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February 15, 2012

TO: California Department of Public Health  
Office of AIDS

FROM: Los Angeles County, Department of Public Health  
Division of HIV and STD Programs (DHSP)

**SUBJECT: LOW INCOME HEALTH PROGRAM TRANSITION UPDATE**

This is to provide you with an update on Los Angeles County Low Income Health Program (LIHP) transition since our last report on January 17, 2012. We continue to work with Los Angeles County's Department of Health Services (DHS) and Department of Mental Health (DMH) to prepare for the transition of approximately 5,000 clients from Ryan White-supported medical care to the local LIHP (Healthy Way LA or HWLA) so that these clients continue to receive quality HIV treatment and services without interruption of their care.

Los Angeles County LIHP Provider Network

Los Angeles County DHS (local LIHP administrator) offered HWLA contracts to all Ryan White-funded HIV clinics previously not in the HWLA network. To date, all but two Ryan White clinics have signed the HWLA contract agreements/amendments. The remaining two providers have indicated their intention to sign. We expect that all Ryan White clinics will be part of the HWLA provider network. As a result, clients eligible for HWLA will not need to change their doctors or switch to a different clinic when they enroll in HWLA. This will help ensure continuity of care for patients migrating from the Ryan White to the HWLA system of care.

Los Angeles County LIHP HIV Pharmacy Network

On February 7, 2012, Los Angeles County Board of Supervisors approved DHS contract agreement with Ramsell Public Health Rx., the current ADAP pharmacy administrator in California, to expand the HWLA pharmacy network. This agreement will provide pharmacy access to community clinics currently lacking an onsite pharmacy, maximize access to 340B pricing, and streamline billing and reimbursement. With this approval, Ramsell can now begin to establish agreements, contracts and payment mechanisms with individual pharmacies to expand the network. This process is expected to take another several months. Therefore, DHSP does not anticipate beginning eligibility screening and enrollment earlier than July 2012.

Eligibility Screening and Enrollment

There has been no change in the eligibility screening plan since our previous report. Ryan White patients will be screened for HWLA during their State ADAP eligibility screenings. Approximately 100 ADAP

enrollment workers, benefits specialists and case managers within the Ryan White system of care have been identified to perform the screening and enrollment. DHS and DHSP will train these providers on the screening protocol and enrollment system. DHS is in the process of replacing its HWLA eligibility screening and enrollment system. The training will occur when the new data system is in place.

Los Angeles County LIHP Mental Health Services

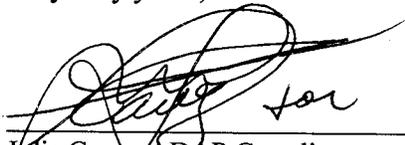
DHSP and DMH jointly hosted a meeting with Ryan White mental health services providers, on January 18, 2012, to discuss services covered under HWLA. DMH has extended HWLA mental health contracts to primary care providers within the Ryan White continuum of care. DMH, DHS, and DHSP are working together to reconcile mental health diagnoses, services, and psychotropic medications covered under HWLA and other payers in order to avoid gaps and duplication of services.

Ryan White Medical Outpatient and Wrap-Around Services

DHSP is working to deploy Ryan White Part A-funded medical outpatient services based on a fee-for-service payment structure. These new contracts are expected to take effect in July 2012. Concurrently with the implementation of new medical outpatient services, DHSP will commence a phased-in deployment of medical care coordination services within the medical homes to facilitate continuity of care, linkages to additional services, and retention in care for patients enrolled in the merged HWLA/Ryan White medical homes. The deployment of the new medical outpatient contracts and medical care coordination services are also critical elements that must be in place before transition of clients can occur to assure no disruptions to their HIV care and treatment.

Maintaining continuity of care for our patients remains our number one priority. We continue to work with DHS, DMH and our community partners to address each component critical for a safe and responsible transition. We will continue to work with Office of AIDS to coordinate necessary steps in these efforts. Please let us know if we can provide you with any additional information.

Very truly yours,



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