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Director

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California Department of Public Health



EDMUND G. BROWN JR.
Governor

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Dear Colleagues,

As many of you know, Governor Brown signed the Enacted Budget on June 24, 2015. The Enacted Budget includes several changes for the Office of AIDS and the purpose of this letter is to inform all of our stakeholders about our implementation of these budgetary changes.

AIDS Drug Assistance Program

- Effective July 1, 2015, ADAP expanded access to hepatitis C virus (HCV) medications to include all HCV co-infected ADAP clients, regardless of liver disease stage. This policy is in alignment with the federal Health and Human Services guidelines for treating HCV co-infection among HIV-infected persons and the revised Department of Veteran Affairs' HCV clinical guidelines, which recommend that all HIV/HCV co-infected patients be treated. Medi-Cal also expanded access to HCV medications to include all HIV/HCV co-infected beneficiaries, regardless of liver disease stage. Further information is available in ADAP Management Memo 2015-12 (<http://www.cdph.ca.gov/programs/aids/Documents/ADAPMM2015-12RevisionofADAPHCVTreatment.pdf>).
- ADAP Eligibility Modernization legislation, effective June 24, 2015, changed ADAP income eligibility criteria to a Modified Adjusted Gross Income level of 500 percent of federal poverty level, based on family size and household income. Further information is available in ADAP Management Memo 2015-14 (<http://www.cdph.ca.gov/programs/aids/Documents/ADAPMM201514NewADAPIncomeEligibilityCriteria.pdf>).
- The Enacted Budget also includes authority to spend \$3 million in federal and rebate funds to support ADAP/OA-Health Insurance Premium Payment (OA-HIPP) Enrollment Workers at the local and state level. This includes \$2 million in funding for local enrollment work, which will be allocated to local health jurisdictions in this fiscal year based on ADAP enrollment, and \$1 million to

support eight positions at OA which will improve OA-HIPP application processing and support of local ADAP/OA-HIPP Enrollment Workers.

- The Enacted Budget also includes an increase of five permanent positions and \$536,000 in rebate fund expenditure authority at the Office of AIDS to perform a secondary review of eligibility documentation for all ADAP clients as required by the Health Resources and Services Administration (HRSA). This will ensure program integrity by avoiding potential fraud and abuse.

HIV Care

- The Enacted Budget moves \$1.5 million in Ryan White base funding, which prior to FY 2015-16 had been allocated to ADAP, to local health jurisdictions and/or community-based organizations to support targeted efforts to re-engage HIV-infected minority clients in medical care and treatment. This funding shift is consistent with the President's HIV Care Continuum Initiative and the National HIV/AIDS Strategy goals to improve linkage to and retention in HIV care and treatment services and to improve HIV related health disparities. The Office of AIDS (OA) will use the funds for a 5-year partial rent subsidy program to stabilize housing for Ryan White minority clients as a targeted intervention to engage and retain them in HIV care and treatment. A recent randomized controlled trial demonstrated that targeted housing interventions are cost-saving for unstably housed persons living with HIV/AIDS, generating an estimated cost savings of approximately \$6,000 per person annually. Two to five HIV Care Program (HCP) contractors will be funded to provide partial monthly rent subsidies to eligible clients. HCP contractors will be selected based on eligibility criteria that include HCP spending history and the percentage of Ryan White clients of color who have temporary or unstable housing. Process and outcome evaluation will be conducted to determine the impact and cost-benefit of the intervention.

HIV Prevention

- The Enacted Budget includes \$2 million in General Fund for Pre-exposure Prophylaxis (PrEP) navigation activities. The majority of the funds (\$1.76 million) will be awarded through a competitive Request for Applications (RFA) process to local health jurisdictions and community-based organizations throughout California to develop PrEP Navigation Services. The RFA is expected to be released in the fall, with an early 2016 start date. The remainder of the funding will be used for two additional OA staff positions, one a lead staff member for statewide PrEP implementation and one for evaluation of PrEP implementation

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and the navigator program. Some funding will also be used for additional PrEP educational and training materials.

- The Enacted Budget includes \$3 million in General Fund to establish a Syringe Exchange Supply Clearinghouse. This ongoing funding will allow CDPH/OA to maintain a syringe exchange supply bank similar to those in New Mexico, Washington and New York states. Syringe exchange programs (SEPs) located in all 61 local health jurisdictions in California will be eligible to receive supplies, and all authorized SEPs who request supplies and meet the minimum qualifications for program operation will be able to participate in the Clearinghouse. The RFA for the supply vendor is expected to be released in the fall, with an early 2016 start date.

HIV Surveillance

The Enacted Budget continues \$6.65 million General Fund local assistance for HIV/AIDS Surveillance, which is allocated to local health jurisdictions based on number of reported HIV/AIDS cases.

Thank you all for the work that you do helping Californians living with and at risk for HIV/AIDS.

Sincerely,



Karen E. Mark, MD, PhD
Chief, Office of AIDS
California Department of Public Health