Illinois Department of PUBLIC HEALTH

Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

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Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)

DATE	January 29, 2013
BOARD MEMBERS PRESENT	J. Maras, , B. Schechtman, A. Fisher, M. Williamson, C. Blum
BOARD MEMBERS PRESENT BY CONFERENCE CALL	M. Maginn, P. Moss-Jones, S. Feigenholtz, D. Munar, C. Conover, D. Graham, G. Harris
BOARD MEMBERS EXCUSED ABSENCE	R. Rivero
BOARD MEMBERS INEXCUSED ABSENCE	P. Langehenning, B. Max, R. Lublecheck
ILLINOIS DEPARTMENT OF PUBLIC HEALTH STAFF	A. Danner, P. Muir, J. Nuss, J. Ludwig
CALLED TO ORDER AT	2:35 p.m.
MEETING WAS ADJOURNED AT	5:01 p.m.
ANNOUNCEMENTS	Guest Speaker John Spears
1. MINUTES FROM OCTOBER 21, 2011 MEETING	Corrections or additions: Dr. Blum was in meeting, not on conference call. Needed last name added for Christopher Widmer – Part A Coordinator at CDPH Motion to approve: A. Fisher Second: B. Schechtman Agree to approve: All Disagree: None Abstain: None

MIAB MINUTES

TOPIC/AGENDA	DISCUSSION	FOLLOW-UP
2. John Spears Presentation on Healthcare Reform	High Risk Pool – IPXP: Jeff explained how CHIC and ADAP work with IPXP. IPXP expires January 1, 2014 when Healthcare Reform kicks in. Clients will go to either the Insurance Exchange or to Medicaid. CHIC/ADAP will become 1 program and Ryan White will become a wrap around program. ADAP/CHIC staff is working on changing to MAGI model. Goal by April 1st no later than May 1st RW program will be assessing client income based on MAGI model. Medicaid does a "mock" MAGI if client does not file taxes and RW will be following the same protocol. Documentation will still be required for ADAP apps. FPLs: 0-100% - Medicaid 101-138% - Medicaid or Insurance Exchange. Subsidy eligible, CHIC steps in and pays any out of pocket. 139-400% - Must to go Insurance Exchange, no	Jeff sending out MAGI template to everyone

	exceptions. Starting 1/1/14 no one will be on ADAP/CHIC without insurance except undocumented. 401-500% - CHIC will be able to assist with premiums. Undocumented clients will have to declare they are if wanting RW services. RW will have to have documentation of why client does not have Medicaid or not in the exchange. SSDI clients who are not Medicare eligible have the option to go to Medicaid or the exchange depending on FPL. Spend down will continue.	Jeff to follow up with HRSA.
3. Old Business	No old business	
a. No Updates		
4. New Business		
a. ADAP Status Update and Discussion points	Methods and Procedures Career Associate 2	
i. Staffing Updates		
1. One vacant position. 2. Staff departure.	MPCA2 Bilingual position has been posted. Once hiring freeze is lifted there are candidates to be interviewed. ADAP is losing Jenn Ludwig who is taking a promotion so Dr. Maras is moving to get that position posted. Bill Moran left mid September so Dr. Maras playing interim roles. Important to know there are 4 vacancies on the CARE side of house. Aggressively working to fill positions. Comment: Great job we are doing understaffed.	
1. Launch for User Accounts	Dec. 3rd - ADAP launched user accounts for application process. Dr. Maras stated he had minimal belief how much it would work but was very surprised. Hoping to enhance features in the next couple months to where clients can save the app in progress. Emailing/texting feature: June reapps will start receiving emails/texts about renewing their app. Clients can add additional email or text options (case managers) to be alerted. Have over 55 people enrolled so far. Working with Part B side to see how they can utilize this for accessing info to send to clients: appointments, etc.	
2. Launch for Interface Surveillance	In December, Surveillance interfaced with Provide to transfer labs. If using web account and it states IDPH already has labs that means it was imported from Surveillance and we don't need labs faxed.	

	Dr. Williamson stated they were able to work out data confidentiality policies with Surveillance to make it work smoothly. It is being discussed to have single point of entry into RW where client will be enrolling to all supportive services. April 1st or May 1st hoping to have that launched. Biggest hurdles are having ADAP and Part B requirements in sync. B. Schechtman – Is data in Provide used for Linkage to CARE? Dr. Williamson responded yes, they are the same across the board. How quickly do you get results from labs? Dr. Maras responded we get them daily but only transferred monthly. 25,000 were initially "dumped" into Provide. A. Fisher – Is HRSA looking in to electronic signatures? Dr. Maras responded that he has advocated for that but the issue legal had is that we know the client is not the one filling out the application. It's the case manager filling it out for them. Need actual signature from clients. MAGI model will be imbedded online. Dr. Maras would like to brainstorm on this. A. Fisher – Is it a possibility down the road of being able to take a picture of a prescription bottle to prove client has HIV as enrollment? Dr. Maras responded that every enrollment generates a letter on the determination and need to look into how that can be generated on the web for provider files.	Jeff to follow up on this.
ii. Funding Updates	Spend down will still be there and ADAP will still be able to assist. Denials are over 500% FPLs. We send out letters 90 days in advance. Only positive with online support is we have better turn around. Hoping that the texting/emailing will eliminate closures. HRSA informed Dr. Maras that we will be receiving partial funding April 1st of 50%. IDPH can only award out what we get so agencies will only get partial funding. Focus is on funding staff and core services, this is the directive to lead agents from Dr. Maras. Last year there was not a disruption for ADAP side. Government intends to do Emergency Relief funding. ADAP will compete when it is launched. ADAP was given 4 month extension until September to exhaust those dollars. It has been used mostly on Med D clients and can now extend this. HRSA called wanting to know what we are requesting for Supplemental funding and what the state will be able to match since that is required.	

	The 1st year we received 4.6m, 2nd year was 2.6m and current year is 2.4m. Hoping for flat at 2.4m but asking what the state can match. We have a possibility of receiving between 2.4 and 7m. Dr. Maras states he is not in fear of a waitlist at this point.	
iii. Questions from Guests	No questions or comments.	
1. Next Meeting Date:	April 16, 2013 from 2:30 to 5:00 p.m. Dr. Maras is sending out invite and location request.	
2. Agenda	If there is a need for the agenda please send Dr. Maras an email so it can be added.	
3. Motion to Adjourn	Motion to adjourn: D. Munar Second: M. Maginn Agree to adjourn: all Disagree: none Abstain: none	