California Department of Public Health, Office of AIDS Stakeholder Engagement Call,

September 15, 2022

The September OA Stakeholder Call was canceled due to the **MPX $1.5 Million CBO** **Funding listening session**. OA and STD wanted to provide updates that would have been discussed on the call.

**Division Update** – Marisa Ramos, Phil Peters, LeRoy Blea,

Integration – No Update

**Ending the Epidemics** – No updates

**Statewide Integrated Strategic Plan** – No updates

**STD/Hep C Update** – Jessica Frasure-Williams, Rachel McLean

***Please see Attachment A: STDCB Update at end of document.***

**ADAP Branch Update**

ADAP Enrollment Worker Advisory Committee Update

Next call scheduled for October 2022

**Medi-Cal Expansion 50+ and Asset Increase**

* On August 8, all enrollment workers (EW) were sent Management Memo *ADAP MM 2022-09: Medical Expansion 50+ and Asset Increase.* The memo was sent to all EWs to inform about the policy updates regarding Medi-Cal eligibility. On May 1, the Department of Health Care Services (DHCS) began extending full-scope Modified Adjusted Gross Income (MAGI) Medi-Cal benefits to individuals 50 years of age or older, with income at or below 138% of the Federal Poverty Level (FPL), regardless of the individual’s immigration status.
  + - All new or re-enrolling ADAP and PrEP-AP clients aged 50 years or older, with income under 138% of the FPL, must be referred to apply for Medi-Cal at the time of their initial enrollment or re-enrollment.
    - For undocumented clients who have concerns with applying for Medi-Cal please review the scenarios mentioned in the memo for guidance. If an EW has a client who falls into this category, and was on emergency Medi-Cal only, as of May 1, 2022, they may have been automatically moved into the full scope MAGI category already.
* Additionally, the Medi-Cal asset test will be eliminated for Non-MAGI programs in two phases.
  + - The asset limit for Non-MAGI Medi-Cal programs to $130,000 per individual, and $65,000 for each additional household member. Phase II, to be implemented no sooner than January 1, 2024, will eliminate the asset test entirely.
    - New and existing ADAP clients will be screened for Medi-Cal eligibility at their initial enrollment or re-enrollment.
* We advised all enrollers to please read the memo in its entirety for complete information and scenarios. For any questions, we referred them to their [ADAP Advisor](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_advisor_by_enroll_site.aspx).

**Extra and Innovative Medigap Coverage**

* On August 16, all EWs were sent *ADAP MM 2022-12: Extra & Innovative Medigap Coverage* to inform you that all the Medicare Part D Premium Payment (MDPP) program’s expansion to include the payment of Extra and Innovative Medigap premiums.
* A supplemental Medicare policy (Medigap) is private insurance that helps pay some of the health care costs that are not covered by traditional Medicare, like copayments, coinsurance, and deductibles. Some Medigap policies include additional coverage, commonly referred to as “Extra” or “Innovative” benefits. These benefits can include but are not limited to hearing aids, vision, dental, and miscellaneous discounts at pharmacies. Extra or Innovative benefits portion of a Medigap plan were to be paid for by the client. New and existing MDPP clients will now be eligible to receive assistance with, Extra and Innovative premiums.

**ADAP Enrollment System (AES) Release 45**

* On August 24, all ADAP and PrEP-AP EWs were sent an email regarding the updates to the AES made available on August 25. The new functionalities are as follows:
  + - ADAP and PrEP-AP Management Memorandums will now be able to be viewed through the AES. To the right of the “Dashboard” tab you will find a new “Information” tab. Users can view new memos on this tab, and search for past memos. Users can also click on memos to download to view and to save or print.
    - Active enrollment workers (EW) will also receive an auto-notification when a new memo pertaining to a program for which they are certified in (either ADAP or PrEP-AP) is uploaded and published to the AES. EWs will be able to click on the linked memo within the notification to access it.

**Shringrix Expanded Indication**

* On August 31, all EWs were sent *ADAP MM 2022-13: Shringris Expanded Indication, which* informed that effective July 23, 2021, the FDA expanded the indication for recombinant zoster vaccine (SHINGRIX) to include adults aged ≥18 years at increased risk for shingles because of immunodeficiency or immunosuppression including people with HIV. The vaccine is now available on the ADAP formulary and advised enrollers to refer to the memo for complete information.

**Addition of Primaquine, Rifapentine and Rifaximin to the ADAP Formulary**

* On August 31, all EWs were sent A*DAP MM 2022-14 Addition of Primaquine, Rifapentine and Rifaximin to the ADAP Formulary*. We informed enrollers that effective August 26th the Office of AIDS has added Primaquine, Rifapentine and Rifaximin to the ADAP Formulary.

**Updated PrEP-AP Allowable PrEP Related Medical Services Reimbursement Rates**

* On August 31, all PrEP-AP Clinical Providers and Enrollment Workers were sent *PPM 2022-05: Updated PrEP-AP Allowable PrEP Related Medical Services Rates* which notifies PrEP-AP Clinical Providers of updates to PrEP-AP’s [Allowable PrEP Related Medical Services](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_Allowable_PrEP_Related_Medical_Services_List.aspx)
* We advised enrollers to read the memo in its entirety for complete information.

**Update regarding “M-pox” (MPX) Resources**

* We are currently working to implement ADAP and PrEP-AP coverage of fees associated with vaccine administration and treatment of M-Pox. At this time, we are not adding prevention or treatment medications to either formulary since those medications are being provided by the federal government. We will be covering labs, medical out of pocket costs, anatomical site administration, and related insurance copays and deductibles under both programs. A memo with full details, including billing codes and resources, will be forthcoming.

**2022-2023 Flu Season Activities**

* OA and ADAP are working together to circulate information regarding the critical need for all persons, especially persons living with HIV and health care workers, to receive influenza and COVID vaccines this year. The Dear Colleagues Letter will provide information on ADAP coverage, available products, vaccine co-administration, and answer frequently asked questions.
* Additionally, a fax blast will go out to all network pharmacies, information will be posted to Magellan Rx’s website; and we will place a brief message on Magellan Rx’s call center phone line. We will notify the enrollers when these items are implemented.

**Telehealth Claim Guidance and Addition of Telehealth Services to Allowable PrEP Related Medical Services**

* On August 12, all PrEP-AP Clinical Providers and EWs were sent PrEP-AP Provider Policy Memorandum *PPM 2022-04: Telehealth Claim Guidance and Addition of Telehealth Services to Allowable PrEP Related Medical Services* which provides guidance on submitting telehealth claims and details telehealth services that have been added to the [Allowable PrEP Related Medical Services](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_Allowable_PrEP_Related_Medical_Services_List.aspx) list.
* We advised to please read the memo in its entirety for more information and refer to the [Allowable PrEP Related Medical Services](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_Allowable_PrEP_Related_Medical_Services_List.aspx) to see the updated services and CDPH reimbursement rates. If any enrollers had any questions regarding the changes to the Allowable PrEP Related Medical Services list, please contact PrEP-AP at [PrEP.Support@cdph.ca.gov](mailto:PrEP.Support@cdph.ca.gov).

**PrEP-AP Eligibility Requirement Change to PrEP Patient Assistance Program for Uninsured Clients**

* On August 15, all PrEP-AP EWs and Clinical Providers were sent Management Memorandum *MM 2022-11: PrEP-AP Eligibility Requirement Change to PrEP Patient Assistance Program for Uninsured Clients* to announce the addition of the federal “Ready, Set, PrEP” assistance program as an option for PrEP-AP uninsured clients. PrEP-AP uninsured clients may now enroll in [Ready, Set, PrEP](https://www.getyourprep.com/) or the [Gilead Advancing Access® Patient Assistance Program](https://www.gileadadvancingaccess.com/) for PrEP medication coverage when enrolling in PrEP-AP. We advised enrollers to please read the memo in its entirety for complete information. Any questions, enrollers are to contact [PrEP.Support@cdph.ca.gov](mailto:PrEP.Support@cdph.ca.gov).

**ADAP and Care Evaluation and Informatics Branch Update –Luna Woo**

**New Data System to Replace ARIES**

OA is excited to announce that a new, custom-designed data system will replace ARIES in fall 2023. OA has contracted with Deloitte to design and program the new system, migrate legacy data, and train end users. The new system will continue to support the programs that currently use ARIES and offer additional benefits. OA will provide regular updates on our progress in designing the new system through Data System Notices. OA will also set up a mechanism to allow end users and other stakeholders to ask questions, raise concerns, and share feedback. For more information, please visit CDPH webpage about [New Data System to Replace ARIES](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_hiv_data_systems.aspx).

AFFEM – No updates

**Prevention Branch Update – Jesse Peck** -No updates

**Harm Reduction Unit – Alessandra Ross** – No updates

**Care Branch Update – Karl Halfman** – No updates

**Surveillance and Prevention Evaluation and Reporting Branch – Deanna Sykes**

* Surveillance Section – (Including MMP)
  + - One new surveillance report and two new MMP reports have been posted on our website, including the Continuum of Care Fact Sheet (2020), an MMP report comparing MMP demographic summaries to the full HIV surveillance registry, and the 2020 MMP report.
    - MMP reports are here: <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/CA_MMP.aspx>
    - Surveillance reports are here: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\_case\_surveillance\_reports.aspx

**Prevention Evaluation and Monitoring Section – (Including NHBS) –** No updates

**Next Call (October 20, 2022) and Close**

*Attachment A*: *STDCB Update*

**California Department of Public Health (CDPH) STD Control Branch (STDCB) August Update**

*California STD/HIV Controllers Association (CSHCA) Monthly Meeting, September 19, 2022*

**Clinical Updates**

# HIV and STI Infections Common in Persons with MPX

The Centers for Disease Control and Prevention (CDC) released “HIV and Sexually Transmitted Infections Among Persons with Monkeypox—Eight U.S. Jurisdictions, May 17 – July 22, 2022” in the *Morbidity and Mortality Weekly Report* (*MMWR*). Data in this report demonstrate that people with HIV and bacterial sexually transmitted infections (STIs) are disproportionately affected by monkeypox (MPX) -- 38% were people with HIV, and 41% had been diagnosed with one or more bacterial STIs in the preceding year. These findings highlight a critical opportunity to:

1. Assess people with HIV and STIs for monkeypox vaccination eligibility
2. Test persons evaluated for MPX for [HIV and STIs](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm), including syphilis and three-site testing (urogenital, rectal, pharynx) for chlamydia and gonorrhea as appropriate
3. Link to HIV care or HIV preexposure prophylaxis (PrEP) as appropriate

People who are immunosuppressed are at increased risk for severe MPX disease, and should be prioritized for treatment with tecovirimat and monitored closely for complications of MPX.

Additional resources: Interim Guidance for Prevention and Treatment of Monkeypox in Persons with HIV Infection—United States, August 2022 and FAQs on monkeypox and HIV.

# STD Control Branch Section Highlight –Disease Intervention Section

*Each month we will highlight a project or activity being conducted by the STD Control Branch. This highlight comes from the Disease Intervention Section.*

The STDCB would like to introduce you to Dr. Darpun Sachdev (she/her) as the new Chief of the Disease Intervention Section! Darpun is an infectious disease/HIV specialist with extensive experience in STI, HIV, and COVID-19 contact tracing and disease intervention and will bring experience to advance the development of the Disease Intervention Section and vision to

transform California’s Disease Intervention Specialist (DIS) workforce. She has been supporting the CDPH public health response to MPox and continues to see patients for HIV and STI care at Ward 86 in San Francisco.

Darpun grew up in Pittsburgh, Pennsylvania, earned her undergraduate (Community Health) and medical degrees from Brown University and completed her Internal Medicine residency and chief residency at Mount Sinai Hospital in New York City. She completed her infectious disease fellowship at Columbia University Medical Center and moved West in 2012. After completing the Traineeship in AIDS Prevention Studies (TAPS) at University of California, San Francisco, she joined the San Francisco Department of Public Health in 2014 where she worked at City Clinic and served as the medical director of STI contact tracing and HIV re-linkage, data- to-care, and molecular surveillance programs. In her role, Darpun also oversaw the integration of HIV and STI disease intervention workforces, launched the public health detailing program, and spearheaded multidisciplinary initiatives to prevent congenital syphilis. Since 2020, she has directed many iterations of San Francisco’s COVID-19 case investigation, contact tracing, and outbreak teams and worked closely with CDPH contact tracing and CalCONNECT teams. Most

recently, Darpun served as the strategic lead of San Francisco’s PCHD DIS workforce

supplemental grant and supported the MPox response in San Francisco. In addition, she is a current California Health Care Foundation (CHCF) Fellow and will complete her two-year leadership development program in 2023.

We are very excited to have Darpun join the STD Control Branch. Darpun can be reached by email at [darpun.sachdev@cdph.ca.gov](mailto:darpun.sachdev@cdph.ca.gov).

**Racial and Health Equity Resources** *The CDPH Sexually Transmitted Diseases (STD) Control Branch (STDCB) Racial and Health Equity Workgroup is facilitating the addition of racial and health equity resources into various partner communications, including these updates.*

[Race & Health Equity Resource Guide](https://www.publichealthwm.org/what-health-equity/racial-equity-resources)

The Public Health Institute of Western Massachusetts, Partners for Health Equity hope is that this will also serve as a resource beyond PHIWM and its board. The committee hopes community organizations and stakeholders will utilize this guide to strengthen their understanding of race and health equity, serve as a guide for difficult conversations, and utilize this tool as a form of education to help aid and support the development of equitable communities.

Once Upon A Preemie Inc. Presents, 1st Annual Conference: Accelerating Health and Racial Equity in Black Maternal and Neonatal Care

The Black Maternal Health & Neonate Care conference empowering health care professionals and parent advocates to eliminate health disparities and center voices of black birthing and preemie families. **Thursday, November 17, 2022 from 8am – 4pm EST, Philadelphia, PA.**

**Cost: $125 -$195**

Health Disparities Resources for Providers

Addressing Health Disparities: Clinical Insights on Race and Social Justice. This web series will examine the intersections of race and ethnicity, racism, sexual orientation, social justice, and health to better understand the myriad ways these important factors lead to health care disparities in our communities.

[Rowan-Cabarrus Community College - Diversity & Inclusion (rccc.edu)](https://www.rccc.edu/diversity/free-courses/)

The free courses provided in the link on diversity, equity, and inclusion can help to build an understanding of diversity and inclusion in and outside of the workplace.

**STD and HCV Funding Updates** The California Department of Public Health (CDPH) STD Control Branch recently received new state and federal funding. Here is a brief update on the funding that we received:

* **Federal Disease Intervention Specialists Workforce funding**: As of 09/08/22, 47 of 59 grant agreements have been received from the LHJs and 36 grants have been executed.

# State STD General Fund increases:

* + For fiscal year (FY) 2022-23 and 2023-24, CDPH STD Control Branch received an additional $5.5M for ongoing local assistance for the 23 existing STD Prevention and

Collaboration grants plus seven new LHJs for a total of 30 funded LHJs. Grant agreement documents are expected to be sent out to the LHJs by the end of September for signature.

# Flexibility in Use of State STD and HCV General Funds

With the recent passage of [Senate Bill 184](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB184), Budget Act of 2022, STD and HCV prevention and collaboration grantees now have increased flexibility to provide:

* in-kind support for community based organizations,
* integrated services for HIV, STDs, viral hepatitis, and drug overdose, and
* material support for patients including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits for vulnerable and underserved individuals living with, or at high risk for, STIs or HCV.

# STD and Sexual Health Related Webinars and Meetings

|  |  |  |
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| **Upcoming** |  |  |
| *Title and Registration* | *Date & Time* | *Notes* |
| [The Right to Heal: Centering](https://www.surveymonkey.com/r/KRM6MQC) [Mental Health Multi-Racial Equity](https://www.surveymonkey.com/r/KRM6MQC) [in California](https://www.surveymonkey.com/r/KRM6MQC)- California Pan-Ethnic Health Network (CPEHN) | September 20, 10am-4pm | This webinar will help build connections across regions and community members, uplift regional mobilization efforts led by local partners, discuss the findings from our listening sessions, create learning opportunities, and empower people to become advocates for themselves and their communities to achieve mental health and wellness. |
| [STD Prevention Science Series](https://cdc.zoomgov.com/j/1619775612?pwd=Zm5MdHhPTEY1WmtoRjhTTjRJdEVhZz09&success) - Division of STD Prevention/ Office of Science (DSTDP) | October 13, 10- 11am | This webinar will cover considerations for public health implementation of Doxycycline Post-Exposure Prophylaxis to reduce STIs.  Presenters include Julie Dombrowski, MD, MPH (Deputy Director of Public Health- Seattle and Kings County HIV/STD Program) and Annie Luetkemeyer, MD (professor of medicine in the Division of HIV, Infectious Diseases, and Global Medicine at Zuckerberg San Francisco General, UCSF). |
| [A Cultural Humility Approach to](https://www.stdhivtraining.org/class_information.html?id=1675) [Working with MSM](https://www.stdhivtraining.org/class_information.html?id=1675) – California Prevention Training Center (CAPTC) | October 14, 10am-12pm | This Learning Collaborative will discuss stigma and bias experienced by gay men and other MSM, which may increase the risk of exposure to STI/HIV and may impact access to care for many groups of people with unique experiences and needs (including people who identify as lesbian, gay, bisexual, transgender, etc.). |

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| Office Hours for DIS/ Partner Service Providers (CAPTC) | November 1, 8,  15,22 | Over the course of 4 consecutive Tuesdays in November, DIS staff will be able to build or enhance their skills and understanding with HIV/STIs; interviewing; linkage and referral; case management and VCA. Some background with either [Passport](https://www.train.org/cdctrain/training_plan/4299)  [Partner Services](https://www.train.org/cdctrain/training_plan/4299) is recommended. Each office hour session has separate registration.  November 1- [STIs and Partner Services](https://www.stdhivtraining.org/class_information.html?id=1668) November 8- [Interviewing](https://www.stdhivtraining.org/class_information.html?id=1669)  November 15- [Field Investigation and](https://www.stdhivtraining.org/class_information.html?id=1670) [Linkage/Referral](https://www.stdhivtraining.org/class_information.html?id=1670)  November 22 – [Case Management and Visual](https://www.stdhivtraining.org/class_information.html?id=1671) [Case Analysis (VCA)](https://www.stdhivtraining.org/class_information.html?id=1671) |
| National Coalition of STD Directors (NCSD) Annual Meeting | November 1, 8 | Save the date for the upcoming NCSD Annual Meeting. Details and more information to follow in the coming weeks. |

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| **Recordings** | **Blank cell** |
| *Title* | *Description/Notes* |
| Check Yourself: How LHDs Can Use Self-Collected STI Tests  National Association of County and City Health Officials (NACCHO) | On Thursday, July 14, 2022, NACCHO and NCSD co-hosted an action-packed webinar titled, *Check Yourself: How LHDs Can Use Self-Collected STI Tests*, to discuss the Check Yourself  Program which was developed in partnership with Lets Get Checked. |
| Hellooo America: Sexual Health and Rights in Refugee Communities (NACCHO) | Hellooo America is a three-part mini series, for and by refugee youth, exploring the often- stigmatized conversations around sexual health and rights in the refugee community. Backed by sexual health experts, Hellooo America is a low- pressure space where young refugees can access the information they need to lead safe and healthy lives, in a way that affirms their family, culture, and futures. |

**Policy Updates**

**National Updates**

# Preventive Services Coverage Under the Affordable Care Act

On September 7, 2022, in *Braidwood Management vs. Becerra,* a Texas judge ruled that insurance coverage for pre-exposure prophylaxis (PrEP) for HIV prevention under the Affordable Care Act violates the Religious Freedom Restoration Act, and further called into question the legality of the U.S. Preventive Services Task Force (USPSTF), the expert panel that determines which preventive services must be covered by insurance plans. The National Coalition of STD Directors issued a [statement](https://www.ncsddc.org/std-leaders-condemn-dangerous-court-ruling-on-prep-and-other-preventive-services/) opposing the ruling. The Biden Administration has stated that they are reviewing the ruling to determine whether to file an appeal.

# Public Charge

On Sept. 8, 2022, the Biden administration Department of Homeland Security announced a [final](https://www.federalregister.gov/public-inspection/2022-18867/public-charge-ground-of-inadmissibility) [rule](https://www.federalregister.gov/public-inspection/2022-18867/public-charge-ground-of-inadmissibility) to replace a Trump-era policy that sought to limit immigration of those it feared may rely on social services. The new Department of Homeland Security (DHS) policy rolls back the Trump administration’s so-called public charge rule, restricting immigration pathways for those seeking to become U.S. citizens only if they are “primarily dependent on the government for subsistence.” The final rule will be effective on Dec. 23, 2022, and will apply to applications postmarked (or electronically submitted) on or after that date. Until the effective date of the final rule, US Customs and Immigration Services will continue to apply the public charge ground of inadmissibility consistent with the 1999 Interim Field Guidance. To learn more about how they are applying public charge, visit their [Public Charge Resources](https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/public-charge-resources) page.

On a related note, the Legal Action Center recently released a new document:

[How Surveillance in Health Care Can Disproportionally Harm Undocumented Immigrants](https://www.lac.org/news/health-privacy-immigrant-communities)

**State Updates**

# AB 179 - Budget Act of 2022

On September 6, 2022, the Office of Governor Newsom issued a [statement](https://www.gov.ca.gov/2022/09/06/governor-newsom-signs-legislation-9-6-22/) indicating that the Governnor had signed several bills, including [AB 179](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB179). This bill includes $15,000,000 for a one- time grant program to strengthen testing for infectious agents in hospital emergency departments, including, but not limited to, HIV, hepatitis C, and syphilis. Funds shall be available for administration and evaluation and technical assistance for the program. Grants to hospitals to strengthen infectious agent testing shall be awarded to cover screening and navigation services to access treatment and prevention in high-volume, mid-volume, and lower- volume emergency departments in both urban and rural areas.

**Medi-Cal Updates**

# Abortion Access for Medi-Cal Beneficiaries

DHCS is announcing changes to Medi-Cal reimbursement that will allow specified clinics to expand abortion services. This is in accordance with Governor Newsom’s efforts to defend access to reproductive health care, and is consistent with DHCS’ commitment to implement a comprehensive package of reproductive health care services, including abortion, in Medi-Cal, and without judgment or undue restrictions.

Effective October 1, the Medi-Cal program will provide Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Indian Health Services Memorandum of Agreement (IHS- MOA), and Tribal FQHC providers with a new option to be reimbursed at a fee-for-service (FFS) rate for abortion services. FQHC, RHC, IHS-MOA, and Tribal FQHC clinic providers will receive the applicable FFS rate for covered abortion services under Medi-Cal. Providers will receive more guidance pertaining to billing in a forthcoming Medi-Cal NewsFlash.

# Medi-Cal Managed Care Procurement Update

On August 25, DHCS issued Notices of Intent to Award (NOIAs) for Medi-Cal managed care plan (MCP) contracts to provide services to members beginning on January 1, 2024. DHCS intends to award 28 contracts to the following MCPs to deliver Medi-Cal services in 21 counties, as listed below:

|  |  |
| --- | --- |
| **Intended Awardees** | **Counties** |
| Molina Health Care | Los Angeles, Riverside, San Bernardino, Sacramento, San Diego |
| Anthem Blue Cross Partnership Plan | Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Santa Clara,  San Francisco, Sacramento, Tuolumne |
| Health Net | Amador, Calaveras, Inyo, Mono, San Diego, San Joaquin, Stanislaus, Tulare, Tuolumne |

While the procurement only applies to commercial MCPs, the new contracts will apply to all MCPs, including County Organized Health Systems, Local Initiatives, the new Single Plan Model, and Kaiser, starting in 2024. For additional information about the MCP procurement and contract, please visit the DHCS website.

# Inappropriate Treatment Delays and Denials for HIV PrEP and PEP

On September 1, 2022, DHCS issued a second [bulletin](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.09_B_Monthly_Bulletin.pdf) to remind providers that HIV medications for both PrEP and PEP are a Medi-Cal benefit when deemed medically necessary. These medications do not require a PA when used as a preventative regimen for persons at risk of acquiring HIV PrEP or for PEP treatment. DHCS wants to ensure timely access to these critical medications.

# Contingency Management for Stimulant Use Disorder

On August 19, 2022, DHCS issued a RFP to support implementation of the California Advancing and Innovating Medi-Cal (CalAIM) contingency management (CM) pilot program. Through the pilot, DHCS is committed to expanding access to evidence-based behavioral treatment to address the stimulant use disorder crisis that persists in California. CM, which provides motivational incentives to reduce the use of stimulants, is the only treatment that has demonstrated strongly positive outcomes for individuals with stimulant use disorder, including a reduction in or cessation of drug use and longer retention in treatment.

DHCS will implement the CM pilot program using an incentive manager vendor. The RFP seeks a vendor that would support the, management, tracking, and distribution of incentives. The pilot was scheduled to begin on July 1, 2022, but the inability to procure an incentive manager delayed implementation. Therefore, the new incentive manager vendor will likely onboard in November, and the anticipated CM pilot program start date will be in December or January 2023. For more information, please visit the DHCS CM program webpage.

# COVID-19 Vaccine Now a Benefit for Pediatric Population

Medi-Cal Rx released a [bulletin](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.08_A_COVID-19_Vaccine_Benefit_Pediatric_Population.pdf) on August 23, 2022 stating that Medi-Cal Rx will now pay for the COVID-19 vaccine for the pediatric population as a pharmacy benefit under specific guidelines.

**Family PACT Updates**

**Update to Provider Enrollment and Responsibility Policy for Family PACT**

Effective August 15, 2022, the Department of Health Care Services (DHCS) will publish the provider enrollment and responsibilities policy updates for the Family Planning, Access, Care, and Treatment (PACT) program. The updates will clarify the requirements to enroll as a Family PACT provider, including but not limited to administrative responsibilities, application completion, screening, program integrity, and compliance. The update merges policies in the Family PACT Provider Responsibilities and Provider Enrollment section into a new manual section titled *Provider Enrollment and Responsibilities*. These policies apply to both provider applicants and currently enrolled Family PACT providers.

The final version of the policy will be located on the Family PACT website at the [Provider](https://familypact.org/providers/enrollment/) [Enrollment webpage.](https://familypact.org/providers/enrollment/) The FPACT-Family PACT Policies, Procedures and Billing Instructions Manual webpage will be updated to incorporate these policy changes at the end of August.

**Levofloxacin Added as Clinic Benefit for Family PACT and Medi-Cal Programs**

Effective for dates of service on or after September 1, 2022, oral levofloxacin is a family planning-related clinic benefit for the treatment of Sexually Transmitted Infections (STIs) for the Family Planning, Access, Care and Treatment (Family PACT) and Medi-Cal programs in accordance with the Centers for Disease Control and Prevention (CDC), [*Sexually Transmitted*](https://www.cdc.gov/mmwr/volumes/70/rr/rr7004a1.htm)[*Infections Treatment Guidelines, 2021*](https://www.cdc.gov/mmwr/volumes/70/rr/rr7004a1.htm).

**Contact:** [Rachel.McLean@cdph.ca.gov](mailto:Rachel.McLean@cdph.ca.gov) or [Melissa.Reyna@cdph.ca.gov](mailto:Melissa.Reyna@cdph.ca.gov)

# Viral Hepatitis Updates

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| --- | --- | --- | --- | --- | --- |
| **Upcoming** | |  | |  | |
| *Title and Registration* | | *Date & Time* | | *Notes* | |
| [Fundamentals of Perinatal Harm](https://us02web.zoom.us/meeting/register/tZwrdOqhrzotGNyqmVejNLtvGeWpMd4pr9oN) [Reduction Webinar Series](https://us02web.zoom.us/meeting/register/tZwrdOqhrzotGNyqmVejNLtvGeWpMd4pr9oN) | | September 22, 3pm | | With the fall of Roe v. Wade and the persistence of War on Drugs-era policies, pregnancy and substance use will be | |
|  | September 29, 3pm  October 6, 3pm | | increasingly criminalized. Join the Washington AIDS Partnership and the Academy of Perinatal Harm Reduction for a three-part, virtual series on the necessity of integrating harm reduction services and reproductive health care. | |

**Quest Diagnostics Adds Hepatitis C to Obstetrics Panel**

In August 2022, Quest Diagnostics, a large commercial laboratory, announced a new obstetrics laboratory test panel to help promote hepatitis C testing during pregnancy as recommended by CDC. The company developed the new test panel to include HCV antibody testing with reflex to quantitative real-time PCR in response to findings from a Quest Diagnostics [study](https://c212.net/c/link/?t=0&l=en&o=3620077-1&h=1363645854&u=https%3A%2F%2Fnewsroom.questdiagnostics.com%2F2022-06-13-New-Quest-Diagnostics-Health-Trends-R-Study%2C-in-Collaboration-with-CDC%2C-Shows-Less-Than-Half-of-Pregnant-People-Screened-for-Hepatitis-C&a=study) published in [*Obstetrics & Gynecology*](https://c212.net/c/link/?t=0&l=en&o=3620077-1&h=392300453&u=https%3A%2F%2Fc212.net%2Fc%2Flink%2F%3Ft%3D0%26l%3Den%26o%3D3562815-1%26h%3D3818453537%26u%3Dhttps%253A%252F%252Fjournals.lww.com%252Fgreenjournal%252FFulltext%252F9900%252FHepatitis_C_Virus_Testing_During_Pregnancy_After.496.aspx%26a%3DObstetrics%2B%2526%2BGynecology&a=Obstetrics%2B%26%2BGynecology)in June 2022. This peer reviewed study found that less than 41% of pregnant people were screened for HCV in 2021, based on Quest Diagnostic's laboratory testing of more than 5 million pregnant patients. The study also found that individuals with Medicaid health insurance were screened at rates 25-35% lower than those with commercial insurance. (For information only; CDPH does not endorse any company or its products.)

# Negative Hepatitis C RNA Reporting

The CDPH STD Control Branch is exploring piloting reporting of negative hepatitis C virus (HCV) ribonucleic acid (RNA) result reporting via the California Reportable Diseases Information Exchange (CalREDIE), the statewide data system for chronic hepatitis C public health reporting (outside of [Los Angeles](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LabReportableDiseases.pdf)). CDPH has authority to request these results under CA Code of Regulations, Title 17 Section 2505 and is assessing the feasibility of requesting these results.

This information will be key to help identify people who remain infected with hepatitis C and who still need to be linked to care and treatment and, potentially, to identify acute hepatitis C reinfections. CDPH STD Control Branch will be reaching out to local health jurisdictions with mid-sized public health or commercial laboratories to assess their interest in collaborating on this pilot with the ultimate goal of implementing negative HCV RNA reporting statewide.

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