

HIV Client Services Update

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From the Program Manager



Richard Aleshire, MSW
HIV Client Services Program Manager

I hope you're enjoying the spring and are not too bogged down by all the depressing news recently. As I have discussed the last three quarters, the economy has been in the midst of a recession and conditions continue to get worse.

The Senate and House released their state budget proposals in early April. For the Early Intervention Program (EIP), the Senate proposal is the same as the Governor's proposal, a reduction of \$2,998,000 over the biennium. The House proposal only reduces EIP's budget by \$1,000,000 over the biennium. The Senate, House and Governor will confer on a final state budget, and we may know that final figure in early May, shortly after this newsletter is sent out. In the meantime, we are implementing the EIP Advisory Board suggestions to realize the full amount of cost reductions immediately in July. I have presented this information at a few events recently to let case managers, providers, community agencies, etc. know what is going on at this time. My slides are available for your information if you were unable to attend any of the meetings. Simply send me an email to request them.

Additionally we want to send information to our clients so that they are aware of the budget impacts. We are sending a letter to all of the clients in EIP in April and May. The letter also provides a time to call in so the material in the letter can be explained in a little more detail and questions can be answered. Five of these calls, for consumers only, are being planned at this time. Case Managers are being informed of the letters when they go out so that they can also be prepared to answer clients' questions.

The EIP Steering Committee will review the final conference budget and our contingency plan and make any necessary adjustments at our May meeting.

We may be asked to make further cuts if the economy does not turn around at some point soon. Therefore we need to assume the \$3M for the biennium might be just the first program reduction. Either way, we know we will need to help the Department of Health meet its obligation to make administrative cuts. Overall, the agency must make reductions of approximately \$8M over the biennium and each program must share in those cost reductions.

A primary way for us to cut costs is by moving clients without any type of insurance to having some form of public or private insurance. Not only does this save EIP funds but provides much broader, more comprehensive care to individuals. Each client without insurance costs us, on average, approximately \$4,600 more per year than someone with insurance. For those

with insurance, we can pay the costs of their premiums, we can pay up to \$1,000 of their annual deductible if they go to an EIP provider, and we can pay co-pays on their medications when they go to an EIP-contracted pharmacy. Their cost share is also lower than those clients with no insurance as they will have out of pocket costs for medical co-pays. We will also be reducing our formulary and our list of covered medical services so insurance again may be a better option for most folks to get the services and care they need.

Our main focus is to ensure that we have medications and services to provide to those in need. We strive to first meet our mission, which 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 will continue to focus on that mission and hold costs down wherever we can.

If you have questions please let me know. These are hard times but we're all in this together to lessen the impact on our clients and to help allay their concerns.

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

Until next time, good health!

The Early Intervention Program (EIP)

EIP Eligibility Changes

Submitted by: Teri Eyster

EIP Eligibility Supervisor

We're currently down 1.5 staff at a time when we're seeing significant increases in the number of EIP applications in the past two months. This affects our workload... And we've had to extend our timeline from one business day to two for processing applications sent to us via over-night mail. Robin Vaughn has recently left her position at the Department of Health.

We implemented several new program changes that went into effect April 1, 2009. A new EIP application was developed to incorporate these changes and is available in both Spanish and English at: http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/default.htm.

Changes include:

Registered Domestic Partners (RDP) and their minor non-adult children living in the client's home are now included in family size and the RDP's income and resources count towards the client's EIP income and resource limits.

Family resource and asset limits have been increased to \$15,000, excluding the home the client lives in and one vehicle per driver living in the client's household.

If using a Washington State Driver's License to verify current street address, it must be a valid license.

Please refer clients to these client service representatives based on the client's last name:

<u>CSR</u>	<u>Alpha</u>	<u>Phone</u>
Lori	A - I	360-236-3493
Teri	J - L	360-236-3449
Abby	M -Z	360-236-3452

Spenddown Changes for EIP Clients

Submitted by: Barbara Gimenez

Information and Data Specialist, EIP Operations

Why did EIP's spenddown coverage change?

Since October 1998, the Department of Health has contracted with DSHS to allow EIP to pay the spenddowns of EIP clients up-front. This agreement helps clients maintain continuous access to drugs and medical care. Last year we learned from DSHS that this practice no longer complies with federal rules because spenddown expenses must be incurred rather than anticipated. The change applies to spenddown base periods that begin April 1, 2009 or later.

If EIP can't pay spenddown up-front, how can an EIP client meet their spenddown?

An EIP client must incur or pay for medical expenses and submit evidence of those expenses to DSHS. Once incurred and paid expenses total the spenddown amount, the client becomes eligible for Medicaid coverage.

Medicare clients might never meet medium-to-large spenddowns because Medicare pays for most of their drug costs. Clients may not use Medicare payments to meet their spenddowns.

How is EIP helping their clients with spenddown?

EIP clients have advantages over most spenddown clients. EIP can pay for formulary drugs or copays before a client meets spenddown and clients can submit these payments to DSHS to count towards their spenddown.

EIP designed a form for clients to record EIP drug payments to give to DSHS. We will send it to clients with EIP spenddown reminders and eligibility letters.

Clients can use EIP payments of Medicare Part D premiums through the Evergreen Health Insurance Program (EHIP) to reduce their income and get a smaller spenddown. Call EHIP at 800-945-4256 for more information.

EIP will send a spenddown reminder letter to current EIP clients who have a spenddown that begins on or after April 1, 2009.

EIP can pay for covered medical services if a client doesn't have insurance or has an insurance deductible up to \$1000/year. The client must go to an EIP-contracted provider.

The new spenddown process means we must closely track EIP/spenddown clients and change what we pay after they meet spenddown. To synchronize EIP and spenddown eligibility, we will give six months of EIP eligibility to clients with spenddown.

How can you help clients?

You play a vital role in helping your clients through this transition. For many, this is a new way to look at spenddown and qualifying clients for medical coverage.

Become familiar with DSHS services like spenddown, Medicare Savings Programs (MSP), and Healthcare for Workers with Disabilities (HWD). You will find more information at: <http://www.dshs.wa.gov/manuals/eaz/>

Encourage clients to send in their EIP renewal applications as soon as possible and follow all application directions.

You may contact EIP for more information.

Lab test coverage update

Submitted by: Carri Comer

COB, Contracts and Training Specialist, EIP Operations

Attention medical providers and medical office staff

We noticed an increase in billed services for Calcifediol (CPT 82306 and 82307) or Vitamin D testing.

EIP does not pay for this service. Please notify clients prior to requesting the lab test they will be responsible for paying the bill. In addition, we cannot provide deductible assistance for clients who are insured and still in a

pre-existing or deductible period when this test is performed. In some cases, clients are being billed up to \$278 for this test.

Here is a breakdown of our billing data. **All of these services have been provided and denied on or before March 30, 2009.**

Number of Clients per Year

CPT Code	2006	2007	2008	2009
82306	2	5	34	30
82307	0	0	25	0

Community Programs

Medical Case Management Coordination Staff Information

Submitted by: Karen Robinson

Community and Case Management Programs Supervisor

Monique Ossa, Statewide Case Management Coordinator, will be away from the office through June 2009. During Monique’s absence, you can direct case management questions and concerns to Karen Robinson, Community and Case Management Programs Supervisor. You can reach Karen by phone at (360) 236-3437 or by e-mail at karen.robinson@doh.wa.gov.

Medical Case Management Standards: From Chart Reviews to Work Plans

Submitted by: Karen Robinson

Community and Case Management Programs Supervisor

Last summer, Evelyn Linton and Monique Ossa traveled across the state conducting agency and chart reviews for the Statewide Standards for Medical Case Management. They visited 20 agencies and reviewed over 460 charts to assess programs’ performance against the Statewide Standards of Care for Medical Case management.

Each agency received a report of their program’s performance and, in collaboration with HIV Client Services and their Regional AIDSNET Coordinator, developed an agency improvement plan. Most of our Ryan White Part B funded agencies have returned their implementation plans, with many agencies already reporting some work on areas identified during the chart reviews for improvement.

Statewide Quality Improvement Goals

HIV Client Services aggregated results from the chart reviews to identify statewide quality improvement goals. Case Management Standard 5.4 Ryan White Eligibility Criteria was the one that we, as a state, most need to improve. The objective of this standard is to ensure case managers screen clients for eligibility.

Measure	Statewide Mean (%)	Part A Mean (%)	Part B Range (%)
HIV Positive Status	92.67%	96%	83 to 93%
Current Income	79.43%	83%	67 to 89%
Current State or Local Residency	87.07%	92%	71 to 91%

The other area needing improvement is Standard 8.0 Medical Case Management Indicators. The objective of this standard is to ensure that case management services are consistent with the definition of medical HIV case management.

Measure	Statewide Mean (%)	Part A Mean (%)	Part B Range (%)
Primary Medical Care	87.16%	96%	70 to 85%
HIV Related Medications	93.26%	96%	80 to 98%
Treatment Adherence	68.97%	82%	40 to 73%

Technical Assistance

HIV Client Services is available to provide technical assistance to agencies needing support working towards compliance with the standards or in developing quality improvement activities. Contact Karen Robinson at (360) 236.3437 or karen.robinson@doh.wa.gov.

2009 Your Voice Counts!

Submitted by: Karen Robinson

Community and Case Management Programs Supervisor

Washington State's Ryan White Part A and Part B Programs are collaborating on the development of the 2009 statewide needs assessment, "Your Voice Counts!" project. Collaborating will allow staff in the HIV Client Services and Public Health - Seattle and King County to gain a better understanding of the needs of people living with HIV/AIDS in Washington.

Combining data from Parts A and B is one way to increase the sample size for analyzing data. Another way to increase sample size is for case managers to encourage clients and providers to fill out and return their surveys. Remember, the larger the sample size, the better our ability to look at service needs based on gender, age, and regions.

As in previous years, we will mail needs assessment surveys to consumers enrolled in the Early Intervention Program. We will also mail surveys to dental and mental health service providers registered with HIV Client Services. Case managers will be provided copies of the consumer and provider surveys to distribute to their clients not enrolled in the Early Intervention Program and to providers in their area. Providers and clients will have the option of answering the survey online. Each survey will have a code printed on it for respondents to use to access the online survey.

We will distribute the survey before the end of April. Fill it out and mail it in (the postage is on us) or go online and complete it there. Either way, return it and let **YOUR VOICE COUNT!**

Ryan White Services Report

Submitted by Karen Robinson

Community and Case Management Programs Supervisor

On January 1, 2009, service providers receiving Ryan White Program funds for outpatient medical care or case management began using a new data collection and reporting system. This system, known as the Ryan White Services Report, allows the Health Resources and Services Administration (HRSA) and Ryan White Programs to understand more clearly the services people living with HIV/AIDS use.

For the Ryan White Services Report, each provider will submit a client report online as an electronic file upload. Each upload file will contain one record per client. Each client report will include information on demographic status, core medical and support services received, and the client's 'UCI', an encrypted, unique client identifier. Medical providers will also report HIV clinical information.

While only medical care providers, medical case managers, and non-medical case managers are required to collect and report client level data in 2009, all other service providers will begin collecting and reporting client level data in 2010.

The client level data report is on HRSA's website: <http://hab.hrsa.gov/manage/CLD.htm>. If you receive Ryan White Program funds and do not have the ability to collect client level data electronically, contact your Ryan White Program Grantee.

<p>Ryan White Part A</p> <p>Jeff Natter</p> <p>Manager, Ryan White Program HIV/AIDS Program Public Health - Seattle & King County (206) 205-5507</p> <p>Email: Jeff.Natter@kingcounty.gov</p>	<p>Ryan White Part B</p> <p>Richard Aleshire</p> <p>Program Manager, HIV Client Services Washington State Department of Health (360) 236-3477 Email: Richard.Aleshire@doh.wa.gov</p>
<p>Ryan White Part C</p> <p>Pegi Fina</p> <p>Clinic Manager</p> <p>Harborview - Madison Clinic (206) 744-5160</p> <p>Email: Pfina@u.washington.edu</p>	<p>Ryan White Part C</p> <p>Rebecca Johnson</p> <p>Development Director</p> <p>Interfaith Community Health Center (360) 676-6177 ext 1122</p> <p>Email: Rebecca_Johnson@interfaithchc.org</p>
<p>Ryan White Part C</p> <p>Cheryl Cervantes</p> <p>Community Health Association of Spokane (509) 444-8888</p> <p>Email: ccervantes@chas.org</p>	<p>Ryan White Part C</p> <p>Debra Adams</p> <p>Yakima Valley Farmworkers Clinic (509) 453-7144</p> <p>Email: debraa@yfwc.org</p>

Support Staff News

Volunteer Interns

Submitted by: Sheila Ichita

Support Staff Supervisor

As a cost saving strategy, volunteer interns from the local Community College assist HIV Client Services with essential administrative and clerical support services. The interns are in the last phase of their office training before graduation from the Life Skills program which offers students the opportunity to work in the local community and get “hands-on” experience and apply what they’ve learned in school. It’s a win-win situation.

Fiscal Facts

HIV Client Services is in the process of hiring a replacement for the fiscal coordinator position. We expect the position will be filled sometime in early May.



Clinician's Corner

Gearing Up for 2009 Project Year

Submitted by: Brad Roter, MD

HIV Clinical Consultant

The Medical Monitoring Project (MMP) is the CDC's large-scale, national surveillance project to identify unmet needs, details of care, and many characteristics of those engaged in clinical care for HIV infection.

The MMP staff at the Washington State Department of Health and Public Health – Seattle & King County has begun contacting randomly selected HIV practices to participate in the project. Participation is straightforward and requires very little time and effort by the selected practices. Due to the randomized nature of the Project, participation by all of the selected practices is critical to the true representativeness of the information gathered.

The health departments and I are committed to make this an easy and satisfying project to complete. THANKS for your serious consideration of it and for giving us a chance to reassure you about any concerns.

When to Initiate Antiretroviral Therapy (ART)

Data presented at the Retrovirus meeting in Montreal this year has renewed debate about the optimal CD4 count for initiating therapy. The ART Cohort Collaboration that showed a leveling off of risk at CD4 counts over 350 supported the standard of using 350 cells/mm³ as a threshold for treatment. The NA-ACCORD study (whose P.I. Mari Kitahata is from the University of Washington) showed a significantly lower risk of death with a threshold for therapy of 500 compared to 350 as well as a lower risk of death starting over 500 compared with a threshold of 500.

So, should we start everyone on ARV's at the time of diagnosis? Most experts seem to agree that the answer isn't clear enough to switch our standard quite yet. The NA-ACCORD was an observational study, not a randomized trial, and there are several important biases that may have influenced the outcome. The patients in that study were also treated in an earlier era in HIV treatment (2000 was the median year for starting therapy). The pendulum seems to have swung as far as supporting patients inspired to early treatment without recommending treatment above 350 cells/mm³ routinely.

Ever wondered if a medication or lab test will be covered by the Early Intervention Program (EIP)?

Please be aware of the following online information:

Formulary, Covered Labs & Medical Services, and General EIP Information

http://www.doh.wa.gov/cfh/hiv_aids/Client_Svcs/

We welcome your input!

Please e-mail any comments or suggestions regarding the formulary, covered services, or other issues to:

Richard Aleshire, MSW

HIV Client Services Program Manager

Richard.aleshire@doh.wa.gov

Free HIV Consultation for Medical Providers:

Medcon (U. of Washington): Available 24 hours/7 days 800-326-5300

National HIV Telephone Consultation Service (Warmline): M-F 6 a.m. to 5 p.m. 800-933-3413

Northwest AETC (AIDS Education and Training Center):

Dr. Chris Behrens 206-994-8773 pager;

Dr. David Spach 206-731-5166

Staff Profile



Karen Robinson - Community and Case Management Programs Supervisor

Submitted by: Jayme Emmons

Community Programs Contract Coordinator

Karen was born and raised in Mill City, Oregon and now lives with her daughter and spunky 5-year old grandson. She has a son attending college in Southern California. Karen also has two cats.

Karen began her job in HIV Client Services in October 2007. She has worked in public health for over 19 years in HIV counseling & testing, and care services. Karen is now the Community and Case Management Programs Supervisor. Although there are always challenges in her job, she is passionate about doing quality work and being a team player.

Recently, Karen's spare time is spent reading, watching old movies and reality TV, spending time with family, and doing puzzles.

Little Facts about Karen:

Favorite Dessert: Apple crisp with ice cream

Last Book Read: The Historian

Last Movie Watched: A Place in the Sun

Last Place Vacationed: Orange, California

Dog Lover or Cat Lover: Both

Favorite Color: Blue

Favorite Holiday: Thanksgiving

Staff News

HIV Client Services Staff Update

Submitted by: Richard Aleshire

We in HIV Client Services would like to send well wishes to one of our staff who will retire from the Department of Health (DOH) June 30, 2009. Evelyn Linton has been with the Department since 2000 and helped provide valuable services to clients living with HIV. Prior to working in HIV Client Services, Evelyn was an HIV case manager in Clallam County and helped many clients access the services and care they needed. While in HIV Client Services, Evelyn coordinated a very successful CAREvent 2007 which got positive reviews and accolades from our community partners and consumers. She also managed a number of contracts, coordinated trainings, served as a case management coordinator and most recently assisted with our fiscal reports.

We wish Evelyn all the best in this new phase of her life and hope she enjoys gardening and sunny days in Texas.

Good luck, Evelyn. We'll miss you!

Community News

Remembering Kelly Scott's Legacy in the EIP Program

Submitted by Jesse Chipps

Administrator, HIV/AIDS Planning Council

Kelly Scott served on the Seattle HIV/AIDS Planning Council from 1995 to 1999 and, during that time, was the Council's representative on the EIP Steering Committee.

During his tenure, the EIP Program faced what was arguably its most difficult challenge: the success of triple combination therapy. For those of you who do not remember the pre-HAART era, it may be hard to imagine what happened in those four short years. Before the confirmation that three drugs taken together could mean the difference between life and death for people living with HIV/AIDS, PLWH, the program was paying for one or two antiretrovirals per person—and many PLWH chose not to take medications at all. Very suddenly, the cost-per-client for EIP skyrocketed, and many more new clients wanted to join the program resulting in an inability to respond and DOH had to create a waiting list.

Kelly was not the type of person to wait to see how things worked out. He immediately leapt into action, calling an emergency meeting of the Seattle Planning Council to increase funding for Early Intervention Program, rattling cages in Olympia, and carrying a very simple message, "It is unacceptable to deny access to life-saving medications." While he was not the only person taking action, it could be argued that he was the strongest-willed. In the end, Governor Lowry worked very quickly with the legislature to identify other state funds for the program and eventually the feds added special funding for ADAP into what is now Part B of Ryan White.

This is only one example of Kelly's activism. He was a smart man, and he put his intelligence and principles into action and was never, EVER afraid to take a stand even if it was unpopular. He could spar fiercely on issues, but at the end of the argument, was kind and gentlemanly whether he won or lost. He did not hold grudges and often expressed his appreciation to those people with whom he had the most disagreements.

In this time of fiscal crisis, it is important to remember how much this person with HIV, armed with accurate information, a sweet smile, and a willingness to engage did for so many.

Client Services Staff

Program Manager: Richard Aleshire, 360-236-3477

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

Fiscal Coordinator: Evelyn Linton, 360-236-3438

Office Assistant: Martha Davis, 360-236-3489

Community Programs & Case Management

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

Ryan White Contracts Coordinator: Jayme Emmons, 360-236-3451

Statewide Case Management Coordinator: Monique Ossa, 360-236-3457

Statewide Case Management Coordinator: 360-236-3453

Early Intervention Program (EIP) Eligibility

Eligibility Supervisor: Teri Eyster, 360-236-3449

Client Services Representative (Alpha A-I): Lori Miller, 360-236-3493

Client Services Representative (Alpha J - L): Teri Eyster, 360-236-3449

Client Services Representative (Alpha M - Z): Abby Gilliland, 360-236-3452

Early Intervention Program (EIP) Operations

Operations Supervisor: Rhonda Bierma, 360-236-3476

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

Resources

This update and additional information about the programs in this update are posted on our website at http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/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

Public Health Service Bureau (PHSB): http://www.phsb.com/patient/wa_what.html or 1-888-311-7632

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