

Administrative Agent Update for Planning Council, January 8, 2015

1. A RFP for Psychosocial Services has closed and the Administrative Agent is working to finalize contracts for Psychosocial Services. Based on contract negotiations, services for these providers will most likely begin at the start of the new grant year.
2. The RWPA, RWPA Planning Council, RWPB, RWPC and RWPD grantees presented a November HRSA webinar on the Affordable Care Act and how the Part A, B, C and D grantees complied with the HRSA requirement to vigorously pursue client enrollment in the ACA. Thank you to HRSA for arranging the webinar and for allowing us to showcase our community's successes to other grantees.
3. The RWPA Office is preparing a RFP for Outreach Services/EIS, based on decision by Planning Council to fund additional services to identify and link newly diagnosed individuals to care. Focus on subpopulations identified in the Phoenix EMA's EIIHA plan will be required and the use of evidence based models will be encouraged through this RFP.
4. One of the goals of the 2014 Statewide needs assessment was to identify needs in Maricopa and Pinal County that could be addressed through additional funding from the RWPA grant. The top four needs identified through the statewide assessment were primary medical care, medication assistance, nutrition assistance and support groups. The top ranked gaps were transportation, housing and nutrition. The top barriers were vision care, housing, medication assistance and transportation.

Within the past few months, based on directives from the Planning Council, the RWPA Program has added the following services:

Needs

- a. Primary Medical Care - addressed through existing RWPA funded medical care, RWPA Health Insurance Premium and Cost Sharing Assistance (HIPCSA) Services and expanded utilization of other payers.
 - i. *Expanded services - Health Literacy* (part of EIS Services)—Culturally appropriate Health Literacy classes that focus on Basic Health Literacy. The goal is to provide these programs to all RWPA clients that are participating in the Federal Marketplace Insurance Program (~400 clients) and to also provide these classes to RWPA clients that are Medicaid eligible, as some of these clients may qualify for FFM coverage over the next year.
 - ii. *Newly funded - two new Retention Specialists* have been hired to assist all RWPA/ADAP dually enrolled clients with ADAP applications, and will also follow up with clients that are no-show for their medical appts. (~600 clients to be served)
 - iii. *Expanding services – New Medical Case Management Position* The AA will be recommending an additional Case Management position be added to the budget in January, 2015. One of the EMA's Case Management Agency's has had over 40 newly diagnosed clients enroll in MCM services since June, 2014, which requires the addition of a Medical Case Manager.
 - iv. *Policy/Eligibility Change - RWPA and RWPB Programs increased Primary Medical Care and HIPCSA federal poverty level limits to from 300% to 400% effective January 1, 2015.* This change will impact an estimated 60 RWPA clients. Case Management agencies have begun the outreach effort to engage these clients in this change.
 - v. *Unanticipated savings - The HIPCSA budget was based on ACA enrollment and Part B estimates of cost sharing expenses. Estimates for expected costs were significantly higher than actual expenses and the HIPCSA budget is approximately \$163,000, under even after a mid-year reallocation of funds from HIPCSA to the expanded services that have occurred during the past 3 months. The state's Medicaid*

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practice of approving retro coverage of up to a quarter of a year after approval for Medicaid has also resulted in some unplanned savings to primary medical care costs.

- b. Medication Assistance was addressed through multiple avenues:
 - i. *Newly funded - Treatment Adherence Services*—RWPA clients now have access to Treatment Adherence Counseling from a Pharmacist to assist with medication adherence. The program is focused on reducing health disparities by providing support to racial minorities, women and youth between ages 18 to 25.
 - ii. *Continuing - ACA enrollment efforts* at case management agencies to engage clients in ADAP or Marketplace insurance plans that offer medications
 - iii. *Newly funded - See Health Education and Literacy Training above and expanded services.*
 - iv. *Newly funded - See the two Retention Specialists noted above.*
 - v. *ADAP expanded the Federal Poverty Limit for services to 400%*
- c. Nutrition assistance was addressed through two avenues:
 - i. *Newly funded - Food Vouchers.* RWPA clients who are determined to need nutritional support by the EMA's Nutrition provider and who are under 200% FPL are now eligible for a \$50 food card to purchase recommended foods. These purchases will be reviewed and the related prior approval request for the vouchers has been approved. Approximately 150 clients have already enrolled in this new service.
 - ii. *Expanded Services - Additional registered dietician and staff* hired to conduct nutrition assessments, monitor and improve client's nutritional health.
- d. Support Groups –
 - i. *Newly funded - A Psychosocial RFP* is currently under review. Services will most likely not begin until March, 2015.

Gaps

- e. Transportation
 - i. *Expanded Services – Taxis* available for all core and support services instead of being restricted to primary medical care alone. Income limits up to 300% of the federal poverty limit. Bus passes provided to clients up to 200% of federal poverty limit. The EMA's Transportation Provider reported to Planning Council that clients are not indicating need for expanded income limits for bus passes.
- f. Housing
 - i. *Newly funded* - Existing HOPWA funds are used to link clients to various housing options. A need was identified for assistance with first month's rent. An existing Financial Assistance contract was expanded to serve 18 clients with approximately \$12,000 for first month's rent.
- g. Nutrition – please see nutrition notes above for new and expanded services.

Barriers

- h. Vision care – RWPA is unable to fund eye glasses unless it is HIV related.
 - i. Housing- - please see housing note above for description of newly funded services.
 - j. Medication Assistance – please see notes above on newly funded and continuing services.
5. Statewide Symposium on the Continuum of Care will be held in January 12th and 13th. HIV Prevention is sponsoring this symposium and RWPA is assisting in the planning for the event. The symposium will gather community (prevention,

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care, public and private) input on the vision to end the HIV Epidemic in Arizona. Day one will have breakout sessions on linkage to care, retention in care, quality program, state epidemiology with a focus on the continuum of care and a Provider meeting. Day two will feature a facilitated discussion to determine how best to decrease HIV transmissions and improve HIV health outcomes through system change. We will also develop a framework for jurisdictional HIV strategic planning.

6. ACA Update: The Part A, B, C and D grantees continue to meet regularly to review the status of enrollment activities across the state. The EMA has approximately 390 clients that need to reenroll in a Federal Marketplace Insurance Plan before February 15, 2015. Both of the Part A providers that are assisting clients with new enrollment or re-enrollment are reporting that clients are working with the enrollment staff to complete the requirements before the end of open enrollment. The grantees are also working together to identify ways to assist Marketplace clients to complete their 2014 tax returns by April 15 in order for clients to remain eligible for advanced premium tax credits.

7. 2013 Carryover Update: Based on recommendations from our Project Officer, the EMA has resubmitted the 2013 MAI Carryover of \$180, 503 request to have these carryover funds used for 2014 MAI Non-Medical Case Management Services, rather than have these funds allocated to Oral Health. This will allow the EMA to utilize the carryover funds and request additional 2014 MAI carryover funds in 2015. At this time, there are adequate funds in the Oral Health Services Part A budget to cover all expected expenses, and the carryover funds are not expected to be expended in Oral Health Services.

8. 2014 Carryover Request: The AA has submitted a preliminary 2014 Carryover request of \$528,505, which includes 5% of the EMA’s 2014 formula funds and estimated remaining MAI funds. A final carryover request, which will include any 2014 unexpended MAI funds will be submitted in July, following the final 2014 Financial Report is submitted.

Fiscal Year and Source of Funds	Award Amount	Expenditures	UOB	UOB %	Carryover Amount Requested
FY 2014 Part A Formula Funds	\$5,523,522.00	\$ 5,247,345.90	\$ 276,176.10	5.00%	\$ 276,176.00
FY 2014 Part A Supplemental Funds	\$2,509,948.00	\$827,413.10	\$ 1,682,534.90	67.03%	
FY 2012 Part A Supplemental Funds to FY 2014	\$251,477.00	\$251,477.00	\$ -	0.00%	
FY 2013 Part A Carryover Funds to FY2014	\$263,430.00	\$263,430.00	\$ -	0.00%	
Part A SubTotal	\$8,548,377.00	\$6,589,666.00	\$1,958,711.00	22.91%	\$276,176.00
FY 2014 Part MAI Formula Funds	\$478,838.00	\$226,509.00	\$252,329.00	52.70%	\$252,329.00
FY 2013 Part MAI Carryover Funds to FY2014	\$180,503.00	\$180,503.00	\$0.00	0.00%	
Part MAI SubTotal	\$659,341.00	\$407,012.00	\$252,329.00	38.27%	\$252,329.00
TOTAL PART A GRANT	\$9,207,718.00	\$6,996,678.00	\$2,211,040.00	24%	\$528,505.00