



# **NASTAD National ADAP TA Meeting**

**HRSA Plenary Session**

**Omni Shoreham – Washington, DC**

**July 21, 2011**

**Department of Health and Human Services  
Health Resources and Services Administration  
HIV/AIDS Bureau**



- Overview of the Plenary
  - Pre-Existing Condition Insurance Plans
  - Questions and Answers on PCIPs
  - Remarks from New DSS Director



# Introductions

- Division of Service Systems Staff
  - Barbara Aranda-Naranjo, Director
  - Jose Au Lay, ADAP Director
  - Karen Mercer, Chief, WSB
  - Bengie Hair, Chief, SSB
  - Harold Phillips, Chief, NECSB



# Pre- Existing Conditions Insurance Plans

- Richard Popper, Centers for Medicare & Medicaid Services (CMS)
- Director of Insurance Programs at Center for Consumer Information and Insurance Oversight



# Remarks From New DSS Director

- Barbara Aranda-Naranjo,  
Director, Division of Service  
Systems

## Partnership with NASTAD

- Targeted, coordinated and effective technical assistance:
  - Clinical quality management, including client safety
  - Administrative, programmatic and fiscal efficiency and effectiveness
  - Capacity to collect and report client level data



# TA Provided Over Three Years

- Advisory Bodies (12)
- Advisory group conference calls (32)
- Webinars (16)
- TA Conference Calls with ADAPs (27)
- Listserv Alerts, bulletins & messages: (300)



# TA Provided Over Three Years

On-site TA coordinated or provided by  
NASTAD

- Peer-to-Peer: Average of 3 annually
- On-site TA with consultants
- On-site TA with peer ADAPs and consultants
- Telephone consultations with consultants
- Special focus publications and fact sheets  
(10)



# Technical Assistance Contract (TAC)

Common ADAP TA Requests (FY  
2010 to current):

- Providing Diagnostic Assessments
- Budget Forecasting
- Examining ways to fully maximize ADAP Resources
- ADAP waiting list management



# Technical Assistance Contract (TAC)

- Tracking linkage to care
- Recertification processes
- Drug-pricing and 340-b pricing
- Hepatitis C medications and the formulary
- Implementation of Client level data



# Technical Assistance Resources

- Need to ensure positive outcomes/results
- Follow-up to determine implementation of corrective actions
- Collaborate with ADAPs and NASTAD to produce sustainable improvements

# Factors Affecting HIV/AIDS Services Nationally

Epidemic is growing among traditionally underserved and hard-to-reach populations

- Expanded HIV Testing
- Improving linkage to and retention in care
- Identifying HIV infection earlier
- Focus on early initiation of treatment



# Factors Affecting HIV/AIDS Services Nationally

## Availability of emerging and effective therapies

- HIV disease is now an chronic disease
- Aging of individuals living with HIV/AIDS
- Complexity of co-morbidities
- Increased need for primary care



# Factors Affecting HIV/AIDS Services Nationally

Changes in the economics of healthcare affect the HIV/AIDS care network:

- Policy and funding increasingly are determined by clinical outcomes and administrative accountability
- Increasing financial pressures on medical systems
- Supporting HIV workforce
- Need for both primary care and specialty services



# Factors Affecting HIV/AIDS Services Nationally

Policy and funding increasingly are determined by clinical outcomes and administrative accountability

- Need to be responsive to demands for better data
- Need to ensure proper program and fiscal monitoring
- Improved measures regarding the quality of care



# National HIV/AIDS Strategy

- Three Primary Goals:
  - Reduce the number of people who become infected with HIV
  - Increase access to care and optimize health outcomes for people living with HIV
  - Reduce HIV-related health disparities

# HIV/AIDS Bureau – DSS Expectations

- How priority issues emerge

Legislation  
Ryan White Program  
Challenges  
National HIV/AIDS Strategy  
National Factors



## Priority Issue # 1: Access to Care and Treatment

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### *Grantee Roles and Responsibilities*

- Early Identification of Individuals with HIV/AIDS
  - Development of realistic and tangible plans
  - Allocation and expenditure of dollars for services that support EIIHA goals and expected outcomes
  - Partnerships and collaborations that help you achieve the intended outcomes
- Addressing Unmet Need
  - Continued efforts to reach those out of care
  - Service models designed to support the elimination of barriers to care, and increase knowledge regarding HIV disease, and the availability of services



## *Grantee Roles & Responsibilities*

- Access and retention in care for special populations
  - Identification of special populations for your jurisdiction (EIIHA, Priority setting, MAI)
  - Data to increase understanding of their unique service challenges
  - Services designed to reach individuals and families within the context of their Cultural understanding of health care (Part A, Part B, and MAI)
- Revising and revamping systems of care
  - Enrollment and Eligibility
  - Re-configuration of services such as case management
  - Models such as use of peers, closer ties with testing, partner notification, DIS
  - Chronic care model
  - SCSN & Comprehensive Planning Processes



### *Grantee Roles and Responsibilities*

Dialogue with project officers to understanding of the structure, function and enrollment issues of each ADAP

- Discuss implications of budget forecast
- Understanding and addressing increases in demand
- Understanding and addressing increases in enrollment
- Conference Calls
- Web-ex/video Conferences
- Diagnostic and Comprehensive site visits



### *Grantee Roles and Responsibilities (continued)*

Collaborating with Project Officer to enhance cost containment and cost saving strategies:

- Maximize ability to generate and use program income
- Medicare Part D Data Sharing Agreement
- PCIP
- Medicaid back-billing and Medicaid eligibility
- On site technical assistance
- TA conference calls
- Written and electronic materials



## Priority Issue # 3: Changes in the Economics of Health Care



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### Grantee Responsibilities

Learn the Affordable Care Act and begin to explore the role of the Ryan White Programs

- Medicaid
- Continued opportunities
- Challenges
- Strategic and necessary changes
- Strengthening of partnerships



# Priority Issue # 4: Accountability – Grantee Roles & Responsibilities



- **Administrative Accountability**
  - National Monitoring Standards (program and fiscal accountability)
  - Subgrantee monitoring systems
  - OIG/GAO Audits
  - How do we act as good stewards of federal funds?
- **Data Collection and Reporting**
  - Client level data
  - Reporting to Congress
  - Who our programs serve and what we do?
- **Clinical Quality Management Programs**
  - Quantitative information on impact and our continued efforts to improve
  - What difference does our program make?
- **Reauthorization**



# DSS Project Officer Roles



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- Track review and approve
  - Grant reporting requirements
  - Conditions of Award
  - Submission of grant request
  - Technical assistance requests
  - Notice of Grant Awards (tracking)
- Work with Grantees to improve the system of care
  - Needs Assessment
  - Service Planning
  - Service Delivery
  - Service Evaluation
- Relay and Represent Grantee activities and concerns



## Summary

- Challenges to the delivery of the HIV services and the need to reach populations in need
- Challenges in effectively maximizing use of resources
- Outcomes and administrative accountability are important to HHS, Congress, and the future of HIV treatment

# Summary

- Through continued collaboration, partnership and strategic thinking we can meet the challenges in this climate of change
  - Changes to the National Economy
  - Changes in health care financing
  - Changes in the prevention and treatment of HIV disease



**Thank You**



# Thank You

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