DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau

Rockville MD 20857

APR 12 2012

Mrs. Jamie Cotnoir
Ryan White Part B Program Manager
Maine Department of Health and Human Services
HIV/AIDS/STD/Hepatitis Division
286 Water Street 9th Floor
11 State House Station
Augusta, Maine 04330-9930

Dear Mrs. Cotnoir:

Enclosed you will find a copy of the July 11 -14, 2011, site assessment/technical assistance report. The report summarizes the findings and recommendations of the review of your Ryan White HIV/AIDS Part B Program. The visit focused on the following components of your program: fiscal, administrative, and AIDS Drug Assistance Program, the continuum of care within the state, and a meeting with consumers.

The legislative requirements of the Ryan White HIV/AIDS Treatment Modernization Act of 2009, and Part B Program expectations are assured through a site visit review. The Health Resources and Services Administration's intent is to identify exemplary program implementation as well as assist in areas for improvement. The results of this review are intended to provide guidance by identifying program challenges, help to establish a technical assistance plan if needed, and afford the opportunity to exchange information.

I hope these recommendations are helpful to your program. Thank you and your staff for hosting the visit and for your ongoing efforts to ensure a comprehensive continuum of care system is available to individuals and families living in Maine with HIV infection.

Please respond in regarding the issues noted in your report as well as your progress in implementing these recommendations within 30 days of receipt of this letter. If you have any questions, please feel free to contact Kerry Hill at (301) 443-0483.

Sincerely,

Anita Edwards, MBA
Project Officer
Northeastern/Central Services Branch
Division of Service Systems

Enclosure - Maine's Site Visit Report, July 11 – 14, 2011

cc: Harold Phillips, Northeastern/Central Services Branch
Kerry Hill, Maine Project Officer

Grantee Name:	Maine Department of Health and Human Services HIV/AIDS/STD/Hepatitis Division
Grantee Address:	286 Water Street, 9th Floor 11 State House Station Augusta, Maine 04330 - 9930
Grantee Contact:	Jamie Cotnoir, Ryan White Part B HIV/AIDS Services Coordinator
Project Officer:	Anita Edwards, MBA
Date of Site Visit:	July 11 – 14, 2011

Health Resources and Services Administration (HRSA) Representatives

Harold J. Phillips, MRP	Chief, Northeastern Central Services Branch
Anita Edwards, MBA	Project Officer for Vermont

Grantee Representatives

James Markiewicz	Director, HIV, STD and Viral Hepatitis Program
Jamie Cotnoir	Ryan White HIV/AIDS Part B Program Manager
Amy Nunan	ADAP Coordinator
Tara Thomas	Data and Quality Specialist
Lynn Berry	ADAP Benefits Manager
Jayne Walsh	Administrative Support
Robert Welch	Senior Staff Accountant

Provider Sites

St. Mary's Regional Medical Center

Lori Jacques, RN,CCM	Coordinator

Frannie Peabody Center

Jennifer Putnam	Director of Programs
Stevan G. Ellis	Case Manager
Caitlin Henderson	Case Manager
Keith Riley	Case Manger

Horizon (Maine General Medical Center)

Elena Mamonova	Program Director
Kim Hoak	LPN/Clinical Care Manager
Michael Kristan	Case Manager

I. Purpose of Visit

The purpose of this visit was to conduct a review and assessment of the Maine Department of Health and Human Services Part B Ryan White HIV/AIDS Program of Title XXVI of the Public Health Service Act, as amended, Public Law 111-87, including the AIDS Drug Assistance Program (ADAP); to gain familiarity with any issues impacting the administration and implementation of the Part B Program and to provide appropriate technical assistance (TA) and guidance.

The objectives of the reviews were:

- To provide clarification regarding program expectations and compliance with legislative mandates and grant management policies.
- To complete an assessment of the grantee fiscal structure, systems and operations and to make recommendation designed to improve the overall level of fiscal efficiency and compliance.
- To review the ADAP for the purpose of determining that funds are offsetting the need to purchase ADAP medications.
- To meet with various representative and consumers of the Part B Program to evaluate the effectiveness of program operations.
- To make specific recommendations and offer TA aimed toward improving the delivery of services and continued compliance with funding guidelines.

II. Background

Maine is a large, sparsely populated state, with approximately 55 percent of its 1,274,923 residents living in rural communities; one third of the population lives in one of the three large population areas – Portland, Lewiston, and Bangor. One third of Maine's population is under 25 years of age and individuals over 65 years of age account for 14 percent of the total population. Over 1,100 people were estimated to be living in Maine with HIV diagnosis, but an additional 400 – 555 individual may be unknowingly infected with the virus.

Primary responsibility for the State of Maine's Ryan White HIV/AIDS Program's Part B, rests with the HIV, STD, and Viral Hepatitis Program which is a part of the Division of Infection Disease, Maine Center for Disease Control and Prevention, Department of Health and Human Services. Ryan White HIV/AIDS Program funds are used to pay the full amount or portion of salaries for Jamie Cotnoir, Ryan White HIV/AIDS Services Coordinator; Tara Thomas, Data and Quality Specialist; Lynn Berry ADAP Benefits Manager; Amy Nunan ADAP Coordinator; Tammy Duguay Office Manager; and Tamy Colfer Grant/Contract Coordinator.

Maine received $1,658,908 in Ryan White HIV/AIDS Program funding for fiscal year (FY) 2010, of which $898,597 and $760,311 were delegated towards ADAP and Part B Base respectively. These funds were allocated to Medical Case Management including treatment adherence. At the end of fiscal year 2009, there were 790 cases of AIDS in the state; 85 percent male and 15 percent female. The largest percentages of individuals were greater than 50+ at 45 percent and 41 percent at 40-49 age groups. 88 percent of the AIDS cases were white with 10 percent being black. Men who have sex with men was the highest exposure category at 58 percent followed by injection drug users 14 percent, heterosexual contact 9 percent of exposures.

Program Overview
Maine Ryan White Part B Program funds six (6) providers for HIV Medical Case Management which are located in various areas of the state. Of the six providers that are Part B funded, four are also funded by Ryan White HIV/AIDS Program Part C for Medical Case Management.

The following identifies findings and recommendations:

A. Program Administration
Strengths: The grantee has implemented programmatic standards around subgrantee site visits, Medicaid certification of providers, A-133 audits and financial review of organizations. These standards comply with the National Monitoring Standards programmatic monitoring of organizations.

1. The Ryan White HIV/AIDS Program funds six (6) provider agencies through a Request for Proposal (RFP) process for Medical Case Management. Each provider is geographically located to serve individuals throughout the state. To access Medical Case Management services clients must be a Maine resident and have a positive HIV diagnosis. There are no Federal Poverty Level (FPL) guidelines in place and no income guidelines. Recertification for services is done on an annual basis which includes income verification.

   Recommendation: In order for an individual to qualify for Ryan White services they must be diagnosed as HIV/AIDS and low-income. It is up to the state to determine the definition of low-income. This is typically done by implementing FPL guidelines.

   Recommendation: Recertification for services should be done every 6 months. For clients who are enrolled in ADAP the grantee can use their 6 month recertification to establish that this requirement is met. For those clients who are not on ADAP, the grantee will need to implement a recertification protocol.

   Recommendation: The state of Maine received $920,882 in Rural Health Funds and $15,964,910 in Substance Abuse and Mental Health Services Administration grant awards for FY 2010/2011. The grantee should begin collaborating with other Federal agencies within the state to provide additional resources to clients.

2. The grantee uses Ryan White HIV/AIDS Program funds for Core Medical Services and Care for non-Ryan White services. Medical Case Management has been the primary Ryan White service funded by Part B. The grantees justification to continue to fund Medical Case Management is based on historical data.

   Recommendation: The grantee should establish a priority setting allocation method when determining what services to fund. This method should consider Unmet Need, and historical and epidemiological data. The grantee should consider maximizing Ryan White HIV/AIDS Program funds in the state by collaborating with Part C funded agencies to ensure there is no duplication of services.

B. Fiscal Overview and Monitoring

1. Fiscal overview and monitoring is done on a quarterly basis. This includes a review of quarterly reports that subgrantees must submit within 30 days after the end of quarter. The Part B Coordinator is responsible to review the quarterly reports and follow up on any fiscal and service delivery issues.

   Recommendation: The fiscal monitoring that is currently being performed by grantee does not provide a complete financial assessment of the subgrantees. Fiscal monitoring should incorporate a review of timesheets, 10 percent administration cap as well as other funding sources (i.e. Ryan White HIV/AIDS Program Part C, Medicaid, Medicare, state and/or locals funds, etc).

2. Provider invoices must be submitted by the 15th of each month, the payment cycle timeframe is 30 days from receipt of invoice to full payment. Provider invoices only account for payment amount and do not include supporting documentation.

   Recommendation: All provider invoices submitted must include back up documentation to support amount being requested. Each invoice should include a voucher number or payment number for tracking purposes. The grantee should also follow the 1/12 rule to allow for improved budgeting, accountability and program integrity.

   Recommendation: Monthly invoices and quarterly reports should separate direct service cost and administrative cost. The grantee should track administrative cost on all providers.

C. ADAP

Strengths: Maine ADAP has a tier cost containment strategy in place. This strategy will allow the grantee to analyze the program and make an informed decision in the event to implement cost containment or waiting list. The ADAP Coordinator has provided training to case managers on the various programs that are available to clients and how to accurately complete ADAP applications. The state has in place a 1115 Waiver.

1. Eligibility for ADAP is 500 percent FPL and a positive HIV test; a client does not need a prescription to access the program. An adherence report is run once a month to capture the number of clients who are accessing medications. Recertification is completed twice a year but the release statement and income verification is completed on an annual bases.

   Recommendation: Client's income can change dramatically from one month to the next; therefore it is important to include income verification as part of the 6 month recertification process.

2. The Pharmacy Benefits Manager (PBM) incorrectly billed for clients who were Medicaid eligible and not Ryan White. This caused for the grantee to receive ADAP rebates on Medicaid clients. The grantee is currently using ADAP rebates to payback these funds.

   Recommendation: Incorrect billing of clients is a responsibility of the PBM, therefore the grantee should include contractual language that will hold the PBM responsible in the event they incorrectly bill for services in the future.

D. Medical Case Management Services

Strengths: A high proportion of clients receiving Medical Case Management Services in Maine have a high rate of medication adherence.

1. The Part B program currently funds six case management agencies through a 5 year RFP process. The last RFP was done 20 years ago and the grantee has been contracting with the same agencies since.

   Recommendation: The grantee should implement an RFP process on a 3 or 5 year timeframe. This would allow the grantee to maximize funding in the state, while also opening up the doors for new agencies/providers and the services they can provide to consumers. This will also allow the grantee to include new requirements and help tailor service delivery to match new and emerging needs.

2. Three of the six case management agencies are also funded through Part C grant funds: Down East AIDS Network, Eastern Maine AIDS Network, and Community Health and Counseling Services. The Part B and Part C Programs do not collaborate or communicate on allocation of services to ensure that duplication of services does not occur. At the time of our site visit, we provided the grantee with a copy of the Part C budget and services they were funding.

   Recommendation: During the allocation of services, the grantee and Part C should communicate on what services each agency will fund. This will allow for maximum use of Ryan White HIV/AIDS Program funds in the state.

   Recommendation: The grantee process to fund Medial Case Management has been based on historical data and reasoning. The grantee should review the current process and purpose of Medical Case Management based on the needs of the clients.

3. Case management services should be provided to assist clients in navigating through the system. Case management services should not be a "hand holding" service but a chance to empower clients to be responsible about their care, making and keeping appointments as well as learning and navigating own their own.

   Recommendation: The grantee should implement a phase out process to ensure that only clients who need case management are receiving services. Clients who are not accessing case management program should be discharged.

Recommendation: The grantee needs to be aware of the number of clients per month that are being served for case management services. The grantee should also implement an acuity scale for case managers.

E. Oral Health

1. One of the biggest service needs expressed by both providers and consumers was Oral Health services. Due to lack of funding and MaineCare Waiver not providing Oral Health services several consumers are unable to obtain dental services.

   Recommendation: The grantee should collaborate with other agencies that provide Oral Health services, (i.e., Part C funded agencies and Federally Qualified Health Centers (FQHC)).

F. Consumer Meetings

1. A consumer only meeting was held during the site visit and consisted of 12 consumers. Consumers expressed their concerns about meetings being held in the same location. Due to transportation being a major issue in the state, having meetings in the same location does not allow all consumers to participate. Transportation is a major issue in the state, and consumers would like to see the use of video conference and/or conference call for meetings.

   Recommendation: The grantee should look into innovative methods to communication with consumers regarding meetings, reports, etc. The use of video conference or conference call can be used as options to engage all consumers regardless of location.

2. Consumers also expressed their concern regarding the public posting for client meetings. Consumers are unaware when and/or where meetings are held. During our site visit a consumer arrived late because they were unaware of the start time for the meeting.

   Recommendation: The grantee should ensure that public posting for client meetings are posted in a method which allows the public to access information. This can be done through new papers, flyers, or even on the grantee site about upcoming events.

III. Next Steps

The grantee will respond to the issues noted in the report, and provide the Project Officer with a plan for implementing recommendations generated within this report within 30 days of its receipt. Thereafter, the Project Officer will monitor the grantees' implementation and progress.