

# HIV Client Services Update

In this Update

July 2011

News From Our Programs

About Our Staff

General Information & Resources



- ❖ From the Program Manager
- ❖ Early Intervention Program
- ❖ Community & Case Management Programs
- ❖ Fiscal Facts
- ❖ Staff Profile
- ❖ Support Staff News
- ❖ Client Services Staff
- ❖ Resources

## From the Program Manager



Richard Aleshire, MSW  
HIV Client Services Program Manager

This is our first Quarterly Update in a year. Our focus has been on managing the budgets of our programs during the Great Recession. With all of the changes made in our programs we feel it is important to let you know what is going on in HIV Client Services. We hope this information is helpful. We will try to get back on a quarterly distribution schedule.

### **Budget Update**

The HIV Client Services Programs is very fortunate to not have any of its state or federal funding reduced. We are especially pleased to report this news when so many other programs are losing funds from either the federal or state government, or both. HIV Client Services receives funding from the federal Ryan White program, from the Washington State Legislature and from pharmaceutical company rebates. Each funding stream provides approximately one-third of our total budget.

Although flat funding in this economic environment is worth celebrating, it still means that the programs we support may not have sufficient funding. Increased costs for medications, health insurance premiums, and general cost of living increases all contribute to the rise in the costs of providing services to our clients. We have made many changes in the Early Intervention Program (EIP) to contain costs. Beginning with discussions in August 2008, our Advisory Board recommended ways to cut costs.

Some of the items we implemented include:

In July 2009, we began to:

- Move 200 of the 750 clients that did not have insurance to obtain insurance with case management aid.
- Reduce administrative and staff costs by at least \$100,000 annually.
- Eliminate the annual statewide conference, CAREvent.
- Decrease the amount paid to medical providers from 133 percent of Medicaid's rate to 125 percent.
- Decrease the amount paid to lab services providers from 133 percent of Medicaid's rate to 100 percent.
- Decrease the amount paid to pharmacies by 1 percent.
- Retain 5 percent of the federal dollars that are distributed to the community agencies to be used for the EIP program (on July 1, 2010, we increased this to 10 percent).
- Reduce the formulary for clients without insurance and save \$100,000.
- Increase clients' cost share by \$10, only for those without insurance.

In July 2010 we began to:

- Require that all clients obtain insurance.

We quickly learned that this was not cost effective unless a client was taking HIV anti-retroviral medications (ARVs).

In January 2011, after gathering ARV information from every client in EIP, we placed clients into one of three groups.

- Group 1 - Clients taking ARVs.
- Group 2 - Clients NOT taking ARVs.
- Group 3 - Clients new to EIP, do not have insurance, are already on ARVs, and cannot afford a gap in treatment.

In March 2011 we:

- Removed a number of medications from the formulary including:
  - Oxycontin, oxycotin, oxycodone.
  - Muscle relaxants.
  - Topical steroids.
  - Restless leg syndrome medications.
- Reduced again the amount we pay pharmacies by approximately 1 percent.

In April 2011, cost shares changed:

- Group 1 and Group 2 clients have a monthly cost share that is 2 percent of their gross income.
- Group 3 clients have a monthly cost share of 3 percent of their gross income.
- Group 1 clients that smoke or use tobacco products, and for whom EIP has to pay an additional charge for insurance premiums, have to pay an additional 3 percent of their gross income. They have a total cost share of 5 percent of their gross income.

Beginning in April 2011, we notified clients grandparented into the program because they were above our current eligibility requirement that they would not be able to remain in the program beyond March 31, 2012.

These are a great number of changes that have been unsettling to our community partners, to our clients and to us. We did this to save our program due to the Great Recession and the continuing slow economic recovery. To do so, we decided to focus on our core mission: to make sure that people living with HIV have access to their **HIV medications**.

We appreciate all of you that helped us get through this difficult time; however, the light at the end of the tunnel is ever so faint. Without additional funding for our programs, we may need to continue to reduce costs. We are now monitoring clients' usage of ARVs. Those not taking ARVs will be moved to Group 2 to reduce our costs of paying their health insurance premiums. (See Teri Eyster's article below for additional background and information.)

By focusing on clients taking ARVs we know that:

- Health status and life span will improve.
- Transmission of HIV to others in the community will be reduced (so it acts as a prevention measure).

Thank you for all the work you do to provide services to our clients and for supporting our programs during these difficult times.

### **National AIDS Drug Assistance Program (ADAP) Crisis**

The country is currently in the midst of a crisis with providing medications to people living with HIV. As of June 30, 2011, there were 8,615 individuals on ADAP waiting lists in thirteen states. Those states include:

**Alabama:** 73 individuals  
**Arkansas:** 40 individuals  
**Florida:** 3,562 individuals  
**Georgia:** 1,630 individuals  
**Idaho:** 20 individuals  
**Louisiana:** 824 individuals  
**Montana:** 29 individuals  
**North Carolina:** 292 individuals  
**Ohio:** 485 individuals  
**South Carolina:** 810 individuals  
**Utah:** 25 individuals  
**Virginia:** 817 individuals  
**Wyoming:** 8 individuals

In Washington, our ADAP is known as the Early Intervention Program (EIP) and operated by the HIV Client Services staff at the Department of Health. We have worked very hard to avoid a waiting list and hope to be able to continue that practice.

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)

### Responsibilities for Clients in Group One

Submitted by Teri Eyster  
EIP Eligibility Supervisor

#### **What do clients need to do to keep their eligibility for Group 1 EIP services?**

Clients in Group 1, for whom EIP pays their premiums through Evergreen Health Insurance Program (EHIP) must make sure to fill their antiretroviral (ARV) drugs regularly! EIP is monitoring ARV utilization quarterly. It is only cost effective for EIP to allow EHIP to pay insurance premiums when the client regularly fills their ARV drugs.

#### **How does EIP monitor the utilization?**

Clients must go to an EIP network pharmacy. The pharmacy must bill the insurance first then bill Ramsell Public Health Rx for ARV drug co-pays. EIP will get confirmation from Ramsell that the client filled their ARV drugs. EIP will then allow EHIP to continue paying insurance premiums for the client.

#### **Why does the client need to have ARV prescriptions filled at a Ramsell contracted pharmacy?**

So we have confirmation that the client has filled ARV drugs and continue eligibility for Group 1 services.

#### **Why should a client not pay their ARV co-pays out of pocket?**

Please let clients know not to pay out of pocket for ARV medication co-pays. This actually increases rather than decreases our costs. If the pharmacist has problems billing the ARV co-pays to Ramsell, our contracted Pharmacy Benefits Manager, please have the pharmacist contact Ramsell directly at: 888-311-7632.

#### **What if the client filled ARV drugs and can prove it?**

If the client believes they filled their ARV drugs during the quarter specified, but the utilization doesn't show, we will request documentation to verify that this is true. A receipt from the pharmacy or copy of the label on the bottle will suffice; however, the drug name, client's name, and date filled must show.

#### **What happens if the client didn't fill ARV drugs?**

If the utilization doesn't show ARV drugs were filled and the client fails to provide the requested documentation, we will move the client into Group 2 and instruct EHIP to stop paying the health insurance premiums. This means the client will no longer have access to ARV drugs through EIP **and** will not be allowed premium assistance for insurance for the next 12 calendar months.

**EIP Reminder:**

As discussed in this spring's EIP/EHIP case manager training, it is taking six to seven weeks to process an EIP application. If the application is incomplete and we request the missing documentation, it can take an additional six to seven weeks to process once the missing documents arrive. Sending a completed application means EIP eligibility can be determined and granted twice as fast!!

## Community & Case Management Programs

**2011 Case Management and Support Services Contracts**

Submitted by Karen Robinson

Case Management & Community Programs Supervisor

HIV Client Services assumed responsibility for all Ryan White Part B case management and support service contracts on January 1, 2011. We used a competitive request for proposal (RFP) process to select agencies to provide Ryan White Part B services. We released the RFP in November 2010. In December 2010, four review panels consisting of community providers, Department of Health staff, Ryan White Part B providers from other states, and consumers reviewed the applications. The review panels recommended that we fund seventeen of the twenty applications received.

Beginning April 1, 2011, the selected agencies began contracting directly with the department to provide services to people living with HIV in their communities. We require that agencies use at least 85 percent of Ryan White Part B funds to provide case management services. Agencies may use up to 15 percent of Part B funds to pay for support or wrap-around services. These services include outpatient substance abuse treatment, medical nutrition therapy, food bank/home-delivered meals, and medical transportation. Agencies must demonstrate the services they provide directly link to getting clients into and retaining them in HIV care and treatment. The map on page 6 shows the Ryan White Part B agencies and the Department staff responsible for managing each contract.

**Case Management Monitoring Visits**

Submitted by Neil Good

HIV Medical Case Management Coordinator

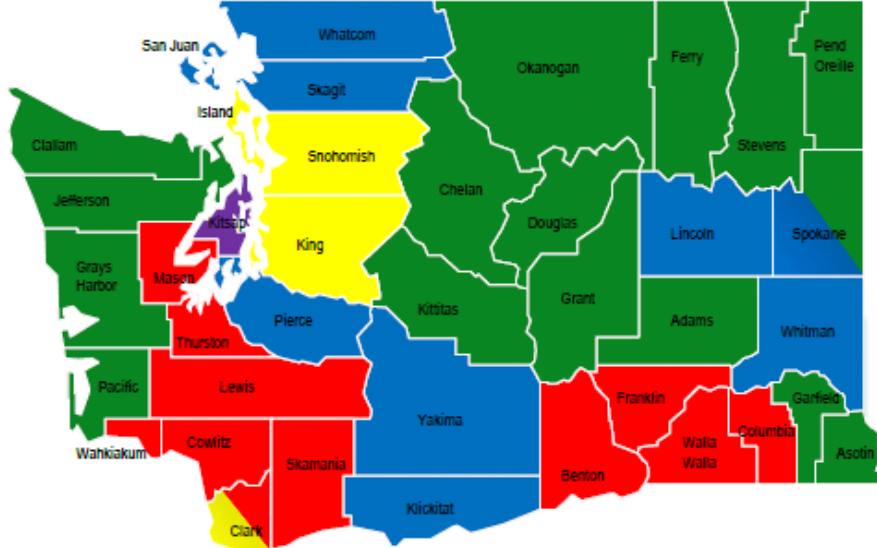
This spring the HIV Client Services Community Programs staff is conducting Monitoring Visits to ensure case management agencies have verification of HIV status, Washington State residency, income and insurance eligibility in their clients' charts. We also monitor Title XIX for agencies that billed Medicaid over the past year. The Community Programs staff participating in these visits includes Amber Casey, Abby Gilliland, Kathi LLoyd, Karen Robinson, and Neil Good.

So far, the monitoring visits have exceeded staff expectations; the agencies are doing extremely well. The quality of case management is excellent and it is obvious case managers care about the well-being of their clients. When we complete this spring's visits, we hope to have found that there is 100 percent verification of HIV status across the state. We are pleased to announce that as of the writing of this article, we are on target to meet this goal.

At the end of July's site visits, we will send out a letter with the overall results from around the state. The team would like to thank our case management agencies for their warm hospitality and enthusiasm.

## Counties by Community Program Contract Manager

Amber	Evergreen AIDS Foundation, Pierce County AIDS Foundation, Spokane AIDS Network, New Hope/Yakima Valley Farm Workers Clinic
Karen/ Abby	Kitsap County Health District
Kathi	Mason County Public Health, United Communities Against AIDS Network, Cowlitz County Health Department, Clark County Public Health, Benton-Franklin Health District, Blue Mountain Heart to Heart
Neil	Clallam County Health & Human Services, Coastal Community Action Program, Okanogan County Public Health, Chelan-Douglas Health District, Grant County Public Health, Spokane Regional Health District
Part A	Public Health – Seattle & King County / Multnomah County Health Department (Oregon)



## HIV Client Services had two new exciting opportunities for consumers and providers to give input to our programs

Submitted by Amber Casey  
 Planning & Legislative Coordinator

- The Community Programs Planning Group (CPPG) is currently looking for stakeholders, including clients at case management agencies outside of King, Snohomish, and Island counties, to join this new planning group. The CPPG will use experience and data to make recommendations to HIV Client Services on funding and service categories. This is a great opportunity to learn more about HIV Client Services and to have the voice of your community heard during the decision-making process. For more information or an application, please contact Amber Casey at either [amber.casey@doh.wa.gov](mailto:amber.casey@doh.wa.gov) or 360-236-3480 or 877-376-9316.
- The **2011 Your Voice Counts Survey** – the Washington State Ryan White Needs Assessment – is currently in progress. People have been randomly selected to participate. People chosen will receive a letter from EIP, their case manager, or the clinic where they receive medical care. This is a unique opportunity to have your voice heard and to let the Department of Health HIV Client Services and the Part A Planning Council know what services you need and use. This phone survey, conducted by a staff member, will only take 20-30 minutes. Survey results help the department and Part A make funding decisions. So it is very important you take the survey if selected. If you received the letter and misplaced it, please call 888-328-7886 to take the survey.

## Fiscal Facts

Submitted by Jayme Emmons  
Fiscal Coordinator

Based on last years' funding level, the HIV Client Services Program has received a notice of award for 49 percent of our federal funds from the Ryan White Part B Grant. We expect to have our final award around the end of July 2011 for the program year that started April 1, 2011. The following are included in the award:

- Base funds.
- AIDS Drug Assistance Program (ADAP) funds.
- Minority AIDS Initiative (MAI) funds.
- ADAP Supplemental funds.

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).

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. The state budget was passed by the Legislature and signed into law by the Governor on June 15, 2011. There were no funding cuts to HIV Prevention or Care services from state funds for this biennium.



## Support Staff News

### Your phone calls to the HIV Client Services mainline, 877-376-9316 or 360-236-3426

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

Due to all the changes to the HIV Client Services Programs, we've had a higher than normal volume of phone calls to our mainline and to all our staff members. Here are some things you can do to help us give you the best service.

When leaving a message on the mainline or a staff line, please provide the following information so we can return your call promptly and give you with the information you need.

Your name and organization.

Your client's name & EIP client identification number (3, 4, or 5 digits).

Your **brief** reason for calling.

Your **direct** phone number including extension, when and where you can be reached or where we can leave you a message. Please say your phone number slowly including the area code.

## Staff Profile

### Amber Casey

Submitted by Abby Gilliland

Community Programs Contract Coordinator

Amber Casey (formally Amber Witcher) is the Community Planning Coordinator for HIV Client Services. She came to our program in August 2010 from New York where she earned her Master's Degree in Public Health. Many of you might know Amber from her time as a Community Liaison/Adherence Support Specialist at the Pierce County AIDS Foundation (PCAF) or as a Medical Monitoring Project (MMP) interviewer for the IDRH Assessment Unit.

Amber has been busy managing the Part D transition from Public Health – Seattle & King County (PHSKC), organizing the new Part B community programs planning process, and working with PHSKC on the needs assessment. She also recently attended the AIDS Alliance for Children, Youth, and Families conference in Washington DC with staff and consumers from the BABES Network.

I recently interviewed Amber and asked her a few questions:

How long have you been working in the HIV field?

I started in the HIV field in 1998 as a volunteer with Planned



Amber & Gatsby

Parenthood and the Mason County HIV/AIDS Advisory Board, then later with the PHSKC Needle Exchange Program. PCAF was my first paid job out of college in 2006.

What do you like best about your job as the Community Program Coordinator?

I like that the position has a lot of variation. I feel like I am never doing the same thing - needs assessment one day, then contracts management on another. Now the new planning group will be starting up in August. There is a lot of room for growth and skill-building because there is always something new, exciting, and different to do.

Outside of work, what are you most likely doing?

We are weekend warriors and have plans from the moment I get home on Friday until my husband goes to work Sunday night. We go running, walking, to BBQs, and dinner parties, to the movies, and on road trips. During the week, I like to relax and watch TV – Game of Thrones, Torchwood, and Doctor Who are my main shows right now. I watch a lot of BBC.

Besides your position in HIV Client Services, what else have you been up to?

I got married in March, hence the name change. I was really excited to change my name because people always spelled or pronounced my old last name incorrectly. I was also excited to move up in the alphabet.

I have an excellent Italian Greyhound named Gatsby. She loves squirrels and jumping. She also loves to sit on the window sill in the sun, so we joke she is part cat.



## 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

Volunteer Intern: Vacant, 360-236-3475

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

Community Programs and 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: (Alpha A-E) Martha Grimm, 360-236-3452

Client Services Representative: (Alpha F-L) George Cruz, 360-236-3434

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

Client Services Representative (Alpha N–R) Fran McBride, 360-236-3449

Client Services Representative: (Alpha S-Z) 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:

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PO Box 47841  
Olympia, WA 98504-7841

Voice: 360-236-3477

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

