

California Department of Public Health – Office of AIDS
and
Department of Health Care Services

Health Care Reform Communications Plan

March 2014



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I. Executive Summary

The California Department of Public Health, Office of AIDS (OA) established effective partnerships with the Department of Health Care Services (DHCS) Low Income Health Program (LIHP) and HIV stakeholders to implement policy that supports the continuity of care and treatment services for Ryan White (RW) clients. In partnership with DHCS and HIV stakeholders, OA established the LIHP Stakeholder Advisory Committee (SAC) as a regular forum to introduce, discuss, and receive input from stakeholders on OA and LIHP policy decisions. This enabled OA and LIHP staff to assess the impact of LIHP on RW clients and their providers. Members of the SAC include RW medical and non-medical providers, case managers, HIV advocates, and representatives of the California Conference of Local AIDS Directors (CCLAD), the County Health Executives Association of California (CHEAC), LIHP administrators, and HIV health care consumers. In February 2012, the SAC expanded its scope beyond LIHP to include all transitions of Ryan White clients into new payer sources as a result of Patient Protection and Affordable Care Act (ACA) implementation and renamed itself the Ryan White Health Care Reform Stakeholder Advisory Committee.

This Health Care Reform Communications Plan is the result of collaborative efforts of OA, DHCS LIHP, and HIV stakeholders, a workgroup of the SAC collectively known as the Health Care Reform Communications Workgroup (HRCW). The primary objective of the group is the development of this plan, its implementation and evaluation.

HRCW is committed to provide timely and accurate information and training resources to numerous stakeholders on various topics related to full health care reform implementation in 2014. OA also anticipates that stakeholders will need information on other changes in health care delivery systems relating to people living with HIV/AIDS (PLWHA) for years to come. HRCW identifies the following key stakeholder audiences to be reached via the communications framework and strategies included in this plan:

- RW program grantees
- RW clinic medical directors, clinic administrators, and other HIV-specialist medical providers
- RW medical and non-medical case managers and benefits counselors
- HIV pharmacists
- County AIDS Drug Assistance Program (ADAP) coordinators and ADAP enrollment workers
- Local Medi-Cal / LIHP administrators
- AIDS service organizations (ASOs)
- California Health Benefit Exchange (Covered California)
- Federal funders
- Training partners

- RW clients and HIV care consumers
- RW Part A Planning Councils
- California Conference of Local AIDS Directors

This document is a communications plan for informing and engaging RW stakeholders about changes to the RW system of health care in California as a result of the ACA, Covered California, and DHCS implementation of Cal MediConnect managed care plans for persons with Medicare and Medi-Cal coverage. This HRCW plan offers a framework for communicating to stakeholders about changes in health care coverage and services for RW clients and persons living with HIV/AIDS (PLWHA). The intent of this plan is to ensure that PLWHA and their providers are well informed regarding changes and impacts to the RW system of care.

II. Purpose of Communications Plan

As the State of California implements Covered California, Medi-Cal Expansion, and Cal MediConnect, it is important to continue to communicate with key stakeholders. This plan is intended to contribute to the successful transition of RW clients and other PLWHA into the coordinated care initiative, Medi-Cal expansion or private insurance purchased through Covered California with minimal or no barriers to care, treatment, and supportive services.

The Office of AIDS Health Care Reform Communications Plan:

- Defines the communications strategies for the HRCW;
- Identifies roles and responsibilities for each stakeholder group; and
- Defines communications mechanisms, stakeholder engagement tools, and key messages.

As a “living” document, this plan will be updated as needed and will be periodically reviewed for accuracy.

III. Communications Guiding Principles

The principles that guide the communications activities in this plan are grounded in the understanding that effective communications must:

- Engage stakeholders across the continuum of care;
- Ensure that key pieces of necessary information and/or policies are communicated to those who need them to successfully transition, link and assist clients with engaging with HIV care
- Be culturally and linguistically competent;

- Be vetted through appropriate channels internally and externally before distribution for public consumption;
- Be accurate; and
- Leverage existing fiscal and human resources as much as possible.

IV. Stakeholders

Providing up-to-date, tailored messages to each stakeholder group is very important to ensure timely navigation and reduce barriers to accessing care in this new health care delivery system. OA understands that numerous individuals have a stake in receiving information about changes to health care programs that affect them. This plan addresses the following key stakeholder groups. Below are descriptions of their unique communications needs:

DHCS administers health programs that will serve the majority of those living with HIV in California and have direct impact on RW programs and clients. Continuous partnership is critical to develop policy, guidance, and TA for stakeholders.

Covered California is California's health benefit exchange that provides an accessible place where people can purchase private insurance and may qualify, based on income, for federal financial assistance to help pay for the insurance. An estimated 2.3 million California residents will enroll in a health plan through Covered California by 2017. OA has engaged Covered California leadership in understanding how to reach HIV clients who may qualify for insurance through the marketplace and to provide informational teleconferences about provider enrollment into insurance plans, essential health benefits, open enrollment etc., to a broad scope of HIV stakeholders and patient advocates.

Local Medi-Cal / LIHP Administrators need information about the RW program as well as how clients are transitioning from LIHP into private insurance through Covered California or into Medi-Cal Expansion. Local LHIP offices will likely play a key role through 2014. Maintaining regular engagement with OA is one strategy to provide updated and accurate information for this important stakeholder group.

Federal Funders have a stake in understanding how HCR impacts state management and compliance with the Health Resources and Services Administration (HRSA) and the Centers for Medicare & Medicaid Services (CMS) policy. Current and future federal funding decisions are based on California's performance and meeting program goals/objectives and those of the National HIV/AIDS Strategy (NHAS). Federal funders will be regularly informed about HCR implementation progress and impact on funded programs in forums where issues affecting HIV care services can be raised and guidance on federal policy can be provided.

RW Part A Planning Councils are required for the eight Emerging Metropolitan Areas (EMA) and Transitional Grant Award (TGA) local health jurisdictions directly funded

through Ryan White Part A by HRSA. The councils' responsibility is to review and approve all Part A and other HIV allocations and service priorities administered by the local health jurisdiction (LHJ). Part A councils are important stakeholders to reach with timely information on HCR and changes that may affect how HIV funds are allocated. As planning councils are community run they provide a strong link to the people affected by ACA. OA currently has representation on each council to provide regular updates on OA activities as well as provide expertise on RW Part B policy/program directives and to ensure that RW funds are not used for duplicative services. OA produces and disseminates a monthly report on OA activities to all Planning Councils.

RW Program Grantees are usually county or non-profit entities that are either directly funded for RW services by HRSA or receive a grant from OA to provide RW services. RW grantees must ensure that federal/state requirements are met, including eligibility screening and recertification, adherence to the payer of last resort statute, and that care, treatment, and support services are not interrupted as clients transition to other payer sources for which they qualify. Fact sheets, Frequently Asked Questions (FAQs), webinars, policy memos, and teleconferences are effective communication methods for discussing specific HCR impacts to RW program policy, clients, and providers.

HIV/AIDS Clinic Administrators and HIV Pharmacists need accurate information in order to continue to support their client's transition to ACA. Sharing of best practices among peers is a critical engagement activity for this stakeholder group. Training and technical assistance that increase capacity to be reimbursed from multiple payer sources after full implementation of HCR in 2014 is critically important for sustainability. Other training topics could include HIV service sustainability, back billing, strategic partnerships, and planning and sustaining coordinated care models.

RW Part A and B Medical Providers are reimbursed for their services through a contract with the LHJ. Medical providers are often the first interpreters of health information for consumers and need resources to help assist consumers understand and navigate the HCR environment. Medical providers need access to fact sheets, flow charts and FAQs that include key messaging to educate themselves and their clients about Medi-Cal Expansion and the Health Benefit Exchange (Covered California). Providers new to HIV disease management need access to HIV clinical education, clinical consultation, capacity building, and technical assistance via tools that accommodate provider practice schedules. Providers can benefit from forums to engage with peers and prevention providers, learn about HCR developing individualized transition plans for clients, gain insights from best practices and case studies.

RW Non-Medical Providers: ADAP Enrollment Workers, Case Managers, and Benefits Counselors serve a vital role in eligibility screening and patient navigation. Each serves as a point of contact with consumers, often when they are in need. Regular guidance on eligibility and processes to access medical and wrap around supportive services are necessary as clients' transition.

Other AIDS Service Organizations (ASOs) are valuable members of the broad network of care and support that a consumer may rely on. They need to be kept abreast

of new opportunities for training and TA. Most consumer advocacy is generated out of ASOs and is a powerful tool to advance HIV policy. This stakeholder group has a longstanding partnership with OA and federal funders and has insight on client experience during this time of transition. This group also needs timely information about HCR and impacted programs, to be engaged with OA on policy and procedural development and to promulgate information to consumers.

California Planning Group (CPG) members provide planning and advisory guidance to OA in meeting the Prevention, Surveillance and Care goals and objectives included in California's Integrated Surveillance, Prevention, and Care Plan. CPG members are comprised of community members, service providers, and consumers and can assist in information dissemination.

Training Partners are either directly funded by HRSA or contractors with OA. These stakeholder organizations conduct targeted, multi-disciplinary training for health care providers, case managers, and benefits counselors. The Pacific AIDS Education Training Center (PAETC) offers education and training programs specifically designed to improve HIV/AIDS care, treatment and prevention services for physicians, nurses and nurse practitioners, physician assistants, dentists, dental hygienists, pharmacists and all members of interdisciplinary care teams. Information about HCR preparedness or lessons learned from the field can be included in training curricula. PAETC is a resource for collaborating on trainings/seminars or summits for medical providers and clinic administrators or other tools to assist in communicating changes in HIV care delivery to RW clients in the medical setting. PAETC can serve to reinforce technical assistance for organizations focused on quality HIV care during this time of transition. The Asian & Pacific Islander Wellness Center (APIWC) holds the California Statewide Education Program (CSTEP) contract with OA to develop and implement training on benefits counseling and treatment education to non-medical case managers and other paraprofessionals working in care settings. This group needs timely communications regarding HCR policy to ensure accurate and relevant training curricula content.

RW HIV Care Consumers are directly impacted by changes to their system of health care. Consumers need access to culturally and linguistically appropriate educational materials such as fact sheets and FAQs on topics including enrollment, eligibility screening, rights and responsibilities, and access to providers, pharmacies, and medications. Consumers also want to be engaged for input to decision makers about HCR programs and effects on their care. HIV/AIDS consumer caucuses can be engaged to better understand how consumers access health information in the new HCR environment. Opportunities to place educational messages using social network platforms should be explored.

V. Goal, Objectives, Activities, and Outcome Measures

In order to support successful collaboration and communication among key stakeholders, it is important to establish objectives, activities, and outcome measures to monitor progress and areas for improvement. The communications plan proposes the following:

Goal: RW clients transition to other payer sources without disruption to care, support, treatment and pharmacy services		
OBJECTIVES	ACTIVITIES	OUTCOME MEASURES
<p>Objective #1</p> <p>By December 31, 2013, OA will collaborate with PAETC to host an in-person conference for HIV clinic medical directors and administrators on HCR.</p>	<p>1. Convene RW Clinic Directors for a 1-day conference on HCR preparedness strategies and best practices.</p>	<ul style="list-style-type: none"> • Clinic Director meeting agenda and meeting notes
<p>Objective #2</p> <p>By December 31, 2013, OA will launch an enhanced OA website dedicated to HCR information with links to other related organizations and resources.</p>	<p>1. Build a separate HCR webpage of OA website</p>	<ul style="list-style-type: none"> • HCR webpage added to the OA website
<p>Objective #3</p> <p>By March 15, 2014, OA will create an email distribution list of stakeholders to facilitate rapid dissemination of RW-related HCR updates.</p>	<p>1. OA will send out a request statewide requesting those interested in HCR communications submit their names to be added to the OA HCR Distribution email list.</p>	<ul style="list-style-type: none"> • Email distribution list.

<p>Objective #4</p> <p>By March 31, 2014, OA will roll-out a new California Statewide Training and Education Program (CSTEP) curriculum dedicated to HCR policy affecting RW program services.</p>	<ol style="list-style-type: none"> 1. Complete modifications to the CSTEP benefits counseling curriculum. 2. Convene an informational teleconference launching the new curriculum for case managers and benefits counselors. 	<ul style="list-style-type: none"> • Benefits Counselor Training revised and available for case managers • Number of case managers and benefits counselors trained with revised curriculum • Roster of who attended and identification of RW funded case managers and benefits counselors
<p>Objective #5</p> <p>By March 31, 2014, OA will develop a management memo on RW policy changes and implement a technical assistance teleconferences for RW providers about transitioning clients out of the RW system of medical care services.</p>	<ol style="list-style-type: none"> 1. Develop and distribute RW Management Memos to contractors. 2. Convene teleconference for RW grantees in California providing updates on Covered CA and Medi-Cal Expansion implementation. 	<ul style="list-style-type: none"> • RW Management Memo • Teleconference agenda and minutes
<p>Objective #6</p> <p>By March 31, 2014, OA will disseminate at least 3 management memos that inform clients and ADAP and OA-HIPP enrollment workers on the impacts of HCR on ADAP and OA-HIPP services.</p>	<ol style="list-style-type: none"> 1. Develop and distribute ADAP and OA/HIPP management memos to enrollment workers that describe how ADAP clients will be screened for and transition to Medi-Cal Expansion and what coverage options are available through Covered California. 2. Develop policies and procedures for co-enrolling eligible clients who purchase insurance through Covered California into OA-HIPP and ADAP. 	<ul style="list-style-type: none"> • Management memos developed and distributed • Management memos posted on the OA website • Number of webinars conducted • Webinar slides and recordings • Webinar evaluation data • Copies of letters sent to clients.

	<ol style="list-style-type: none"> 3. Post all new policies on the OA website. 4. Host 3-5 webinars or TA calls for ADAP and/or OA-HIPP enrollment workers that describe the enrollment processes for Covered California. 5. Record at least one webinar and post it on OA's website. 6. Mail a letter to all OA-PCIP and potentially eligible ADAP-only clients that describes the coverage options available to them via Medi-Cal Expansion and Covered California and how to apply. 	
<p>Objective #7</p> <p>By October 1, 2014 OA will distribute a Management Memo for all ADAP and OA-HIPP enrollment workers and Part B contractors regarding Covered California Open Enrollment</p>	<ol style="list-style-type: none"> 1. Develop and distribute RW Management Memos to ADAP and OA-HIPP enrollment workers and Part B contractors providing up-to-date information on Covered California's open enrollment 2. Provide updated information on Covered California Certified Enrollment Counselors with HIV experience. 	<ul style="list-style-type: none"> • Management memo developed and distributed
<p>Objective #8</p> <p>Through December 31, 2014, OA will continue stakeholder engagement on HCR policy implementation via bi-weekly HCR SAC teleconferences.</p>	<ol style="list-style-type: none"> 1. Convene bi-weekly teleconference calls with the HCR SAC. 	<ul style="list-style-type: none"> • Total number of teleconferences • Teleconference agendas and minutes

<p>Objective #9</p> <p>By December 31, 2014 OA will release two quarterly reports outlining the progress in meeting these objectives</p>	<p>1. Develop quarterly report for distribution</p>	<ul style="list-style-type: none">• Provide HCRSAC members report
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