

# TEXAS HIV MEDICATION PROGRAM

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# TODAY'S PRESENTATION

- Texas HIV Medication Program
- Eligibility Determination and Recertification
- Application Process
- Program Improvement Initiatives
  - Simplified THMP Application
  - Increased Program Staffing and Strengthened Community Connection

Questions?

# TEXAS HIV MEDICATION PROGRAM

Program established in 1987

Provides life-sustaining medications used for the treatment of HIV disease and its related complications to eligible low income Texans

Key Philosophies –Access to care and Retention in care

Administered by the HIV/STD Prevention and Care Branch within the Texas Department of State Health Services (DSHS)

Mandated under Chapter 85 of the Health and Safety Code

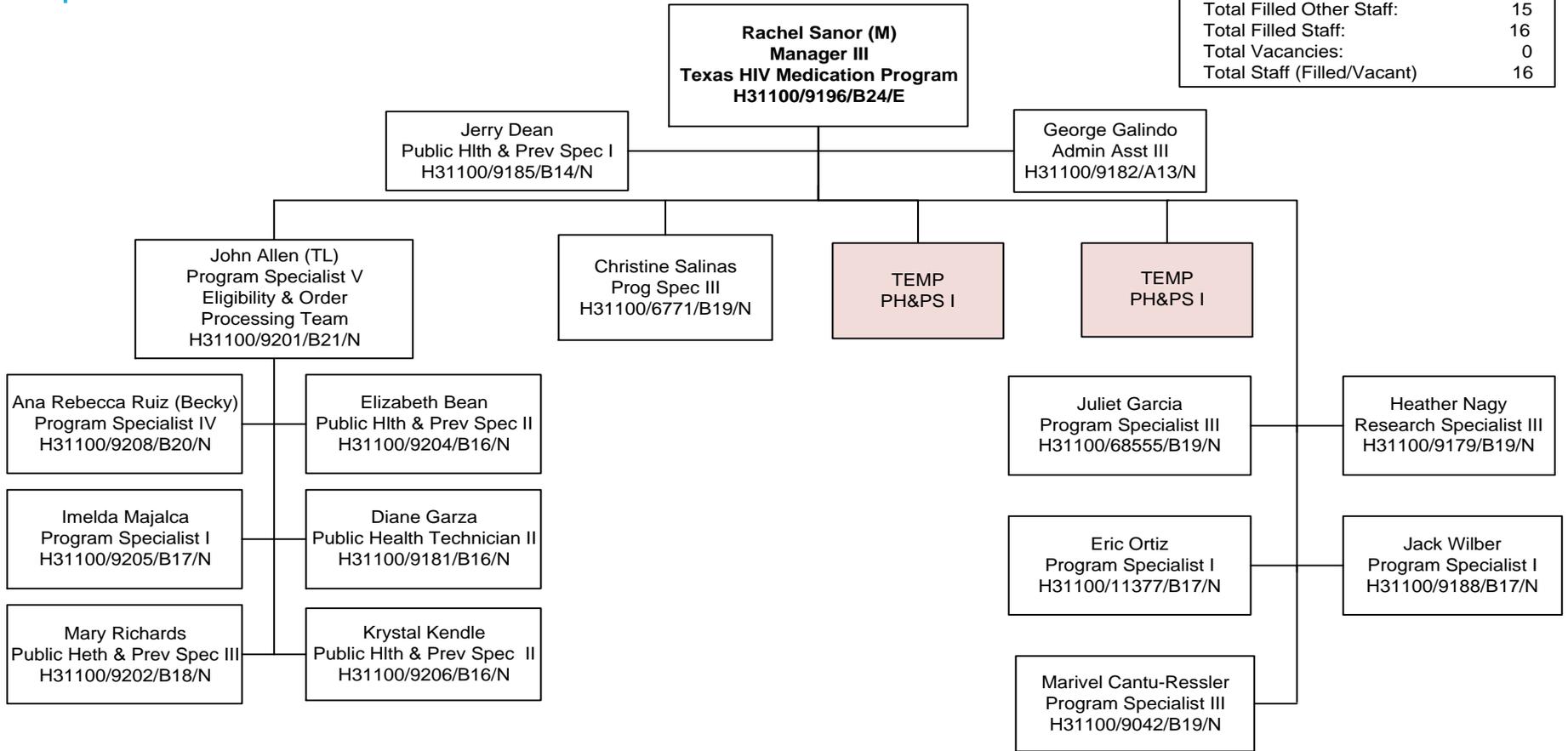
Authorized by the Federal Ryan White CARE Act, 42 USC, Section 300

Consists of two programs and a pilot program

- AIDS Drug Assistance Program (ADAP)
- State Pharmacy Assistance Program (SPAP)
- Texas Insurance Assistance Program (TIAP)

# IDPS TB/HIV/STD/Viral Hepatitis Unit HSPCB Texas HIV Medication Program PROPOSED

<b>Group Manager</b>	
Management to Staff Ratio:	1:16
Total Filled Managers:	1
Total Filled Other Staff:	15
Total Filled Staff:	16
Total Vacancies:	0
Total Staff (Filled/Vacant)	16



# TEXAS ADAP

Available for HIV positive Texas residents at or below 200% FPL

Funded by Federal Ryan White and State General Revenue

Provides ADAP formulary medications to eligible individuals

56 drugs

All FDA-approved ARVs are on formulary

Limited scope- includes 10 of the 14 PHS recommend drugs for the treatment & prevention of OIs

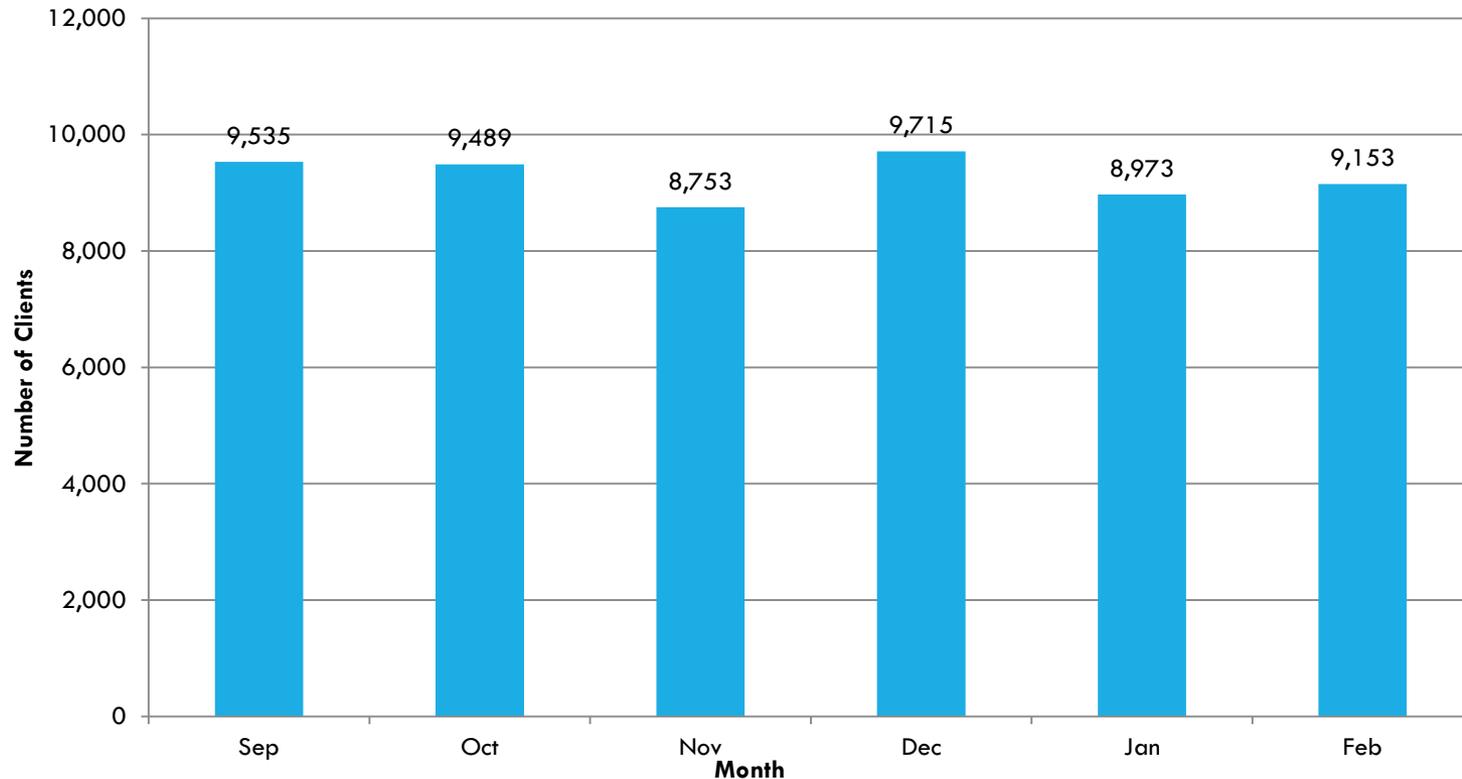
- No drugs for treatment of side effects or toxicities

Medical criteria for the majority of drugs

Limits on the number of antiretroviral medications a client can receive (4 per month)

# ADAP Clients Served Per Month

## FY2016 Q1-Q2



An average of 9,270 ADAP clients were served each month. 13,907 unique clients were served over the six month period.

# ACCESSING MEDICATIONS

Medications are distributed through a network of over 500 pharmacies located throughout the state

Mail order option is available

Pharmacies may charge a \$5.00 dispensing fee per prescription

A pharmacy cannot refuse service if a client is unable to pay

A list of participating ADAP pharmacies can be found at:  
[www.dshs.state.tx.us/hivstd/meds/pdf/pharlist.pdf](http://www.dshs.state.tx.us/hivstd/meds/pdf/pharlist.pdf)

# TEXAS HIV SPAP AND TIAP PILOT

## SPAP

Developed to assist eligible clients with Medicare following the creation of the prescription drug benefit, Medicare Part D in 2006

Implemented January 1, 2008

Provides assistance with Medicare Part D out of pocket costs

The client must be enrolled in a Medicare Part D plan or a Medicare Advantage Plan w/drug coverage to participate in the program

Same eligibility requirements as ADAP

## TIAP Pilot

Developed to assist clients who lost insurance coverage to transition to COBRA and to help clients with unaffordable medication copayments with copayment assistance

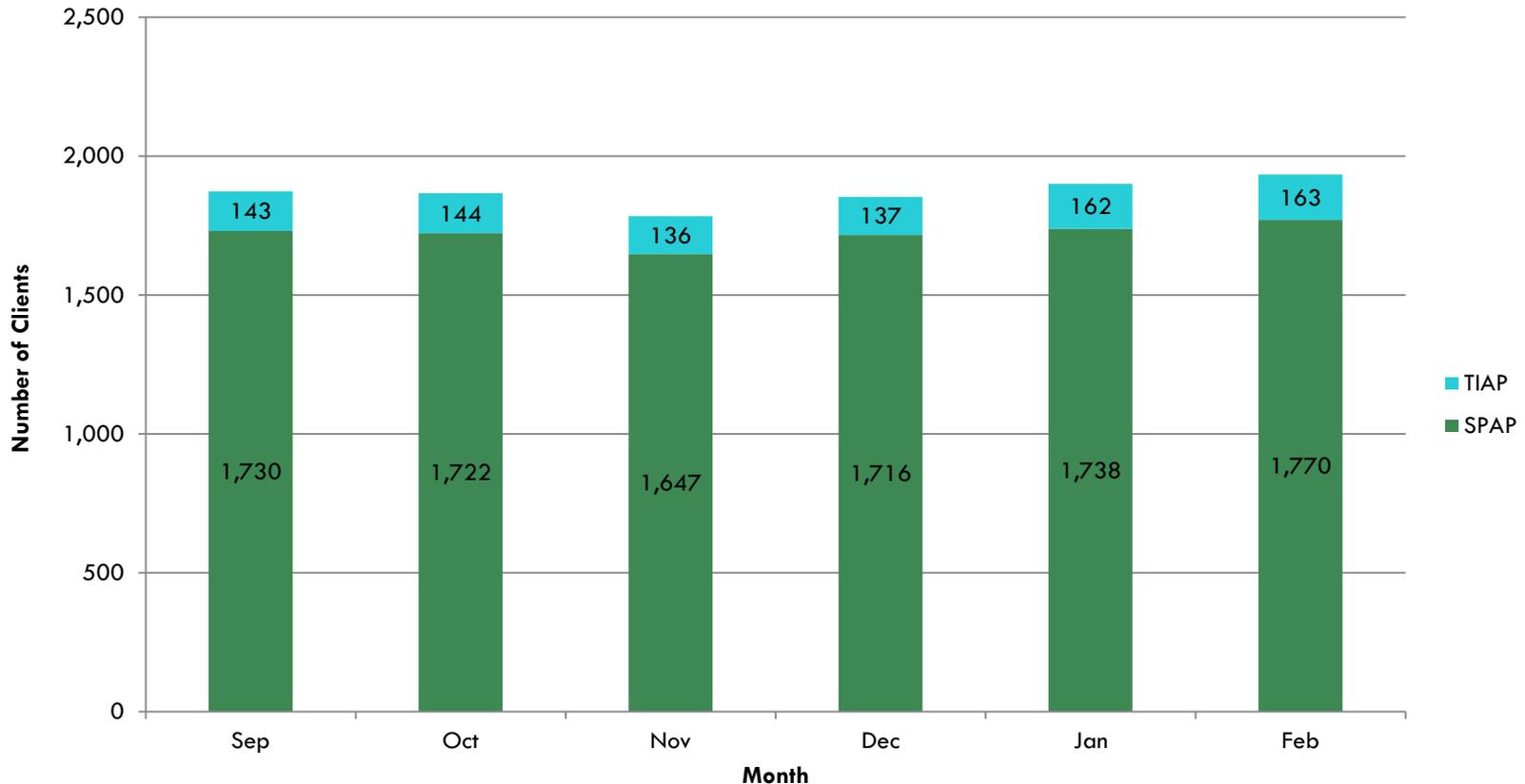
Implemented July 1, 2013

Provides assistance with COBRA premiums, medication copayments, and medication deductibles

Client must be eligible for COBRA or have a current insurance plan for program participation.

Same eligibility requirements as ADAP and SPAP

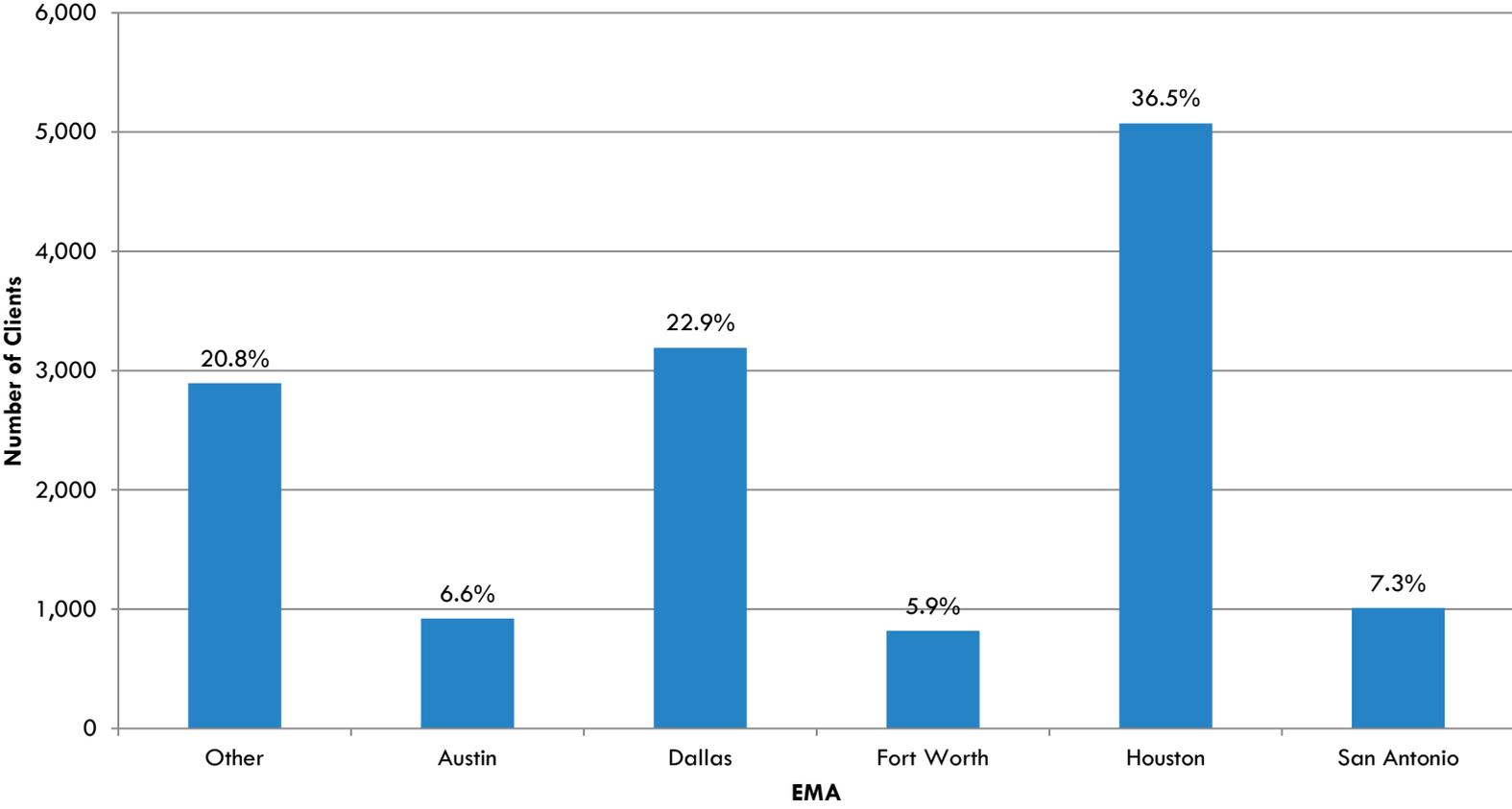
# SPAP AND TIAP CLIENTS SERVED PER MONTH FY2016 Q1-Q2



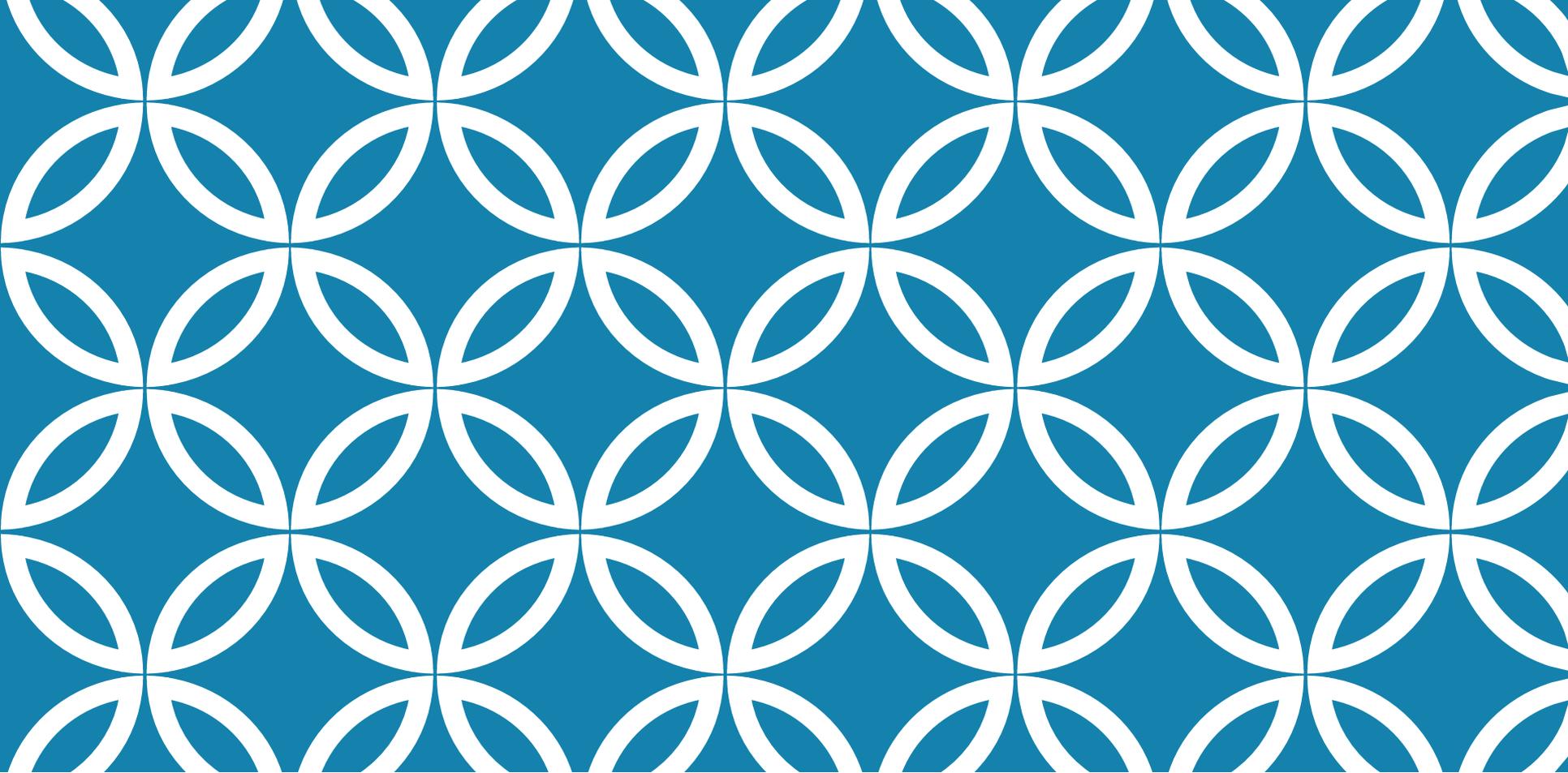
An average of 1,721 SPAP clients and 146 TIAP clients were served per month. Over the six month period 2,037 unique SPAP clients and 258 TIAP clients were served.

# ADAP Clients Served By EMA

## FY2016 Q1-Q2



The Houston and Dallas EMAs account for 59.4% of all clients served



# **ELIGIBILITY DETERMINATION AND RECERTIFICATION**



# THMP ELIGIBILITY

Proof of Texas residency

Proof of being HIV-positive

Uninsured or underinsured for prescription drugs

Low income – \*Adjusted gross income less than 200% of the Federal Poverty Level (adjusted annually)

\* A spend-down calculation is applied to applicants' gross incomes to determine an adjusted gross income for eligibility screening

# APPLICATION PROCESS

Applications [www.dshs.state.tx.us/hivstd/meds](http://www.dshs.state.tx.us/hivstd/meds) are completed by clients, often with the assistance of a case manager, and reviewed by eligibility staff. A Medical Certification Form (MCF) must be filled out by the doctor

The applicant and/or their designated authorized person will be contacted if further information is needed, including information for SPAP or TIAP Pilot enrollment.

Applications can be expedited for pregnant women, post-incarcerated persons, minors, those with CD4 counts under 100, and other special circumstances.

Once the application is processed, the applicant will be notified of the decision by mail.

If denied by the THMP, the denial letter can be used to access other assistance programs

Clients are required to recertify for the program (ADAP and TIAP Pilot every 6 months, SPAP: every other year)

# THMP Application Simplification

Application Wizard was created which prompts application completeness and generates a ready to print application for the client or agency worker.

Page 1.

- The checklist was replaced with a flow chart

Page 2.

- 3. Question was added: Do you have a social security number?
- 3. Question was added: Tax ID (only if you do not have a SSN)
- 11. Case manager contact information (**this allows us to know who to contact, but is not the only HIV service provider we may speak to unless the client has opted out on page 5**)
- 11b. Specifies release for family/friends

Page 3.

- Guardian information changed for applicants under 18
- Household, ask for number of persons in home, but only asked to list self, spouse, and minor children by name

Page 4.

- 18. Checkboxes for common methods of support
- 20. Shorter and combined parent/spouse
- 22. Removed options for insurance that were not relevant

Page 5.

- Certifications h. Added opt out. This means that THMP staff can talk to HIV service provider and case managers working with the client. **Verify patient identifiers before speaking to staff** (Name, date of birth, address). If client does not wish for us to speak to a particular agency it should be listed here. This only applies to clients who have completed the new application.



**CLICK TO START**

**Welcome to the THMP Application Wizard**

You will be prompted to enter your information on each tab. You may need to fill out additional forms based on the information you provide. If you need more space to answer questions hand write on the application or submit additional paper.

At the end you may print the application, sign it within 60 days and mail it to:

Texas Department of State Health Services  
ATTN: MSJA - MC 1873  
PO Box 149347  
Austin, TX 78714-9347

Call 1-800-255-1090 with any questions

THMP Application Wizard

THMP Application | Client Info | More Client Info | Household | Income | Health Insurance | Copayment Assistance (Medicare/Insurance ONLY) | YOU'RE DONE!

1. Last Name  First Name  Middle Name  Suffix (Jr, III)

2. Previous Names (including name changes, aliases, maiden name)

3. Do you have a Social Security Number?  No  Yes Social Security Number

4. Date of Birth (mm/dd/yyyy)  5. Primary Language  English  Spanish  Other:

6. Current Gender

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male
- Unknown

6a. Sex at Birth

- Male
- Female
- Unknown

6b. Currently pregnant?

- Yes
- No or N/A

7. Race

- White
- Black/African American
- Asian:
  - Asian Indian
  - Chinese
  - Filipino
  - Korean
  - Vietnamese
  - Japanese
  - Other
- Other/Unknown
- American Indian/Alaskan Native
- Native Hawaiian or Pacific Islander:

7a. Ethnicity

- Hispanic (select subgroup):
  - Puerto Rican
  - Cuban
  - Other
  - Mexican American or Chicano(a)
- Non-Hispanic

8. Residential Address

Street Address  Apt. #

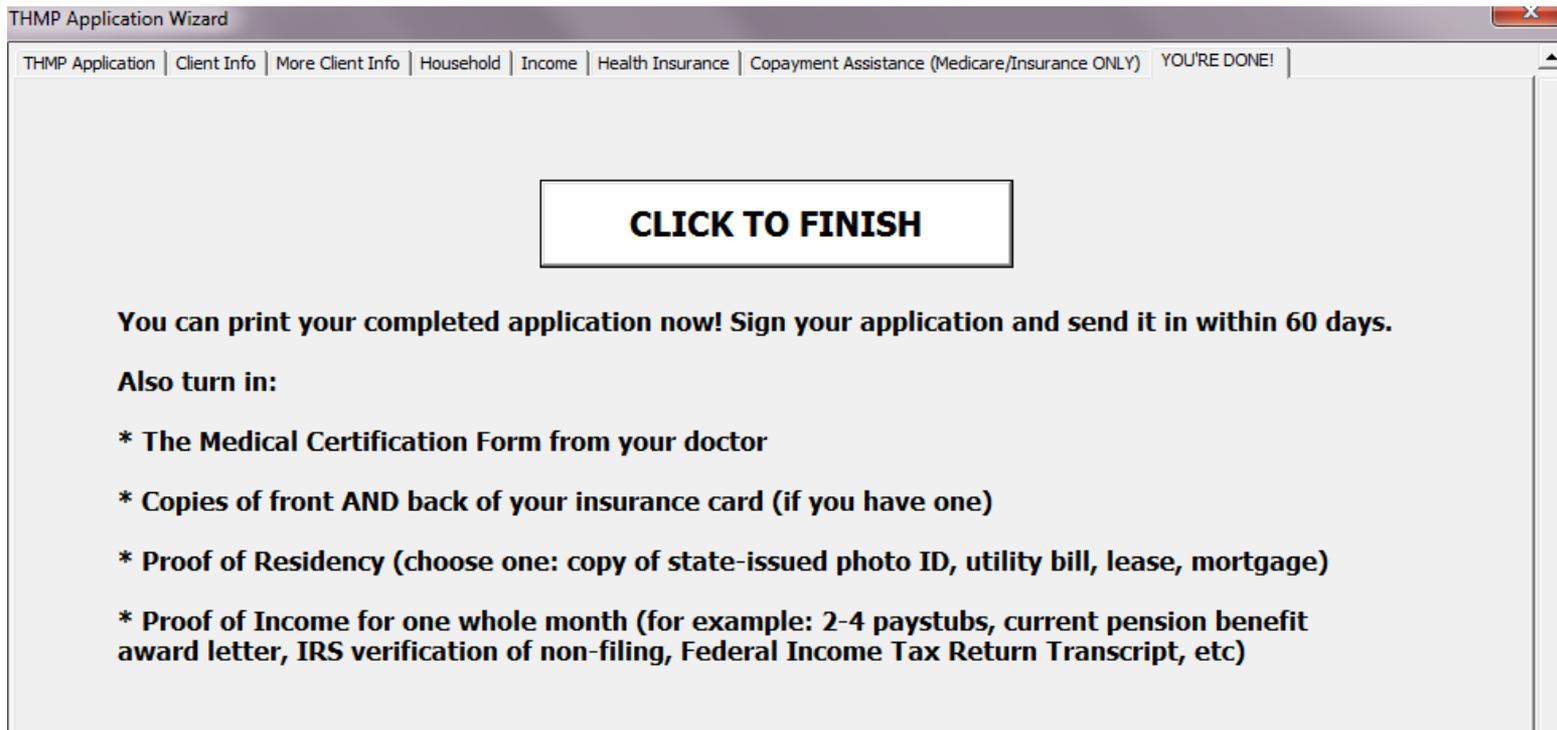
City (autofills with zip code)  State  Zip code   [Check here if mailing address is the same](#)

10. Home Phone   May we leave a message?  Yes  No

Alternate Phone   May we leave a message?  Yes  No

We may need to call you with questions during the application process. If you are unavailable are there any instructions on how to leave a message for you?

**NEXT >**



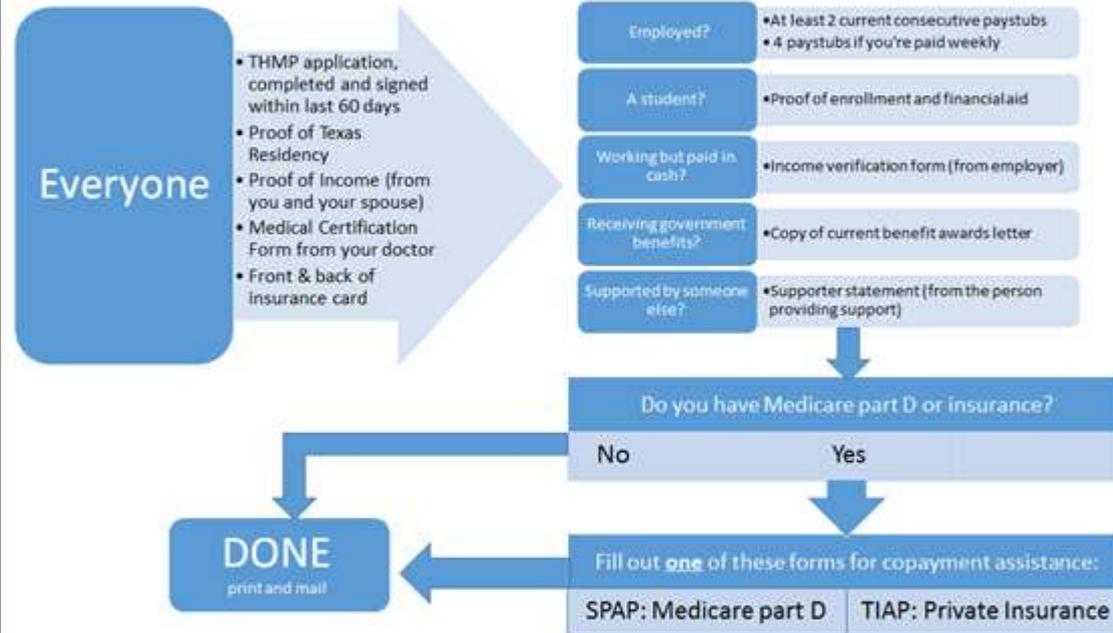


## APPLICATION FOR MEDICATION ASSISTANCE

Texas Department of State Health Services  
 ATTN: MSJA - MC 1873  
 PO Box 149347, Austin, TX 78714-9347  
 1-800-255-1090

- Mail the completed application and copies of supporting documentation to the address listed above
- Do not send original documents, they will not be returned
- For help with this application call 1-800-255-1090 or visit [www.dshs.state.tx.us/hivstd/meds](http://www.dshs.state.tx.us/hivstd/meds)

### Is your application complete?



### PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See [www.dshs.state.tx.us](http://www.dshs.state.tx.us) for more information on privacy notification. (Reference: Texas Government Code, Sections 522.021, 522.023, 559.003 and 559.004)

For additional information, including a review of Frequently Asked Questions and downloadable copies of program documents, please visit the THMP web site at [www.dshs.state.tx.us/hivstd/meds](http://www.dshs.state.tx.us/hivstd/meds).

For additional information on AIDS service organizations, case management services and community resources in your local area, please call 2-1-1. If you have any questions, comments or concerns regarding the Texas HIV Medication Program and this application for assistance, please call the program directly at 1-800-255-1090.

### PERSONAL INFORMATION

1. Last Name [ ]	First Name [ ]	Middle Name [ ]	Suffix (Jr., Sr., III) [ ]								
2. Previous names (including maiden name, aliases, and name changes) [ ]											
3. Do you have a SSN? <input type="checkbox"/> No <input type="checkbox"/> Yes	Social Security Number: [ ]	Tax ID (only if you do <b>not</b> have a SSN): [ ]									
4. Date of Birth: [ ]	5. Client's Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: [ ]										
6a. Current Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Transgender: Male to Female <input type="checkbox"/> Transgender: Female to Male	6b. Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	7b. Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian (if Asian, please select subgroup) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Asian Indian</td> <td style="border: none;"><input type="checkbox"/> Korean</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chinese</td> <td style="border: none;"><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Filipino</td> <td style="border: none;"><input type="checkbox"/> Japanese</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other Asian</td> <td style="border: none;"></td> </tr> </table> <input type="checkbox"/> Native Hawaiian or other Pacific Islander (please select subgroup) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other/Unknown <input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean										
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese										
<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese										
<input type="checkbox"/> Other Asian											
6c. If applicable, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: [ ]											
7a. Ethnicity (check the one that best describes you) <input type="checkbox"/> Hispanic (if Hispanic, please select subgroup) <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino/a or Spanish origin <input type="checkbox"/> Non-Hispanic											
8. Residential Street Address – (No P.O. Boxes or Rural Routes) [ ]			Apartment Number [ ]								
City [ ]	State [ ]	Zip Code [ ]									
<i>If you wish to have mail sent somewhere <b>other</b> than your residential address please provide an alternate mailing address:</i>											
9. Mailing Address - (P.O. Boxes and Rural Routes accepted here) [ ]			Apartment Number [ ]								
City [ ]	State [ ]	Zip Code [ ]									
10. Home Phone Number (area code + number) [ ]		Work/Alternate Phone (area code + number) [ ]									
May we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If you are unavailable, are there any special instructions as to how we should leave a message for you? [ ]											

# INCREASED STAFFING AND COMMUNITY CONNECTION

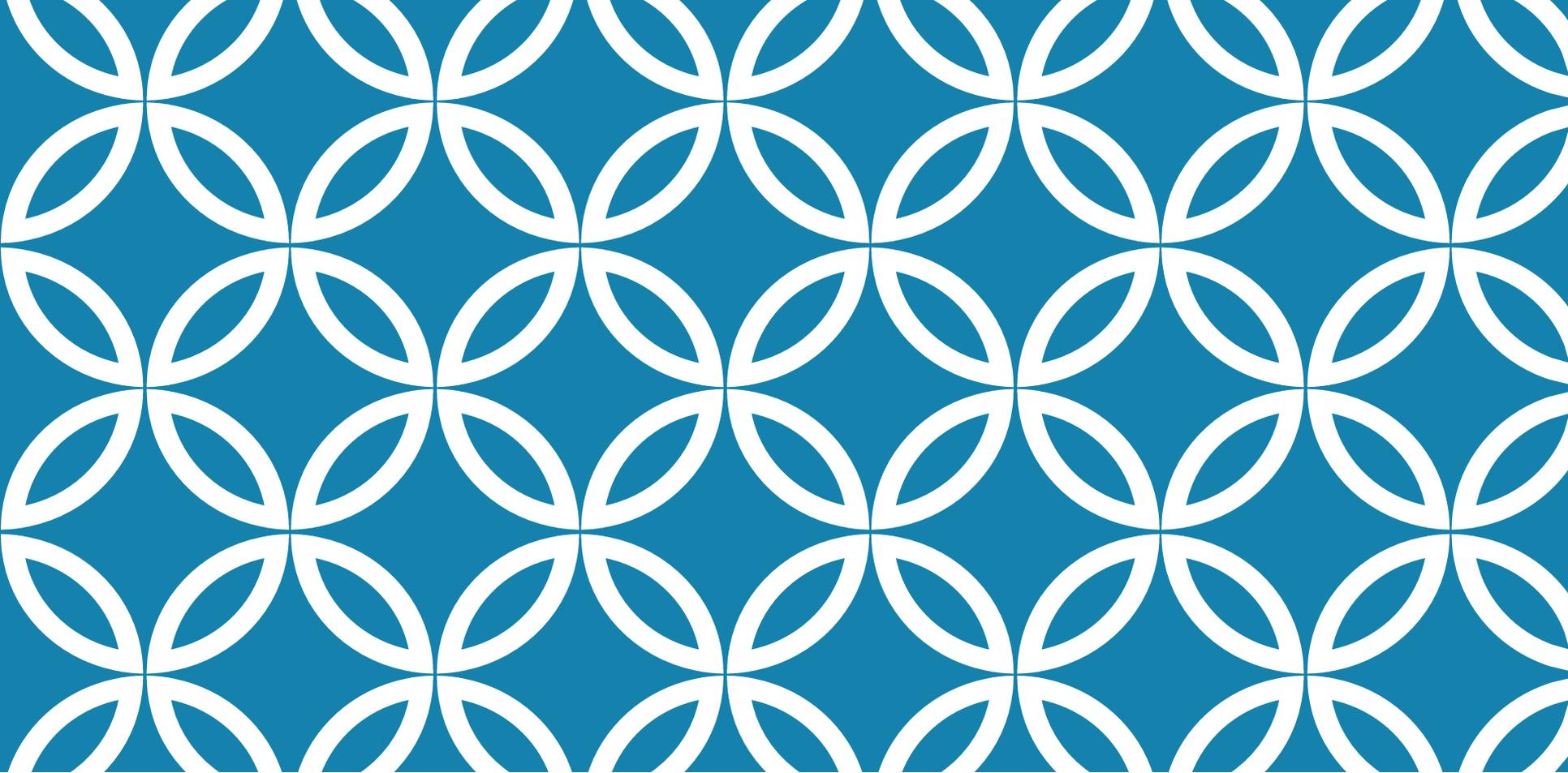
Increased staff have been added to the program to help with enrollment and recertification

An analysis of THMP workflow and customer service is currently in place to better serve clients and the community.

The relationship with community agencies will be strengthened, with the ability to exchange correspondence electronically and a closer relationship between THMP eligibility workers and community workers being fostered.

Input from the community and AA's is being sought to better serve THMP recipients, applicants, and agency workers.

Feedback is being provided to community agencies to improve quality of applications received by the program.



**QUESTIONS?**