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January 20, 2012

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director of Health Services

SUBJECT: **ENSURING CONTINUITY OF CARE FOR RYAN WHITE BENEFICIARIES**

On September 20, 2011 your Board directed the Departments of Health Services (DHS), Public Health (DPH) and Mental Health (DMH) to 1) Notify the Board of Supervisors (Board) before any provider agreements or amendments are finalized; 2) Provide bi-weekly reports to the Board on the status of County efforts to obtain a Medicaid Waiver amendment to offset the additional County costs; and 3) Provide the Board offices with a written Ryan White patient care transition plan and monthly reports on efforts to ensure continuity of care.

PROVIDER AGREEMENT NOTIFICATION

On September 30, 2011, DHS notified your Board of its intent to execute amendments to existing Healthy Way LA (HWLA) agreements and enter into new HWLA agreements with seven Ryan White (RW) providers that are not currently part of the HWLA network. On December 21, 2011, DMH notified your Board of its intent to execute agreements or amendments with RW providers. DPH will also notify your Board in advance of executing provider agreements related to this matter.

EFFORTS TO OBTAIN MEDICAID WAIVER AMENDMENT

CMS requested more information on the care delivery system improvements that Los Angeles and other Counties would implement for the RW transition population as part of the Waiver amendment. DHS and DPH worked with the San Francisco Department of Public Health and the California Association of Public Hospitals to produce this information and anticipate submitting it to DHCS very soon.

RYAN WHITE PATIENT CARE TRANSITION PLAN

Transition Timing and Submission of State Plan

At this time, it is not clear when the California State Office of AIDS, through its AIDS Drug Assistance Program (ADAP), will adjust its eligibility screening process to include LIHP eligibility. It is our understanding that patients will be transitioned on a monthly basis, according to birth month, as part of their annual redetermination of eligibility for ADAP.

DPH has communicated to the California Department of Public Health (CDPH) Office of AIDS, that Los Angeles County will not be ready to begin the transition of patients until at least July 2012. First, we want to ensure that our proposed pharmacy administrator contract (described below) and the accompanying pharmacy network and provider contracts, are fully implemented prior to transition to ensure maximum access for patients and stability for providers. Second, DHS anticipates transitioning HWLA enrollment to the LEADER system in June 2012, and wants to train eligibility workers on the new system before transition takes place.

DHS Healthy Way LA Contracts

HWLA contracts for current Community Partners (CPs) were updated to include HIV services and add the pharmacy dispensing fee approved by your Board on September 20, 2011. In addition, HWLA contracts were offered to the seven RW providers that were not previously HWLA CPs. DHS made the amendments and contracts available to current and potential CPs for execution by November 1, 2011. At this time, 51 of 53 current HWLA CPs have signed contract amendments. Of the seven RW providers offered new agreements, six have signed.

Ensuring Access to Pharmaceuticals

Under the leadership of its Chief Pharmacy Officer (CPO), DHS is taking several steps to ensure that medication access is not disrupted for RW patients transitioning to HWLA.

1. *Pharmacy Administrator Contract* - DHS is working with County Counsel to negotiate an agreement, to be presented to your Board in February 2012, with a contract pharmacy administrator (PA). This agreement will result in a network of pharmacies for HIV patients transitioning to HWLA, including pharmacies already operated by some clinics. Emphasis will be placed on including pharmacies near the clinics where HIV patients seek care. However, pharmacies that patients prefer using now will not be excluded based solely on geography.

2. *Responding to Pharmacies and Patients* – On December 12, 2011 DHS and DPH representatives participated in a conference call with a group of pharmacy representatives requesting additional information about the pharmacy aspect of the County's HIV transition plan. The pharmacies requested that in our planning we consider additional services that they provide to support HIV patients. They agreed to provide us with a list and description of those services, which DHS and DPH will jointly review and respond to when it is received.

   In addition, a petition and letters related to pharmacy access concerns were delivered to Board Offices and DPH's Division of HIV and STD Programs (DHSP) in late December. DHS will address concerns about pharmacy and other aspects of the transition in a letter to patients which will be posted on its website and sent to HIV providers in late January. One key message will be that patients will have pharmacy options that are convenient and meet their needs.

3. *Contingency Planning* – At this time, it is anticipated that the PA arrangement will be in place before patients begin to transition from ADAP to HWLA. However, in the event that the transition begins earlier, DHS is making contingency plans. DHS will assist CPs in connecting to any pharmacy services needed until the pharmacy administrator contract is accessible.

4. *Ensuring Capacity at DHS Pharmacies* – The CPO is working with DHS facility pharmacies to plan appropriately for the needs of transitioning patients. 340B program status was approved for High Desert MACC, MLK MACC, Hudson CHC, Humphrey CHC and Long Beach CHC during December 2012.

5. *Formulary Assessment* – The CPO has completed a comparison of the DHS drug formulary and the AIDS Drug Assistance Program (ADAP) formulary and discussed results with the medical director for DHSP. Necessary HIV agents are being added to the DHS formulary, and a process has been determined to review future pharmaceutical formulary requests.

Ensuring Continuing Access to Specialty Care

Currently RW patients access specialty care in the following ways: 1) referral to DHS; 2) through a network of specialists known as the CHAIN network, funded by DHSP and managed by AIDS Healthcare Foundation (AHF); and 3) onsite at RW provider sites.

DHS has constructed revised HWLA Matched contracts to allow HIV providers to continue to access specialty care through these mechanisms to ensure continuity of care. Specialty allocations for CPs are based on recent utilization through DHSP RW contracts.

HWLA referrals to the CHAIN network will be managed through DHSP RW contracts (with billing to HWLA), and will be governed by the same referral protocols and utilization review procedures currently in place for RW contracts. Only HIV-related specialty needs will be referred to CHAIN, which is consistent with the current RW system.

In addition, DHS continues to decompress DHS specialty clinics and increase access for all patients, including those transitioning from RW.

Eligibility Screening and Enrollment for RW Patients

DHS and DPH have developed a process to streamline eligibility screening and enrollment for HWLA-eligible RW patients. Patients will be screened for HWLA during their annual ADAP eligibility screenings, which usually take place at their HIV provider location or an AIDS service organization. These providers will receive training from DPH and DHS on HWLA screening and enrollment. This process facilitates HWLA transition for the patient using providers and processes they are already familiar with.

HWLA resources are available to providers via DHS' HWLA website www.ladhs.org/hwla, including training videos and materials, all necessary forms and documentation, HWLA brochures, FAQs, and the weekly HWLA enrollment call for all providers and staff. DHS will provide an in-person training for providers the month prior to transition, with an additional follow-up training within the first few months after ADAP eligibility workers have gained some experience doing HWLA enrollment. There are approximately 100 staff identified that will be doing screening and enrollment for this population that will likely need this training.

Mental Health

DMH continues to work with RW agencies on the scope and detail of their new or amended agreements. DMH remains prepared to execute or amend agreements as agencies express readiness.

In addition, on January 18, 2012, DHSP and DMH jointly hosted a meeting with HIV mental health providers to discuss provider questions about HWLA mental health services.

RW-Funded Contracts

DHS and DPH have determined that a significant portion of Angelenos living with HIV will continue to rely on a mix of HWLA and RW-supported services in order to thrive. To this end, DHSP will amend relevant contracts to deploy linkage and care coordination services not covered under HWLA. These services will be deployed in the medical homes chosen by patients seeking HWLA/RW-supported HIV medical services.

Community Communication Strategy

DPH and DHS have developed a communication strategy to ensure that stakeholders are able to access information regarding the HWLA transition. The communication strategy includes the following:

- Patients: DPH is working in collaboration with the Commission on HIV to develop materials for patients who will be impacted by the transition to HWLA. In addition, DHS will post and distribute a letter to patients about the transition in late January.
- Medical Providers: DPH has set up an e-mail account for medical providers to submit their HWLA transition questions. Questions will be answered weekly via a Frequently Asked Questions document, now posted on the DHSP website. In addition, DHS set up an e-mail account specifically for provider questions related to pharmacy.
- DPH, DHS and DMH have hosted four meetings with providers and will schedule future meetings as necessary.
- DHS and DPH have also participated in numerous calls and meetings with pharmacies to answer questions about pharmacy plans for the transition.
- DHS trained HWLA member services representatives to answer questions from transitioning RW clients.

NEXT STEPS

DHS, DPH and DMH will continue working together, and with HIV community providers, to ensure continuity of care for patients transitioning from RW to HWLA; and will provide ongoing status updates to your Board.

If you have any questions or require additional information, please let me know, or you may contact Wendy Schwartz, Director of Board Relations, at 213-240-8104.

MHK:ws

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors