

Ryan White Requirements and the LIHP - Frequently Asked Questions #1

Questions and Requests from Teleconference on 7/21/2011 with Department of Health Care Services (DHCS) Low Income Health Program (LIHP) Division Staff, LIHP entities, LIHP stakeholders and advocates, California Department of Public Health (CDPH)/Office of AIDS (OA), the California Conference of Local AIDS Directors (CCLAD), the California Conference of Local Health Officers (CCLHO), the California Planning Group (CPG), HIV Care Program (HCP) Contractors, AIDS Drug Assistance Program ADAP Contractor, Alliance Members, and Diane Van Maren, Consultant, Budget and Fiscal Review Committee, California State Senate.

SET #1: Issues most specific to OA

- 1. In order to assist local LIHPs in fiscal and program planning, can OA provide recent county specific, potentially LIHP-eligible (e.g., documented) ADAP client caseload and expenditure information to each county LIHP across several different FPL levels and can this information be posted on the LIHP and OA websites?**

Yes. Office of AIDS (OA) and DHCS/LIHP will work together to develop these data tables for each county across FPL levels as quickly as possible. Once they are completed, they will be posted to each website. However, OA can only provide ADAP information to the LIHPs. The county LIHPs will need to collaborate with their Part A, B and C Ryan White grantee(s) at the Local Health Department to obtain non-ADAP Ryan White healthcare services data to estimate the fiscal impact on their local programs. For more information please see the below resource:

[2010 ADAP Expenditures and Rebates Across Income Levels, by County \(PDF\)](#) 

- 2. OA is developing a premium payment program to pay for Pre-Existing Condition Insurance Program (PCIP) premiums for eligible clients (called OA-PCIP) but has not yet started to develop a system to pay from no-pharmaceutical out-of-pocket expenses. According to call participants, the current ADAP pharmacy benefits management company, Ramsell, may have experience providing these services in other states.**

OA will contact Ramsell to learn more about their possible programs in other states that pay for non-ADAP related out of pocket costs associated with PCIP. The OA-PCIP program is expected to be operational in August or September. This new system would take some time to evaluate from a fiscal, policy and operational perspective and to develop should the policy decision be made to do so. It should be noted that Ryan White funds cannot be used for PCIP

premiums or out of pocket costs for LIHP-eligible clients due to the payer of last resort requirements.

3. Is a phased-in enrollment of Ryan White clients into LIHP under consideration, or would current Ryan White clients all need to immediately apply for the LIHP once it is operational in their counties?

This is one of the major policy issues under consideration by the Administration at this time. OA and LIHP are aware of the challenges that would be presented to Ryan White clients and to Ryan White and LIHP providers if an immediate or rapid eligibility determination for LIHP is required, however the Ryan White payer of last resort statute may be interpreted to require such a transition. OA is working with Health Resources and Service Administration (HRSA) to request guidance on this issue from HRSA's perspective (HRSA also needs to provide such guidance to their direct Part A and C grantees). OA is also working with CDPH Office of Legal Services and will provide comprehensive information for consideration by CDPH leadership and the Health and Human Service Agency for policy consideration.

For updated information, please see the letter from HRSA dated August 9th, 2011 that addresses this issue. Rolling enrollment as the RW client's eligibility redetermination period comes up is acceptable:

[California Waiver Letter from HRSA \(Health Resources and Services Administration\)\(PDF\)](#) 

4. If a client has applied for LIHP but is on a waiting list, will the client continue to be able to access Ryan White Services?

Clients will be able to utilize Ryan White services if they are on a LIHP waiting list and there are no open LIHP slots. Also, LIHP clients who are eligible for Ryan White may receive Ryan White services that are not covered by LIHP.

5. If a client is on ADAP or receiving other Ryan White services and being screened for eligibility into LIHP, will ADAP or the other Ryan White service continue to cover them during the application process?

Yes, we would use a process similar to the process we use with ADAP and Medi-Cal now, i.e., they stay on ADAP/Ryan White funded programs pending application and eligibility determination.

6. How is the ADAP Program funded and how much General Fund is there in ADAP?

In Fiscal Year 2011-12, \$82.625 million General Fund has been appropriated for ADAP. All funding sources for all Office of AIDS Programs can be found here:

[State of California HIV/AIDS Program Funding Detail Chart - Enacted Budget \(PDF\)](#) 

Detailed ADAP budget information for FY 2011-12 can be found here. This document also includes information about the OA-PCIP program describes in Question #3 above:

[OA ADAP Estimates Package FY 2011-12 Budget - May Revision \(PDF\)](#) 

7. What is the total Ryan White funding in CA?

This is the most recent data on Ryan White funding to CA for RW grant year 2010

Program Name	County	Financial Assistance 2010
RW Part A - Emergency Relief Grant Program (Emergency Metropolitan Areas [EMA]/Transitional Grant Areas (TA)) and RW Part A - Minority AIDS Initiative Grant Programs	Alameda County Health Care Services Agency (Alameda, Contra Costa)	\$6,703,149
	Department of Health Services, County of Los Angeles (Los Angeles)	39,677,933
	County of Orange (Orange)	5,634,708
	County of Sacramento Department of Health and Human Services (Sacramento, El Dorado, Placer)	2,643,080
	San Bernardino County Public Health Department (San Bernardino, Riverside)	7,253,572
	San Diego County Division of Drug Programs (San Diego)	11,582,541
	City and County of San Francisco Department of Health & Human Services (San Francisco, San Mateo, Marin)	26,009,569
	Santa Clara County Department of Public Health (Santa Clara)	2,859,484
	Sonoma County Health Services Department (Sonoma)	1,169,014
	RW Part A - Stop-Loss*	
Total (RW Part A)		\$103,533,050
Part B - Base		\$34,859,687
Part B - ADAP Earmark		98,809,675
Part B - Minority AIDS Initiative		935,531
RW Part B - Supplemental***		Pending

RW Part C - Outpatient Early Intervention Services Program		18,667,579
RW Part C - HIV Capacity Development and Planning Grants****		Pending
RW Part D - Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare		1,935,736
RW Part D - Capacity Building		0
RW Part F - Oral Health Programs		data unavailable
RW Part F - AIDS Education Training Centers (AETCs)		data unavailable
RW Part F - Special Projects of National Significance (SPNS)		data unavailable
Minority AIDS Initiative AETCs		data unavailable
Total (RW Parts B, C, D, F, and MAI AETCs)		\$155,208,208
Grand Total for California		\$258,741,258

*RW Part A - Stop-Loss fund due to loss of Formula funding.

**RW Part B - Care Grant Program includes Base and ADAP.

***RW Part B - Supplemental awards pending for 2010. Applied for ADAP funding.

****RW Part C - HIV Capacity Development and Planning Grants Pending.

8. Will OA be providing guidance to Ryan White Part A grantees?

OA has asked HRSA to provide technical assistance directly to Part A and Part C grantees. OA will provide technical assistance to non-Part B Ryan White grantees to the extent possible. Additionally, non-Part B grantees are encouraged to convey their specific needs directly to HRSA. Note that HRSA, OA and LIHP will be holding a stakeholder call with Part A and C grantees and LIHP administrators, as well as anyone who wishes to join who was on the previous call on 7/27/11.

SET #2: Issues most specific to LIHP or DHCS

1. Is DHCS considering developing an HIV-specific 1115 waiver? Advocates have ideas about how this might be financed and would like to share those ideas with DHCS.

DHCS has been asked to consider the possibility of this waiver, but is in the process of implementing a very large 1115 Waiver currently. DHCS will review the HIV specific 1115 waiver possibility when time permits. In the meantime, DHCS will provide guidance to the local LIHPs on the policy and process for incorporating existing Ryan White clients into their

programs. Various options for funding an HIV-specific 1115 waiver would need to be determined. Advocates on the call stated that they had some ideas for the funding needed to pursue the waiver and would provide them to DHCS.

It should be noted, however, that CMS has provided guidance to DHCS that it does not have the authority to suspend enrollment for people with HIV on a temporary or ongoing basis in regard to the LIHP.

2. What will be the screening process for Ryan White clients who may be eligible for LIHP?

DHCS is drafting a document that identifies LIHP eligibility criteria and is working with OA to provide training for Ryan White programs in how to apply the eligibility criteria in their screening of Ryan White applicants for potential eligibility in, and thus referral to, LIHP.

3. What is the effective date that local LIHPs must begin enrollment of Ryan White clients into their programs?

The effective date of program enrollment for all LIHP applicants in each individual LIHP will depend on the date that the program is approved by the Centers for Medicare & Medicaid Services (CMS), and the date that the contract between the local LIHP and DHCS is executed. For example, ten of the counties have been approved by CMS to begin enrollment in their LIHPs effective July 1, 2011. However, their contracts with DHCS to implement the program will not be executed until September 30, 2011.

4. Is the LIHP considered health insurance?

No.

5. Will Ryan White providers be included in the LIHP network of providers?

The local LIHPs are required to establish a network of providers that meets network adequacy and access requirements which include primary and specialty providers sufficient to provide program covered services within specified appointment times and distance requirements. A Ryan White provider within a county or service area of a local LIHP that is not in the provider network for the program may contact the local LIHP and request to participate in the program as a contract provider. The local LIHP has the option to determine whether to contract with a Ryan White provider. For more information of LIHP providers please see the LIHP program website: [DHCS Low Income Health Program \(LIHP\) \(PDF\)](#) 

6. Can a LIHP drug formulary be limited to only generic drugs or have other types of drug limitations?

Local LIHPs may develop their individual drug formularies pursuant to the requirements in the Special Terms and Conditions of the section 1115 Bridge to Reform Waiver. DHCS is

researching these requirements with CMS and our program experts in the development of drug formularies for fee-for-service Medi-Cal and Medi-Cal managed care, and will be working with the local LIHPs to develop an acceptable drug formulary policy. Any drugs that are not included on the LIHP formularies may be provided by ADAP as payer of last resort if the LIHP client is eligible for and enrolled in ADAP.

LIHP has updated formulary information. Please see page 2 questions 1 and 2 of the second set of FAQs: [The second set of LIHP FAQs \(PDF\)](#) 

SET #3: Cross-Cutting Issues

1. Will Ryan White clients have priority on a local LIHP waiting list?

The Special Terms and Conditions (STCs) of the federal section 1115 California Bridge to Reform Demonstration (Waiver), which is the Medicaid demonstration waiver that governs the Low Income Health Program, provides that local LIHPs may establish an enrollment cap at any time in order to contain costs. They also have the option to use a waiting list if they establish an enrollment cap. In regard to whether Ryan White clients have priority on a local LIHP waiting list, the Centers for Medicare & Medicaid Services (CMS), which directs DHCS in the administration of the Waiver, has advised DHCS that based on the STCs and other federal regulations related to managed care plans, individuals interested in applying for local LIHPs which are using waiting lists, must be placed on the waiting list and their LIHP eligibility determined in the order in which they apply.

HRSA and CDPH legal counsel are considering this requirement as it relates to the payer of last resort requirements of the Ryan White program, and HRSA and CMS will likely need to discuss this issue together.

For updated information, please see the letter from HRSA dated August 9th, 2011 that addresses this issue. RW clients will be treated like all other clients on any LIHP waiting lists.

[California Waiver Letter from HRSA \(Health Resources and Services Administration\)\(PDF\)](#) 

2. What is the process for deciding policy issues? What will the stakeholder input process be?

LIHP and OA will collaboratively develop an implementation plan that addresses pros and cons of various approaches for consideration by DHCS and CDPH leadership.

Stakeholders are encouraged to submit their LIHP-Ryan White related questions and requests at any time to LIHP@dhcs.ca.gov. LIHP will forward as necessary to the Office of AIDS.

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Stakeholders will be updated and provided opportunities to provide input as appropriate during the development of these policy considerations and the implementation plan.