



MINUTES

Date: August 12, 2014

MEETING CALLED BY	Texas HIV Care Services Group
TYPE OF MEETING	Standards Workgroup conference call
FACILITATOR	Teena Edwards, DrPH, MSN, RN
ATTENDEES	See page 10

OLD BUSINESS

DISCUSSION	None
CONCLUSION	

NEW BUSINESS

WELCOME	Teena Edwards, Facilitator
	Begin with the comments submitted on the LPAP standards

Local Pharmaceutical Assistance Program Standards

TOPIC/ITEM 1	Difference between LPAP and the Taxonomy category AIDS Pharmaceutical Assistance (local)?
DISCUSSION	No difference
CONCLUSION	Taxonomy will be updated to reflect the HRSA name for this service category
FOLLOW-UP ACTIONS	Taxonomy will be updated
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 2	Definition – insufficient Currently use LPAP (APA) for providers to assist clients in getting HIV medication when they don't have another way to get it"
DISCUSSION	That is what the LPAP funds. Although the program though must meet all of the other requirements in establishing a LPAP which primarily a LPAP Board and a formulary.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEMS 3 and 4	Missing word at end of sentence
DISCUSSION	Sentence should read "As such, LPAPs are meant to serve as an ongoing means of providing medications for a period of time." HRSA did not want to define what that period of time was. They basically said the time period was based on the needs of the community and for what purpose of the LPAP was set up.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	Will add "time" to the end of the sentence.
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 5	Dispensing fee on ADAP
DISCUSSION	Some of the funds could be used to pay for distribution of medications and to provide adherence information. Depending on how the LPAP is structured and coordinated with the ADAP, it is

	possible that some of the LPAP funds can be used for distribution of ADAP medications.
CONCLUSION	Yes, LPAP funds may be used to cover ADAP dispensing fees
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 6	What category should be used if emergency financial assistance is needed
DISCUSSION	Emergency Financial Assistance is the provision of short-term payments to agencies or establishment of voucher program to assist with emergency expenses. We have listed them all. These come from the taxonomy and medications are one of them when other resources are not available.
CONCLUSION	Use Emergency Financial Assistance service category if short-term payment is needed
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEMS 7-9	LPAPs should not be used to supply medications during an ADAP application.
DISCUSSION	DSHS is revising the statement so that you could use LPAP to cover those medications during the determination phase of the ADAP application. That is assuming that they are not eligible for Medicaid, Medicare, have a third-party payor or any other sources and they are strictly applying for the ADAP. There is still confusion between when EFA should be used and LPAP should be used for some of this temporary kind of medications. As well as confusion over how to document evidence of when using LPAP and EFA.
CONCLUSION	Can use LPAP for patients awaiting eligibility determination for ADAP – must have completed application first. DSHS will draft EFA standards so we may

	compare with LPAP standards.
FOLLOW-UP ACTIONS	Remove limitation and draft EFA standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 10	Individuals eligible for ADAP cannot receive Antiretroviral (ARV) medications under this program except during the ADAP application process not to exceed a period of one month (30 days).
DISCUSSION	<p>DSHS is changing the wording to “LPAPs can be used to provide medications during the ADAP application until 30 days after the client has been deemed enrolled in the program.” AAs staff is having difficulty determining if the case manager has followed a process to get the client enrolled in ADAP as needed and how to determine if client has received an enrollment letter since the letter is sent to the client and not the provider. Several concerns were expressed: 1) that some clients may be funded on LPAP when they have been actually enrolled in ADAP. 2) Need a way to determine status of enrollment and where in the process the client may be – maybe a flowchart is needed to help the case manager work through different funding streams - need to spell out the process for once a client presents and then kind of guiding the case manager, through the next steps. 3) Use of ARIES to determine status of client and date of enrollment (ADAP uses HIV2000 which does not interface with ARIES).</p>
CONCLUSION	Further discussion is needed.
FOLLOW-UP ACTIONS	DSHS will discuss with ADAP what their capabilities might be to notify providers of enrollment status; DSHS will research how to add field to ARIES to enable documentation of enrollment date; DSHS will look into drafting a flowchart for case manager use
PERSON RESPONSIBLE	Ann Dills/Teena Edwards, DSHS

TOPIC/ITEM 11	Prescription medication cannot be budgeted as a food pantry purchase
DISCUSSION	Members feel this is an outlier and doesn't fit in the standards
CONCLUSION	This hasn't been an issue in the past
FOLLOW-UP ACTIONS	Remove from standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 12 and 13	Cash payments to clients
DISCUSSION	There are two statements in the standards that are similar
CONCLUSION	Will remove one of the statements
FOLLOW-UP ACTIONS	Keep the statement "Funds may not be used to make direct payment of cash to a client" and remove the other one
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 14	Medicaid or ADAP may take longer than 3-days so recommend extending to 60 days.
DISCUSSION	Discussed prior with the ADAP application period and DSHS will reword to include statement that LPAP can be used 30 days out from the enrollment letter for ADAP.
CONCLUSION	This period should cover any client who just received an enrollment letter and needed to fill prescriptions prior to pharmacy filling prescription
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 15	Use of CARE-HIPP
DISCUSSION	Question was if client has third party insurance but need assistance with co-payments for medications wouldn't these be paid for under CARE-HIPP? Yes, if the client has either Medicaid or Medicare or another third-party payor, then CARE-HIPP would be used. Not LPAP, not emergency financial assistance

CONCLUSION	Clarification given
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEMS 16 and 17	Clients eligible for ADAP cannot receive Antiretroviral (ARV) medications
DISCUSSION	Already discussion above
CONCLUSION	DSHS is removing the restriction
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 18 and 19	Clinical Trials
DISCUSSION	Clinical trials were included on one of the standards. If not currently being funded out of LPAP will remove from standards
CONCLUSION	Not currently using LPAP to fund promotion of enrollment in clinical trials
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 20	Contracts must be set up with pharmacies to purchase medications for clients at 340B prices.
DISCUSSION	Comments were that it may not be possible for pharmacies in rural areas to qualify as a 340B program. AAs contracting with pharmacies in the rural are obtaining wholesale pricing which may or may not be comparable to 340B pricing since unable to get price list from HRSA. To become a 340B pharmacy they must be either a FQHC, hospital, a specialty clinic or a grantee. Pharmacies can show the AA what prices they are using and the wholesale price is much less than regular pricing.
CONCLUSION	Some pharmacies will not be able to qualify or may not wish to become a 340B entity. Further discussion is needed
FOLLOW-UP ACTIONS	In the meantime, standards will be revised to include that pharmacies must agree to charge wholesale pricing
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 21	Reference use of EFA
DISCUSSION	LPAP does not dispense medications as a result of or component of a primary medical visit, a single occurrence of short duration which is an emergency, or vouchers to clients on an emergency basis. EFA can be used for this
CONCLUSION	Will move the above statement to Limitations and reference EFA can be used instead.
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 22	LPAP does not dispense medications as: A result or component of a primary medical visit,
DISCUSSION	The LPAP should not be used for paying for medications ordered as a result of a primary health care visit and I think that what they are trying to reference in that result or a component of a primary medical visit. Usually primary is just that, it is not an infectious disease visit with an HIV doc.
CONCLUSION	Add “a primary medical visit/component of the medical visit that is not related to HIV care” for clarification.
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 23	Coordinated with ADAP - If the drug is not on state ADAP, how do you satisfy this
DISCUSSION	A LPAP formulary may be exactly the same as the ADAP formulary and that is allowed as long as there is a qualifier as to why you are using the same drugs on your formulary. That could be for financial assistance above what ADAP would qualify a client or the LPAP could provide for medications that are not on the ADAP formulary.
CONCLUSION	Clarification given
FOLLOW-UP ACTIONS	None

PERSON RESPONSIBLE	
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TOPIC/ITEM 24	LPAP does not dispense medications as: A result or component of a primary medical visit.
DISCUSSION	Discussed this above.
CONCLUSION	Revised wording to include a primary medical visit/component of the medical visit that is not related to HIV care"
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 25	LPAP does not dispense medications as: A result or component of a primary medical visit. Maybe should read LPAP does not pay for.
DISCUSSION	Agreed
CONCLUSION	Revised wording to LPAP does not pay for medications as a result or component of a primary medical visit/component of the medical visit that is not related to HIV care"
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 26	A single occurrence of short duration (an emergency)
DISCUSSION	Emergency financial assistance service category: The provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, food (including groceries, food vouchers, and food stamps), and <u>medication</u> when other resources are not available.
CONCLUSION	Clarification given
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 27	Facility dispensing over the counter and not a pharmacy
DISCUSSION	In the standards, we have listed “facilities may provide over the counter medication only when the medication is approved by the FDA, not past the expiration date, vitamins may be provided when they are sealed by the manufacturer and these items should be stored in a restricted, non-client flow area which is locked when unattended. Vitamins that contain iron must have a child-proof cap.” Most agencies do not stock over the counter medications. Since there would be situations where the medication is now offered as over-the counter, members expressed that they not be limited. Discussed use of a prescription from the physician and whether this was current practice to write a prescription for over-the counter medications. AAs/agencies could establish a MOU with the smaller pharmacies that if the medication is on the LPAP pharmacy and the patient brings in either a prescription or a note signed by the physician, that they would bill LPAP.
CONCLUSION	Unsure how physicians would react to needing to write a prescription for over the counter
FOLLOW-UP ACTIONS	Revise standards to include and obtain comments from providers
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 28 and 29	Medications not included in the LPAP formulary cannot be purchased
DISCUSSION	There needs to be a way for a new medication to be added to the formulary. The standards should not prescribe how to establish a LPAP or the functioning of a LPAP because different areas of the state may wish to use different models that work

	best. However, the standards should address that the LPAP have a policy/procedure for adding and deleting medications. DSHS will research what will work best for Part B agencies regarding establishing a LPAP
CONCLUSION	Will add statement to the standards
FOLLOW-UP ACTIONS	Revise standards; research establishment of LPAPs at either the regional or state level
PERSON RESPONSIBLE	Teena Edwards/Janina Vazquez, DSHS

TOPIC/ITEM 30	Staff qualifications
DISCUSSION	Do we need to monitor pharmacies (i.e. staff qualification, facility license, etc.) since they would be subject to State of Texas Pharmacy Board review. Some AAs have had issues with small clinic pharmacies not being compliant, so would like some basic review.
CONCLUSION	Discuss further what elements would be included in this section
FOLLOW-UP ACTIONS	Revise standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

Meeting Attendance

Teena Edwards	DSHS HIV Care Services Group
Ann Dills	DSHS HIV Care Services Group
Brian Rosemond	DSHS HIV Care Services Group
Janina Vazquez	DSHS HIV Care Services Group
Michelle Berkhoff	DSHS HIV Care Services Group
Margie Drake	Tarrant County Part A and B
Rene Castoreno	Tarrant County Part A and B
Lisa McKamie-Muttiah	Tarrant County Part A and B
Gil Flores	North Central Texas Planning Council, Part A
Hugh Beck	Austin Part A
Kimberly Williams	Austin Part A
Benda Mendiola	Austin Part A
Greg Bolds	Austin Part A
David Garza	Austin Part A
John Waller	Austin Part A
Jessica Pierce	BVCOG Planner, Part B

