

HIV Client Services Update

November 2008

Quarterly Update

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Richard Aleshire, MSW
HIV Client Services Program Manager

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.

From the Program Manager

October 2008

HIV Client Services Quarterly Update

From the Program Manager – Richard Aleshire

My last quarterly update stated the economy was in the midst of a downturn. Since then, conditions have only worsened. As a result, the Governor asked us to conserve funds to prepare for some potential lean times ahead. We are abiding by her direction and looking at ways to save our administrative costs without having to cut programs that directly benefit our clients. Should any positions become vacant we will not fill them and we try to limit the amount spent on travel across the state. We still plan to visit the agencies we fund for services. However, it may be less often and if more than one person travels, we will look at ways to do this more economically. We are also exploring how to conduct cost effective meetings. We will not be able to provide snacks, beverages and/or meals at meetings in order to save on those costs. We have also postponed CAREvent until at least September 2009. Our main focus is to ensure we have medications and services to provide to those in need. We strive to 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.

You may have also heard that our federal funder, the Health Resources and Services Administration (HRSA), will now require all Ryan White funded programs to submit client level data to them. Beginning January 2009, the federal Ryan White program will require a new type of reporting about the services provided to people living with HIV. Last time we mentioned some of the impacts that clients may experience. This time we are listing some changes that may affect providers across the state.

What's changing?

Beginning January 1, 2009, Ryan White Program service providers of outpatient/ambulatory medical care and case management are required by federal law to use a new data collection and biannual reporting system (reports due 7/2009 and 1/2010). All other service providers will begin reporting in 2010. This data system, known as the Ryan White Services Report (RSR), will report information on Ryan White-funded programs and the clients served to the HIV/AIDS Bureau.

Each service provider will submit a client report online as an electronic upload. Each upload file will contain one record per client. Each client report will include information on demographic status, HIV clinical information (for clinical providers), core medical and support services received, and the client's UCI, an encrypted, unique client identifier.

Will names be reported?

No names will be reported, only an encrypted, unique client identifier will be used.

Why is this information being collected?

Collecting this type of information will help the HIV/AIDS Bureau and Congress learn more about the services currently being used in the United States by people living with HIV/AIDS. This information will help Congress determine funding allocations to Ryan White programs. In the future, it may help us develop a statewide quality management plan for Ryan White programs.

Where can I view the data elements in the client report?

You can see the entire client level data report on the Health Resources and Services Administration's (HRSA) website: <http://hab.hrsa.gov/manage/CLD.htm>

What's the status on implementing this new data report?

A small workgroup was convened with providers from each of the Ryan White-funded programs in Washington and consumers from some of those programs. Each grantee is working to determine how best to advise their respective clients and/or service providers about collecting and reporting the necessary data.

What's next?

1. Use this fact sheet and the information on HRSA's website to inform the appropriate people in your organization about these changes and begin discussions about your data collection needs.
2. Contact your grantee if you do not have the ability to collect data electronically.
3. Inform clients as appropriate. Please help ensure they understand no personally identifiable information will be transmitted to HRSA.
4. Begin collecting data on January 1, 2009. The first report is due July 2009 for case management and ambulatory/outpatient medical care providers.
5. Contact your grantee for more information.

Who can I contact for more information?

You should contact the Ryan White Grantee associated with the type of funding your agency receives. If you do not know who that is, contact us at the Department of Health.

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 e-mail at 360-236-3477 or richard.aleshire@doh.wa.gov.

Until next time, good health!

The Early Intervention Program (EIP)

Early Intervention Program (EIP) Application & Brochure

Article submitted by: Lori Miller
Lead Client Service Representative

EIP Informational Brochure

Hey, Everyone! We finally have an informational brochure for our office! Click the links below to access the brochure:

[English Brochure](#)
[Spanish Brochure](#)

Please feel free to print them for your organization or contact our office to place an order!!!

EIP Application

As you all know, EIP came out with a new application in April 2008. Since implementation, we have discovered we need to clarify and simplify it in order to get the information needed to determine eligibility. Click on the links below to access the new EIP application:

[New English Application](#)
[New Spanish Application](#)

We will still accept the April 2008 version of the application but prefer clients use the new one! You may begin using the new application immediately! Please feel free to print them for your organization or contact our office to place an order!!!

Early Intervention Program (EIP) Staff Update

Submitted by: Rhonda Bierma
Early Intervention Program Operations Supervisor

Carri Comer, Coordination of Benefits, Provider Training and Contracts Specialist, will be on family leave from November 10, 2008 through early February 2009. We are fortunate that Jayme Emmons, Community Contracts Coordinator, will be able to step in to coordinate benefits during Carri's absence. Mardene Eldred, Enrollment and Claims Processing Specialist, will continue to process medical, dental, and lab claims. If you have medical, lab, or dental billing questions call our toll free number, 877-376-9316 and you will be directed to either Jayme or Mardene during Carri's absence.

Abby and Lori would like to thank all of you for your support and patience over the last three months! Without it, we wouldn't have made it through!! Ngozi returned on October 20, 2008 and Client Services Representatives (CSRs) are now fully staffed!!!

Ryan White HIV/AIDS Program Grantee Meeting and Clinical Update*

Submitted by: Rhonda Bierma
Early Intervention Program Operations Supervisor

The 2008 Ryan White Program Grantee Meeting, held in Washington, DC, was the fifth biennial meeting of its kind hosted by the HIV/AIDS Bureau. Over 2,300 Ryan White Program grantees attended, representing direct care providers, program/fiscal administrators, members of planning councils or board members, and federal staff from across the United States and its territories.

The Grantee Meeting

The grantee meeting agenda was divided into the following tracks:

- Access to Care
- Administration/Fiscal
- Coordination and Linkages
- Cultural Competency
- Prevention/Care Continuum
- Program Development
- Quality/Evaluation/Data

Some highlights of the meeting were the plenary presentations and the excellence awards ceremony. During the opening plenary, Deborah Parham Hobson highlighted a Washington State program funded through Client Services – the Harborview Clinic at Kitsap - as an example of an innovative way to improve access to care for clients in rural communities.

The excellence awards ceremony was inspiring and included excellent videos of each award recipient. Especially moving was the posthumous tribute to Steve Sherman, Coordinator of North Carolina ADAP, who passed away earlier this year.

The Clinical Update

The clinical update, held concurrently with the grantee meeting, provided a comprehensive overview of current clinical issues in HIV management and current strategies in HIV medical care for practitioners in funded programs in Parts A, B, C, and D.

For more information on the grantee meeting and the clinical update go to: The Ryan White HIV/AIDS Program Technical Assistance Resources, Guidance, Education and Training (TARGET) Center at: <http://careacttarget.org/> You will find workshop slides, various reports, webcasts of plenary presentations, videos of the excellence award recipients, and more!

*Ryan White Program grantees are required to send staff to these meetings as a condition of their grant award. Overall, Washington had good representation at the meeting with grantees from across the state attending.

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Life is what happens while you are busy making other plans

John Lennon



Staff Profile

Jump Back, Jayme!!!

Submitted by: Martha Davis
Office Assistant

Hello everyone and happy fall! I would like to introduce you to our new Health Services Consultant 2, Jayme Emmons. Jayme has been with the Department of Health for almost 10 years working in several different programs. She returned to Health after working for the Department of Labor and Industries last year.

Jayme has been an asset to HIV Client Services since her arrival. She has jumped right in and gone the extra mile whenever and wherever needed.

Jayme enjoys life with her husband of 12 years and her 2 daughters ages 10 and 8. Jayme and her family enjoy several hobbies including traveling in their recreation vehicle, riding quads and spending time with family and friends.

Welcome Jayme!

Fiscal Facts

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Submitted by: Barbara Stuart
Fiscal Coordinator

Last quarter, I wrote about how Client Services determines if we need additional funding and how we go about asking for it. In July, we wrote a "Decision Package" and forwarded it to Department of Health management. As of October, we are updating this document with costs incurred since July. We expect further discussions with management, the Office of Financial Management, and legislative staff before the legislature convenes in January.

As we are all aware, this year is not the best time to ask for additional funds from the state. However, we hope the seriousness of aiding persons with HIV and protecting the health of every resident of the state will help convince lawmakers.

Support Staff News

Support Staff Behind the Scenes

Submitted by: Martha Davis
Office Assistant

Martha Davis – Office Assistant

- Toll free/local main line phone - first point of contact.
- Receives applications by mail or fax, enters into database, then directs to Client Service Representatives.
- Opens and routes all incoming mail.
- Looks up client identification numbers and checks eligibility dates.
- Receives medical/dental claims, sorts, then routes to Carri Comer and Mardene Eldred for processing.

Sheila Ichita – Secretary Supervisor

- Toll free/local main line phone – first point of contact.
- Prepares all arrangements for meetings and trainings, including lodging, travel etc.
- Prepares information and handles logistics for steering committee meetings.
- Maintains and updates all information on the website.

Early Intervention Program Cost Sharing for Prescription Drugs

Submitted by: Rhonda Bierma
Early Intervention Program (EIP) Operations Supervisor

January – June 2008

- 42 percent of EIP clients paid a portion of the cost of their medications.
 - 1,350 clients per month received medication.
 - 560 of those paid a monthly cost share at their pharmacy.
- EIP clients contributed a total of \$90,000 toward their care during this six-month period.

We appreciate the clients' participation in our program, whether by serving on the Client Caucus, providing feedback on our services, or paying the monthly cost share.

Clinician's Corner

Brad Roter, MD

HIV Clinical Consultant

Medical Monitoring Project in Full Swing for 2008 Project Year

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 WA State Department of Health and Public Health-Seattle and King County began patient interviews and chart abstractions for 2008. This data is critical to justify funding for HIV services and to help direct those funds. I just came back from the National MMP Advisory Board Meeting in Atlanta and am very excited about the potential of this project to give us unprecedented, comprehensive, and truly representative knowledge about those living with HIV. The quality of the data depends heavily on the participation of those HIV clinics that are randomly selected. Soon we will have both Washington State and national data from MMP to share with you. Thank you to those who are participating. Your contribution is much appreciated!

Is Treatment Interruption Dead or was SMART Dumb?

Much has been published and concluded from the Strategies for Management of Anti-Retroviral Therapy (SMART) study on intermittent antiretroviral therapy. SMART is a large study of CD4-guided antiretroviral treatment interruption. People whose CD4 count was over 350 were chosen at random to either continue or stop antiretroviral (ARV) therapy. Those whose therapy was interrupted later resumed therapy when their CD4 count declined to below 250, then interrupted therapy again when their CD4 reached 350 again. A recent publication presented data 18 months after the end of the study and resumption of uninterrupted ARV therapy in all patients. The group that had experienced prior treatment interruption had significantly worse outcomes with higher rates of opportunistic infection or death than the continuous therapy group. Several writers

are concluding that treatment interruption is dangerous and will never be a viable treatment strategy.

The obvious problem with the study and the conclusion based on it, is that current guidelines call for starting ARV therapy at a CD4 count of 350. A study that has people getting down to 250 before resuming therapy is bound to have bad outcomes. More promising data was obtained years ago in several small studies with more rational models of CD4-guided treatment interruption that had patients stop therapy when CD4 counts were higher (for example over 500) and resume therapy when they declined to 350. In those studies, those who had never had a CD4 count under 200 were able to safely be off meds for one or several years. Clearly, HIV experts would agree that treatment interruption has not been proven safe in large studies and should not be encouraged. Often, however, patients initiate on their own or request treatment interruption for many reasons like "treatment fatigue," or those who started therapy with primary infection when they had a high CD4 count and have never been below 500. For these patients, I believe treatment interruption is a reasonable consideration given current data, as long as the patient had a CD4 nadir over 200. Treatment interruption in the right patient still holds the hope of reducing cost and, more importantly, the toxicity and side-effect burden of ARV therapy.

Ever wondered if a medication or lab test will be covered by EIP?

Please be aware of the following online information:

Formulary http://www.phsb.com/patient/wa_drugs.html

Covered Labs & Medical Services

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

General EIP Information http://www.doh.wa.gov/cfh/hiv_aids/Client_Svcs/

We welcome your input!

Please email any comments or suggestions regarding the formulary, covered services or any other issue to:

Richard Aleshire, MSW

EIP 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

Community Programs

HIV Community Linkage and Coordination Program

Submitted by: Karen Robinson

Case Management and Community Program Supervisor

Washington State Department of Corrections (Corrections) is collaborating with HIV Client Services to establish the statewide HIV Community Linkage and Coordination Program. This program will assist newly released HIV+ inmates to link to care services. Corrections hired Lauren Fanning as the program consultant for the program. Lauren brings a wealth of experience to this position. Under a six-year contract with the Oregon State Department of Corrections, Lauren provided education, case management, and release planning for persons with HIV. Oregon then hired Lauren as the medical case manager, and she continued to be responsible for the release planning for persons living with HIV. Lauren worked as the Prevention Case Manager for Kitsap County Health District from 2002 to 2008.

At the Department of Corrections, Lauren will work with inmates six-months pre-release to begin their transition into the community. This will include assisting inmates in applying for Medicaid and EIP and linking them with a medical provider and an HIV medical case manager. Although an employee of the Department of Corrections, Lauren will interface a great deal with HIV Client Services and our community partners.

Consumer Voices Training

Submitted by: Karen Robinson

Case Management and Community Program Supervisor

This fall, Public Health – Seattle and King County (PHSKC) and the department's HIV Client Services Program offered four *Consumer Voices* trainings. Using a mix of content and experiential learning, *Consumer Voices* focused on knowledge that consumers need to participate in Ryan White and HIV Prevention Planning Groups.

To reach consumers living in different regions, we held trainings in Spokane, Yakima, Mt. Vernon, and Tacoma. Forty-one people living with HIV attended the trainings. Those attending gained an understanding of how the department and the AIDSNET Coordinators make funding decisions for care and prevention services and how to give input on those decisions. They learned how to interpret epidemiology and needs assessment data. They became skilled at advocating for their needs and the needs of the community. We hope these trainings will lead to increased participation by HIV-positive people in Ryan White advisory groups, regional planning groups, agency boards and state groups like the EIP Steering Committee, State Planning Group, and others.

Recent Medical HIV Case Management Trainings Fall 2008

Submitted by: Monique Ossa
Statewide Case Management Coordinator

New Medical HIV Case Management Training Advanced Medical HIV Case Management Training Kent- CenterPoint

We recently completed two trainings for medical HIV case managers:

- The New Medical HIV Case Management Training is required per the Statewide Standards for Medical HIV Case Management for new case managers within six months of hire.
- The Advanced Medical HIV Case Management Training is for case managers with at least one year experience.

The purpose of these trainings is to support case managers so that they are able to:

- Explain the core components of case management including comprehensive assessment, specialized assessments, individualized service plans, progress notes and case closure.
- Describe basic legal obligations regarding HIV confidentiality.
- Summarize the importance of professional standards and ethical conduct.
- Understand entitlement programs such as Medicaid/Medicare.
- Know what materials a client is required to submit when applying for the EIP.
- Know the different types of EIP eligibility and coverage.
- Understand the impact Medicare Part D has on EIP client eligibility.
- Understand how to coordinate EIP and insurance.
- Apply to Evergreen Health Insurance Program (EHIP) and understand deadlines.
- Understand the types of insurance clients may access and how to know what your client may be eligible for.
- Know where to get more information about EHIP and insurance coverage.

Please contact Monique Ossa at 360-236-3457 or monique.ossa@doh.wa.gov for more information about the department's sponsored case manager training or clinical consultation for case managers.

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Harborview at Snohomish

Submitted by: Karen Robinson
Case Management and Community Program Supervisor

Harborview Medical Center Madison Clinic contracted with the Department of Health to create an HIV satellite clinic. This will improve access to primary medical care for HIV-positive individuals residing in Snohomish, Island, San Juan, and Skagit counties, Beginning September 17, 2008, Community Health Center of Snohomish County and Harborview Medical Center Madison Clinic will provide primary medical care at the Community Health Center in Everett to HIV-positive individuals. The target population for this satellite clinic includes HIV-positive individuals who have not previously engaged in care and those who do not regularly access care due to travel difficulties.

According to the *HIV/AIDS Epidemiology Report 2nd Half 2007*, 735 HIV-infected individuals are presumed living in Snohomish, Island, San Juan, and Skagit counties. There are currently no HIV-specific clinics to provide services to these individuals. According to Harborview Medical Center patient registration, 170 of these individuals currently receive care at Harborview Medical Center Madison Clinic. Of the 565 remaining individuals, the department estimates 102 are without primary medical care (Unmet Need Estimate (18 percent) for 2007). In addition, many individuals find travel a barrier to maintaining adequate primary medical care. By funding the satellite clinic, our goal is to provide access to care for those individuals not currently engaged in care and for whom travel is a barrier.

Medical Case Management Agency/Chart Review

Article submitted by: Karen Robinson
Case Management and Community Program Supervisor

Monique Ossa and Evelyn Linton, Statewide Case Management Coordinators, have completed the agency/chart reviews for the Statewide Standards for Medical Case Management.

The purpose of the site visits/chart reviews was to:

- Assess programs' performance against the standards of care.
- Develop a plan collaboratively to address areas needing improvement.
- Use aggregate results to identify statewide case management system quality improvement goals.
- Look at trends and best practices in case management.

Monique and Evelyn are now compiling the data with the goal of completing agency reports by the first of the year. We will release statewide results at the Annual Case Management & Community Services Meeting in March 2009.

Case management agencies may need support working towards compliance with the standards. The Department of Health HIV Client Services and Public Health – Seattle and King County (PHSKC) HIV AIDS Program will provide ongoing technical assistance at the request of the provider agency, site visits to monitor compliance with the standards, and support in developing continuing quality improvement activities.

Please contact Monique Ossa at 360-236-3457 (monique.ossa@doh.wa.gov) or Evelyn Linton at 360-236-3453 (evelyn.linton@doh.wa.gov) for more information about the Statewide Medical HIV Case Management Standards and the department's sponsored case manager training

Client Services Staff

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Program Manager: Richard Aleshire – 360-236-3477
Support Staff Supervisor: Sheila Ichita - 360-236-3430
Fiscal Coordinator:- 360-236-3438
Office Assistant: Martha Davis - 360-236-3429

Consortia and Case Management Programs


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 – Evelyn Linton – 360-236-3453

Early Intervention Program (EIP) Eligibility

Eligibility Supervisor: Teri Eyster - 360-236-3449
Client Services Representative (Alpha A-G): Ngozi Mbanugo - 360-236-3435
Lead Client Services Representative (Alpha H-O): Lori Miller - 360-236-3493
Client Services Representative (Alpha P-Z): Abby Gilliland – 360-236-3452
Eligibility Specialist: Robin Vaughn - 360-236-3398

Early Intervention Program (EIP) Operations

Operations Supervisor: Rhonda Bierma - 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



We welcome your input!
**Please e-mail any
comments or suggestions
regarding the formulary,
covered services or any
other issue to:**

Richard Aleshire, MSW
Program Manager
Richard.Aleshire@doh.wa.gov

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> or 1-800-MEDICARE

EHIP: <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

Suggestions for information you would like to see included in the quarterly update can be sent to Richard Aleshire by any of the means listed below:

Washington State Department of Health
P.O. Box 47841
Olympia, WA 98504-7841
Voice: 360-236-3477
E-mail: Richard.Aleshire@doh.wa.gov

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