage. We are looking into ways that we can verify

client's insurance status without the client having to provide us with that documentation.

We will provide additional information about EIP's six-month recertification process as we collaborate with case management organizations and research additional tools we may be able to use to gather the updated information that documents clients' continued eligibility for EIP.

## Community & Case Management Programs

### **Medical Case Management - Fall Case Management Visit Summary**

Submitted by Neil Good

Statewide Case Management Coordinator

Its fall again, and the HIV Client Services Community Program staff has been conducting Monitoring visits to verify compliance with Standards 1 & 2 from the *Statewide Standards for HIV Medical Case Management in Washington State*. Standard 1 encompasses Policies and Procedures that an agency must have in place in order to provide quality HIV medical case management to our valuable clients. Standard 2, Personnel, consists of the qualifications staff at our contracted agencies must have in order to provide services.

We have also been monitoring wrap around services (medical transportation, food bank/home delivered meals, medical nutrition, and substance abuse). Karen Robinson, Abby Gilliland, and Neil Good have been conducting these visits. Our agencies are doing very well and appear to be adhering to the new Statewide Standards with ease.

### **Community Programs Planning Group Update**

Submitted by Amber Casey

Community Programs Planning Coordinator

The Ryan White Part B Community Programs Planning Group (CPPG) is pleased that they held their first meeting on Friday, October 21, 2011. This first meeting was focused on defining the purpose and operating procedures of the group. It also was an opportunity for the members to get to know each other. The members are a diverse group of consumers, providers, and other stakeholders. There is still room on the CPPG for a consumer from Eastern Washington. If you are interested, please contact Amber Casey at [Amber.Casey@DOH.WA.GOV](mailto:Amber.Casey@DOH.WA.GOV) or 877- 376-9316. For agendas and meeting minutes, please go to the Client Services website, <http://www.doh.wa.gov/cfh/hiv/care/default.htm> or contact Amber Casey.

## Fiscal Facts

Submitted by Jayme Emmons  
Fiscal Coordinator

We received our final Ryan White award in August 2011 for the program year that started April 1, 2011. The following are included in the award:

- Base funds at **level funding from last year**
- AIDS Drug Assistance Program (ADAP) funds; **with a 10 percent increase from last year**
- Minority AIDS Initiative (MAI) funds; **with an 8 percent increase from last year**
- ADAP Supplemental funds; **with a 26 percent increase from last year**



Base dollars fund Core Medical Services, Medical HIV Case Management, Medical Nutrition Therapy, Substance Abuse Outpatient Care, Food Bank/Home Delivered Meals, and Medical Transportation.

ADAP dollars fund our drug assistance program and health insurance premium assistance, the Early Intervention Program (EIP).

Minority AIDS Initiative (MAI) dollars fund outreach to minorities to get them into care.

ADAP Supplemental dollars compliment the ADAP funds in our main grant to keep people on medications and off waiting lists.



## Support Staff News

### **Your phone calls to HIV Client Services**

Submitted by Sheila Ichita, Secretary Supervisor and  
Christina James, Office Assistant

The HIV Client Services phone message has changed. Now when you call our toll free number, **877-376-9316** or local number **360-236-3426**, you can select option number 3 for the “**Client Service Representative of the week.**” The client service representatives are rotating the phone calls and emails each week. By selecting this option your call will be directed to the CSR of the week instead of using the clients’ last name and CSR alpha split. To email the CSR of the week, send your message to: [Ask.EIP@doh.wa.gov](mailto:Ask.EIP@doh.wa.gov). Please do not email client identifiers as our email is subject to public disclosure and is not encrypted.

## Staff Profile



Christina James, Office Assistant

### **Christina James – Office Assistant**

Submitted by Amber Casey  
Planning & Legislative Coordinator

#### **What is your job at Client Services?**

My job is Client Services Administrative Support. I am the Office Assistant and have been with Client Services for one and a half years.

#### **What is an average day in the office like for you?**

My average day is busy multitasking: pulling faxes, sorting and opening the mail, answering the main phone

line, pulling and organizing client files, preparing and sending mailings to clients, all of this among the random projects that can come up at any moment.

**Tell us about yourself.**

I am the youngest of three children, the only girl, born and raised in Olympia. I now live in Lacey with my fiancé, who I've been with for almost five years, our two boys ages 9 & 2 and Bruiser, our sweet loving dog, who is one year old.

**What is your favorite thing to do when you are not in the office?**

My favorite thing is spending time with my family. Although we like playing lots of board games and watching movies, we really enjoy being outdoors. We love camping, going to the beach or the lake, hiking, biking or taking the dog for a walk to the dog park. No matter what we are doing, my family can count on me to always have my camera and to be taking LOTS of pictures! I also really LOVE Zumba! I go to *at least* 3 Zumba classes each week. Not only is it great for my health, it is great for my spirit! It is so much fun and everyone there is always excited and ready to have a good time!

**Program Operations & Quality Management  
Quality Management Planning & Evaluation Group**

Submitted by Anneke Jansen  
Statewide Quality Management Coordinator

The Quality Management Planning and Evaluation Group (QMPEG) is a statewide quality management (QM) workgroup. The Group's members include Ryan White grantees, staff, and HIV positive consumers from each Ryan White Part in Washington State. Grantees are agencies receiving Ryan White Part A, B, C, D and AIDS Education Training Center (AETC) dollars directly from the Federal government.

QMPEG first met in October 2006 to develop a data system that includes all Washington State Ryan White Provider data. Since then, the Group's focus expanded to oversee statewide HIV quality management activities. Meeting quarterly, the Group coordinates quality management activities, reviews statewide data regarding client

health outcomes, and is working to develop statewide interventions to improve the quality of HIV care.

Recently, the Group chose nine priority measures. These nine measures will allow the Group to look at HIV care across the state. While these are not the only key aspects of HIV Care, the group agreed that these measures are a great point to start. The group chose these measures based on three main criteria:

- National recommendations
- Relevance to the Ryan White Program
- Our ability to collect data

Starting in October, 2011, all of the Ryan White grantees will submit data on the measures. We will then combine the data, looking at the quality of HIV-care at the State-level. In the future, the Group will use the data results to make decisions about quality improvement activities.

The Group agreed on the nine priority performance measures below:

CD4 Event:	Percent of clients who had one or more CD4 T-Cell counts performed in the measurement year.
CD4 Value:	Value of most recent CD4 T-Cell Count for clients who had the test performed during the measurement year. Results are presented in an aggregated format.
Viral Load Value:	Value of most recent viral load value for clients who had the test performed during the measurement year. Results are presented in an aggregated format.
Medical Visits:	Percent of clients who had two or more medical visits in an HIV-care setting during the measurement period at least three months apart.
Primary Care Retention:	Percent of medically case managed clients who had one or more visits with a primary care provider during the six month measurement period.
ART Prescription:	Percent of clients who have CD4 T-Cell Count at or below 500 or an AIDS defining illness who are prescribed ART.
Lipid Screening:	Percent of clients on ART who had a fasting lipid panel during the measurement year.

Syphilis Screening:	Percent of adult clients who had a test for syphilis performed within the measurement year.
Cervical Cancer Screening:	Percent of women who had a Pap screening in the measurement year.

Your smile is the light in the window that tells people  
you're at home.

-----Author unknown



## Client Services Staff

**Program Manager: Richard Aleshire, 360-236-3477**

Support Staff Supervisor: Sheila Ichita, 360-236-3430

Fiscal Coordinator: Jayme Emmons, 360-236-3451

Office Assistant: Christina James, 360-236-3489

### **Community Programs & Case Management**

Community Programs & Case Management Supervisor: Karen Robinson, 360-236-3437

Ryan White Contracts Coordinator: Abby Gilliland, 360-236-3438

Community Programs Coordinator: Kathi LLOYD, 360-236-3435

Statewide Case Management Coordinator: Neil Good, 360-236-3457

Planning & Legislative Coordinator: Amber Casey, 360-236-3480

### **Early Intervention Program (EIP) Eligibility**

Early Intervention Program Eligibility Supervisor: Teri Eyster, 360-236-3449

Client Services Representative: Martha Grimm, 360-236-3452

Client Services Representative: George Cruz, 360-236-3434

Client Services Representative: Fran McBride, 360-236-3410

Client Services Representative Lead: Lori Miller, 360-236-3493

### **Program Operations & Quality Management**

Program Operations & Quality Management Supervisor: Beth Crutsinger-Perry, 360-236-3479

Information and Data Specialist: Barbara Gimenez, 360-236-3476

Coordination of Benefits Specialist, Provider Training: Carri Comer, 360-236-3420

Eligibility and Claims Processing Specialist: Mardene Eldred, 360-236-3429

Statewide Quality Management Coordinator: Anneke Jansen, 360-236-3453

## Resources

This update and additional information about the programs in this update are posted on our HIV Client Services website at: <http://www.doh.wa.gov/cfh/hiv/care/default.htm>

Medicare: <http://www.medicare.gov>

Evergreen Health Insurance Program: <http://www.EHIP.org> or 1-800-945-4256

Social Security Administration (Extra Help): <http://www.SSA.gov> or 1-800-772-1213

Centers for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov> or 1-877-267-2323

Ramsell Public Health Rx: [http://www.publichealthrx.com/wa\\_adap.html](http://www.publichealthrx.com/wa_adap.html) or 1-888-311-7632

Patient Assistance Programs <http://fairpricingcoalition.org/projects/>

Washington State  
Department of Health

**HIV Client Services Mission Statement**

The mission of HIV Client Services is to reduce the transmission and medical consequences of HIV by assuring that persons with HIV in Washington have access to health care and supportive services.

**We welcome your input!**

Suggestions for information you would like to see included in the quarterly update, or any comments or suggestions regarding the formulary, covered services or any other issue, can be sent to Richard Aleshire by any of the means listed below:

Washington State Department of Health  
PO Box 47841  
Olympia, WA 98504-7841

Voice: 360-236-3477

Email: [Richard.Aleshire@doh.wa.gov](mailto:Richard.Aleshire@doh.wa.gov)



DOH 410-021 November 2011

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).